

## NOTICE OF AUDIT

Your renewal has been randomly selected for audit during this renewal period.

### If you have an up-to-date account with CE Broker

1. Notify Lois Prudhomme, Renewal Specialist at [lois.prudhomme@ks.gov](mailto:lois.prudhomme@ks.gov) that you have an up-date account with CE Broker and she will review your continuing education in CE Broker. Please do not mail certificates they will be reviewed online.
2. If you don't hold a clinical license, you will also need to complete the attached Verification of Current Employment form and return to the Board office by email to [lois.prudhomme@ks.gov](mailto:lois.prudhomme@ks.gov) or by postal mail using the address at the top of the page.

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### If you do not use CE Broker to track your continuing education

1. Complete the enclosed Continuing Education tracking form. You will use this form to list the Continuing Education Units (CEUs) you have completed during the previous 24-month period.
2. It is required that you submit a certificate of attendance or other appropriate documentation for the CEUs you are claiming. Please send copies of the documents for all CEUs. Do not send originals as they will be destroyed once the audit has been completed. You may send your audit forms and CEU documentation by email to [lois.prudhomme@ks.gov](mailto:lois.prudhomme@ks.gov) or by postal mail using the address at the top of the page.
3. If you don't hold a clinical/independent level of license, you will also need to complete the Verification of Current Employment form.

For additional information on acceptable CEUs and acceptable documentation, please refer to the regulations related to your profession on our website at [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)

**You have 30 days to complete and submit your audit materials to the Behavioral Sciences Regulatory Board. Failure to comply with an audit is a violation of unprofessional conduct.**

Please ensure all the following materials are returned:

- Completed and signed Continuing Education tracking form
- Certificate of attendance or other appropriate documentation for all CEUs being claimed
- The Employment Verification Form (for all non-clinical licensees only)

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](http://www.ksbsrb.ks.gov)

**David B. Fye, JD**, Executive Director

**Laura Kelly**, Governor

Name: \_\_\_\_\_

License number and Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

This form is to be submitted by all licensees who have been selected for audit. Please return the completed and signed form/s along with copies of all continuing education documentation, to the board office.

Copies of this form may be made if necessary if you run out of room for documenting your continuing education hours.

LaBA and LBA licensees are required to complete 4 hours of ethics focusing on ethical issues in behavioral analysis.

All other license types require 3 hours of continuing education on professional ethics focusing on ethical issues of their profession.

Additionally, each applicant, except LAC, LaBA, LBA, and LBSW, shall complete 3 hours of continuing education on diagnosis and treatment of mental disorders or if LCAC diagnosis and treatment of a substance use disorder.

**\* If you are a social worker renewing this level of licensure for the first time, 6 hours of social work safety training is required.**

Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed
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Professional Ethics:

\_\_\_\_\_

Diagnosis and Treatment:

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**\* Social Work Safety Training (required for first time social work renewals at any level):**

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Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed
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Other Continuing Education:

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**EMPLOYER'S VERIFICATION OF CURRENT EMPLOYMENT AND DIRECTION**  
(For all non-clinical licensees)

**SECTION I For Social Work Licensees:** This section is to be completed by the social work renewal applicant who is licensed at the bachelor or masters level license, is not seeking licensure as an LCSW and has been selected for audit.

*Please print.*

Name of renewal applicant: \_\_\_\_\_ License Type and # \_\_\_\_\_

Employer: \_\_\_\_\_

Employing Agency Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II For LMFT's, LMLP's & LPC's:** This section is to be completed by the renewal applicant who is required to be under directed practice and has been selected for audit. Licensees who have a masters level license and who are **NOT** seeking licensure at the independent practice level of their discipline must be under direction "Providing direction," means providing professional monitoring and oversight of therapeutic relationships including regular periodic evaluation of treatment provided to a client or patient.

*Please print.*

Name of renewal applicant: \_\_\_\_\_ License Type and # \_\_\_\_\_

Employer: \_\_\_\_\_

Employing Agency Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title \_\_\_\_\_

Are you licensed by a Kansas Board other than the BSRB? Yes No If yes, License Type and # \_\_\_\_\_

Board Name \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**RENEWAL APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING ATTESTATION**

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

Applicants Signature: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.