



Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929

Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov

David B. Fye, JD, Executive Director

Laura Kelly, Governor

LICENSE RENEWAL FORM

Last Name: _____ First Name: _____ Middle: _____

License Level: _____ License # _____ Expiration Date ____/____/____ SS # _____ - _____ - _____ DOB ____/____/____

Ethnic Information: African American _____ Native American _____ Asian Indian _____ Asian-Other _____ Hispanic _____
(optional) Pacific Islander _____ White – Non Hispanic _____ Other, please specify _____

Languages that you speak: English _____ Spanish _____ Sign _____ Other, please specify: _____
(optional)

E-mail address: _____ Preferred mailing address Home _____ Business _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone #: () _____ Cell phone #: () _____

Business Name / Agency _____

Address Street: _____ Suite #: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone #: () _____ Fax #: () _____

Do you work in Kansas: _____ If yes - Total number of hours you work per week in Kansas: _____ Work Setting**: _____
(optional) **** see attached sheet for work setting codes/ numbers**

Other - specify: _____ Patients seen per week: _____ Hours per week at this site: _____
(optional)

Weeks per year at this site: _____ Percentage of hours providing care: _____ Another worksite in Kansas: _____
(optional) **If yes please attach additional sheet**

Section II: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS

****If you answer "Yes" to any of the following six questions please include details on a separate sheet and submit with your license renewal form. If you have had a complaint in Kansas please include the case number (if known).**

1. Since your last renewal, has your license in Kansas or any other state been limited, restricted, suspended, revoked or subjected to disciplinary action? Yes _____ No _____
2. Since your last renewal, have you been convicted of a felony and/or misdemeanor crime against person(s)? Yes _____ No _____
3. Have you been placed on a child abuse registry or an adult protective services registry as the result of a substantiated finding of abuse or neglect? Yes _____ No _____
4. Since your last renewal, has a complaint or lawsuit been filed against you for unethical behavior, unprofessional conduct, or incompetence? Yes _____ No _____
5. Since your last renewal, has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance? Yes _____ No _____
6. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice? Yes _____ No _____

If you hold a clinical/Independent license skip to section IV.

Section III: EMPLOYMENT INFORMATION

1. Are you working in a position that requires you to hold a BSRB License? Yes _____ No _____
2. Do you engage in the practice of addiction counseling outside of a state-licensed or certified alcohol and other drug treatment program or a program which is exempt for licensure under subsection (m) of K.S.A. 59-29B46? Yes _____ No _____
3. Are you currently working under a clinical supervisory training plan? Yes _____ No _____
If yes, please state name, license type, and number of the individual providing supervision and skip to section IV.
- Name _____ Type _____ Lic# _____

Section IV: PLEASE READ AND ATTEST TO THE FOLLOWING STATEMENT:

1. I understand that, prior to my license renewal form being submitted, all CEU's being used for this renewal must be completed or I must submit a **Request for Additional Time to Complete Continuing Education Hours** form and be approved for additional time to complete my CEUs. Yes _____ No _____

Note: Individuals seeking to renew their license who have not completed all CEUs due to extenuating circumstances may submit a **Request for Additional Time to Complete Continuing Education Hours** form to the BSRB, requesting additional time to complete those hours. If your request is granted, this will **not** extend your license but will allow up to 3 months of additional time solely to complete remaining CEUs for that license period. Separately, you will still need to complete all CEUs for the new license period. **Request for Additional Time to Complete Continuing Education Hours** forms must be submitted no later than 30 days before the expiration of your license and must be approved before you can renew your license.

2. I understand that I must have proof of all CEU's being used for this renewal prior to my renewal being submitted to the Board or I have submitted a **Request for Additional Time to Complete Continuing Education** Hours and have received specific approval from the BSRB for additional time to complete CEUs. Yes _____ No _____
3. I further understand that failure to comply with statements one and two of this section will constitute unprofessional conduct and may result in disciplinary action against my license. Yes _____ No _____
4. I have read and agree to abide by the statutes, rules, and regulations governing the practice, for the professional license that I am renewing. Yes _____ No _____

RENEWAL APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING

I understand in signing this document I am attesting that the aforementioned information is accurate. I further understand that it is unlawful to attempt to obtain licensure through false statements of fraudulent misrepresentation. I understand that upon proof of fraud, deceit, or any other act of unprofessional conduct in relation to my licensure renewal application the board may suspend, limit, revoke or refuse to renew my license.

