



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

APPLICATION FOR RENEWAL OF LICENSURE

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 five questions please include details on a separate sheet and submit with your renewal application. 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. Since your last renewal, has a complaint or lawsuit been filed against you for unethical behavior, unprofessional conduct, or incompetence? Yes _____ No _____
4. Since your last renewal, has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance? Yes _____ No _____
5. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice? Yes _____ No _____

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

1. I understand that, prior to my renewal application 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: Renewal Application
Continuing Education Reporting Form
\$150.00 Renewal fee Please see Appendix A for payment instructions.**

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

**** Work Setting Codes**

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

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Psychology Continuing Education Reporting Form

Licensee Name: _____ License number: _____

Date of Original Licensure

Hours Required

On or before 12/31/22
 01/01/23 – 06/30/23
 07/01/23 – 12/31/23
 01/01/24 – 06/30/24

50 Hours *
 33 Hours *
 17 Hours *
 0 Hours

*** If you are required to complete continuing education during this renewal cycle, it must include three hours of ethics and six hours of diagnosis and treatment.**

The information below is a general guideline. Please refer to K.A.R. 102-1-15.

		Total Hours
Seminar, Workshop, Presentations	50 hrs Max	
First Time Preparation and Presentations	15 hrs Max	
Completion of a Self-Study Program	12 hrs Max	
Completion of a Self-Study Program WITH POST TEST	40 hrs Max	
Publication and Professional Presentation (15 per each paper)	45 hrs Max	
Academic Psychology Course (1 Academic hour equals 15 CEUs)	50 hrs Max	
Providing Supervision	15 hrs Max	
Receiving Supervision	15 hrs Max	
Initial Preparation for Specialty Board Examination	25 hrs Max	
Participation in Quality Care Activities	15 hrs Max	
Participation in Professional Organizations	12 hrs Max	
Receiving Personal Psychotherapy	20 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 6 hours of Diagnosis and Treatment during this renewal cycle?	Yes No Please circle	

TOTAL NUMBER OF 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 licensure renewal application, the Board may suspend, limit, revoke or refuse to renew my license.

Signature: _____ Date: _____

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.