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

Kansas
Behavioral Sciences
Regulatory Board

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)

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 #: ( ) _____

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 five 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 or misdemeanor? 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 _____

Section III: EMPLOYMENT INFORMATION

1. Are you working in a position that requires you to hold a BSRB License? Yes _____ No _____

2. Are you currently working in a private practice without supervision? Yes _____ No _____

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

3. Are you currently working under a clinical supervisory training plan? Yes _____ No _____
If yes, please state name, license type, and number of individual providing supervision and skip to section IV.

Name _____Type _____ Lic# _____

4. Are you conducting psychotherapy in your current mental health position? Yes _____ No _____
If yes, please state name, license type and number of individual providing direction/supervision and skip to section IV.

Name _____Type _____ Lic# _____

5. If you do NOT hold a clinical/independent license, please answer the following:

Name of the individual providing your direction/supervision? _____

Supervisor's
Position/Title_____Agency_____

Social Work - See Definitions K.A.R. 102-2-1a (cc) (1 & 2)
Master Level Psychology - See Definitions K.A.R. 102-4-1a (x)

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 form, 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

LMFT $100.00
LCMFT $125.00

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

Revised: 06/12/2024

** 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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Marriage & Family Therapist
Continuing Education Reporting Form

Licensee Name: _____ **License number:** _____

The information below is a general guideline. Please refer to K.A.R. 102-5-10 for further details.

		Total Hours
Workshop, Seminar, Institute, Course or Minicourse	*40 hrs Max*	
Academic Course – 1 Academic hour equals 15 CEUs	*40 hrs Max*	
Academic Course for Audit – 1 Academic hour equals 15 CEUs	*40 hrs Max*	
Computerized interactive learning, telecast, video recording, audio recording or reading **WITH Post-test**	*40 hrs Max*	
Computerized interactive learning, telecast, video recording, audio recording or reading With **OUT** Post-test	*10 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	*15 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 during this renewal cycle? **Yes No** Please circle		
If you are a board approved supervisor, did you complete at least 3 hours of Supervision CEUs including at least 1 hour of Ethics in Supervision? **Yes No Please circle**		

40 hours is required each renewal cycle.	**TOTAL HOURS CLAIMED**	

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. 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 reinstate my license.

Signature: _____ **Date**: _____

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