Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929
David B. Fye, JD, Executive Director

Kansas
Behavioral Sciences
Regulatory Board

Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov
Laura Kelly, Governor

Information for Reinstatement of Marriage and Family Therapy Licenses

If a marriage and family therapy license is allowed to lapse through lack of renewal, the license must be reinstated, regardless of the amount of time that has elapsed since the license expired.

As required in statute and regulation, all marriage and family therapists who allow their license to lapse are required to submit documentation of continuing education totaling 40 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and 3 hours of Diagnosis and Treatment for all levels of licenses. This continuing education must meet all current definitions of continuing education, and focus on marriage and family therapy skills, values, practice or knowledge.

The reinstatement process may NOT be circumvented by applying for a new license with a request for waiver of the examination.

If you have not completed the required continuing education to reinstate your license, you may apply for a six-month reinstatement temporary license, which will allow you to practice up to six months while you complete the required continuing education for your permanent license to be reinstated. You will submit the application and pay $25 for the reinstatement temporary license.

In order to reinstate your license, you must submit the following materials to the Board office for review:

- The completed and signed Application for Reinstatement of Marriage and Family Therapist license
- If you have completed all required continuing education, the completed and signed Continuing Education Report Form with **certificates of attendance** and all other supporting documentation for continuing education. **If you would like your original certificates returned, please include a self-addressed stamped envelope.**

You will be notified by email when your application has been reviewed and the reinstatement fee is due.

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at www.ksbsrb.ks.gov for further information.

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APPLICATION FOR REINSTATEMENT OF MARRIAGE AND FAMILY THERAPY LICENSE

Reinstatement fees are as followed:

LMFT	$200.00	$100.00 for late renewal, and $100.00 for reinstatement of license
LCMFT	$250.00	$125.00 for late renewal, and $125.00 for reinstatement of license

You will be notified by email when your application has been reviewed and the reinstatement fee is due.

DO NOT WRITE IN THIS AREA – FOR BOARD USE ONLY

CE Hours Approved: _____ **CE Requirements Met: _____**
CE Hours Short: _____ **Initials_____**

PLEASE TYPE OR PRINT

Last Name: _____ First Name: _____ Middle: _____

Name under which license was issued: _____

License Number: _____ Expiration Date: _____

SSN: _____ DOB: _____

Preferred Mailing address Home _____Business _____ **E-mail address: _**_____

Home Address: _____ Apt #: _____

City: _____State: _____ Zip: _____ - _____ County: _____

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

Business Name / Agency _____

Address Street: _____ Suite #: _____

City: _____State: _____ Zip: _____ - _____ County: _____

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

Length of Employment_____ Have you been continuously employed? _____

In your current job, do you participate in the delivery of marriage and family therapy services? Yes _____ No _____

If yes, name of supervisor_____

Please explain why you allowed your marriage and family therapy license to expire:

_____

_____

Are you licensed to practice in a State other than Kansas? _____

If yes, provide State, license type and number_____

Section I – Reinstatement Background Information:

-- If you answer yes to any of the following questions, YOU MUST GIVE DETAILS ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH YOUR REINSTATMENT.

1. Have you been convicted of a felony since your last renewal?
   Yes____ No ____
2. Have you been accused of unethical behavior or unprofessional conduct since your last renewal?
   Yes ____No____
3. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal?
   Yes____ No ____
4. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice?
   Yes____ No ____
5. Have you been rejected for membership in a professional organization since your last renewal?
   Yes____ No _____
6. Has your membership in a professional organization been revoked since your last renewal?
   Yes ____No _____
7. Have you been censured by a professional organization of which you were a member since your last renewal?
   Yes____ No _____
8. Has your license, granted by this state or any other state for the practice of marriage and family therapy or practice in any of the behavioral sciences been limited, restricted, suspended, revoked or subjected to other disciplinary action since your last renewal?
   Yes____ No _____
9. Are you currently offering marriage and family therapy services in private practice in Kansas under supervision?
   Yes_____ No____
10. Are you currently offering services in private practice in Kansas without supervision?
    Yes _____ No _____
11. Since your marriage and family therapy license expired, have you practiced in Kansas as a marriage and family therapist?
    Yes____ No____
12. Since your license expired, have you represented yourself in Kansas as a marriage and family therapist?
    Yes _____ No _____
13. Since your marriage and family therapy license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for marriage and family therapy work or related services you provided in Kansas?
    Yes____ No____

Section II – Reinstatement Applicant's Attestation:

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of marriage and family therapy and the Continuing Education Guidelines for the State of Kansas.
Yes_____ No_____

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as a marriage and family therapist does accordingly. I understand that failure to do so can result in a disciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act.
Yes_____ No_____

I attest that, to the best of my knowledge, the information provided herein and on the other submitted reinstatement materials is true and correct. I understand that making a materially false statement or failing to disclose a material fact in conjunction with an application for licensure, including reinstatement, may result in adverse board action against the license. Yes_____ No_____

Date _____ Signature _____

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Name: _____License number and Level: _____Expiration:_____

This form is to be submitted by all persons who have requested their licenses be reinstated. Please return the completed and signed form along with 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.

As part of the continuing education hours required for each renewal cycle, each applicant shall complete 3 hours of continuing education on professional ethics focusing on ethical issues of their profession.

Additionally, each applicant, except LAC 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 abuse disorder.

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

Professional Ethics:

_____

Diagnosis and Treatment:

_____

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

Other Continuing Education:

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Other Continuing Education Continued……

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

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TOTAL HOURS CLAIMED:_____

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 reinstatement application the board may suspend, limit, revoke, condition, fine or refuse to renew my license.

Applicants Signature: _____ Dated this _____day of _____ 20_____.

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Appendix A

Payment Instructions

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 you will be able to 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.

2. Individuals wishing to submit payments to the BSRB office using a check-by-mail or with a money order may continue to mail payments to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603. There is no additional fee for processing checks-by-mail or money orders sent to the BSRB office.

The application fee may be paid before or after you submit your application. The application will not be processed until the fee has been received.