Signature _____ dated this _____ day of _____, 20 _____

Checklist: Please enclose the following:

**License Renewal Form
Continuing Education Reporting Form
Please see Appendix A for payment instructions**

**LAC \$50.00
LMAC \$75.00
LCAC \$100.00**

Renewals will not be processed prior to 90 days of license expiration date.

**** Work Setting Codes**

1. Administrative/regulatory agency
2. Ambulance company
3. Ambulatory surgery center
4. Assisted living facility
5. Business/Industrial establishment
6. Emergency room
7. Federal hospital or facility
8. Federally qualified health center
9. Free standing clinic
10. General hospital
11. HMO/Insurance Company
12. Home health agency
13. Hospital (Physician provides mainly inpatient services)
14. Independent laboratory
15. Independent living center
16. Indian Health Center
17. Individual practitioner
18. Local health department
19. Nursing/Long Term Care Facility
20. Partnership/group practice office
21. Pharmacy
22. Radiology/Imaging Center
23. Rehabilitation Hospital
24. Rural health clinic
25. School district or educational cooperative
26. School clinic service environment
27. State or community mental retardation facility
28. State or community mental health facility
29. State governmental agency
30. Teaching Hospital
31. University or College
32. Community Mental Health Center
33. Foster Home Care Agency
34. Group Home Facility
35. Private Psychiatric Hospital
36. Public School System
37. Residential Treatment Facility for Emotionally Disturbed Children
38. Residential Treatment Facility for Mentally Retarded Children
39. Youth Detention Facility
40. Adult Detention, Jail or Prison
41. Other (specify)_____

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Addiction Counselor Continuing Education Reporting Form

Licensee Name: _____ License number: _____

The information below is a general guideline. Please refer to K.A.R. 102-7-9 for further details.

		Total Hours
Seminar, Institute, Workshop, or Course	30 hrs Max	
Academic Course – 1 Academic hour equals 15 CEUs	30 hrs Max	
Academic Course Audited - 1 Academic hour equals 15 CEUs	30 hrs Max	
Computerized interactive learning, telecast, video recording, audio recording or reading WITH Post Test	30 hrs Max	
Computerized interactive learning, telecast, video recording, audio recording or reading With OUT Post Test	5 hrs Max	
Cross Disciplinary Offerings (medicine, law, behavioral sciences, foreign / sign language, computer science, professional or tech. Writing skills, business or mgmt sciences)	10 hrs Max	
Self Directed Learning Project Pre -approved by the Board	10 hrs Max	
Supervision of Students	10 hrs Max	
First Time Preparation and Presentations	10 hrs Max	
First Time Publications	10 hrs Max	
Participation in Professional Organizations	10 hrs Max	
Did you complete a minimum of 3 hours of Ethics during this renewal cycle? Yes No Please circle		
Did you complete a minimum of 3 hours of Diagnosis and Treatment of substance use disorders during this renewal cycle? (LMAC & LCAC only) Yes No Please circle		

30 hours is required for each renewal cycle.	TOTAL HOURS CLAIMED	
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I understand that in signing this document, I am attesting that I have completed the requisite minimum number of continuing education hours as of the date on this form, and that I possess the necessary documentation or that I have received specific approval from the BSRB for additional time to complete continuing education hours and that I will complete the hours during the extra time granted. I also understand that upon request of an audit I will be asked for such documentation. I further understand that upon proof of fraud, deceit, or any other act of unprofessional conduct in relation to my license renewal form, the Board may suspend, limit, revoke or refuse to renew my license.

Signature: _____ Date: _____

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1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:

- (1) visit the BSRB website at ksbsrb.ks.gov
- (2) select the “SERVICES” drop-down tab from the top of the home screen, and
- (3) click on the “Make A Payment” link. From this page, you will be asked to provide information allowing us to identify the applicant, select the item you wish to pay for, and make a payment for that item.

For use of the secure payment platform, the state of Kansas charges a 2.5 percent processing fee for credit card payments or a \$1.50 flat fee for use of an electronic check. After completing payment, you will receive a confirmation e-mail to confirm your payment.

Please submit payment upon mailing your renewal if you are using the online payment portal. Your renewal will not be processed without the renewal fee.

2. Individuals wishing to submit payment to the BSRB office by mail using a check or money order may send the payment with their renewal to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603.