

**BEHAVIORAL SCIENCES REGULATORY BOARD
PROFESSIONAL COUNSELING ADVISORY COMMITTEE MEETING
Monday, June 5, 2023**

The meeting will be conducted virtually on the Zoom platform. Advisory Committee members, BSRB staff, and anyone approved for public comment will utilize the Zoom platform while other remote attendees will be directed to the YouTube broadcast (or the conference call phone number) to ensure a secure and accessible meeting. If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240. The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change.

You may view the meeting here: <https://youtube.com/live/8Eo71UbG5MM?feature=share>.
To join the meeting by conference call: 877-278-8686, Pin: 327072.

Monday, June 5, 2023, at 10:00 a.m.

- I. Call to Order and Roll Call
- II. Agenda Approval
- III. Review and Approval of Minutes from Previous Advisory Committee Meeting on April 17, 2023.
- IV. Executive Director's Report
- V. Old Business
 - A. Discussion on Changes to Clinical Training Plans in K.A.R. 102-3-7a(h)
 - B. Regulation Review
 - i. K.A.R. 102-3-10a Continuing Education for Licensees
 - ii. K.A.R. 102-3-11a Documentation for Continuing Education
 - C. Continued Discussion of Clinical License Examination
- VI. New Business
 - A. Discussion on Unprofessional Conduct Regulations from Other Professions
- VII. Next Meeting: Monday, August 7, 2023, at 10 a.m.
- VIII. Adjournment

**BEHAVIORAL SCIENCES REGULATORY BOARD
PROFESSIONAL COUNSELOR ADVISORY COMMITTEE MEETING
April 17, 2023**

Draft Minutes

- I. Call to Order.** Laura Shaughnessy, Chair of the Advisory Committee, opened the meeting and called roll.

Advisory Committee Members: Advisory Committee members who participated by Zoom were Laura Shaughnessy, Jim Kilmartin, Melissa Briggs, Michael Countryman, Michelle Fairbank, Acha Goris, Bob Kircher, Vanessa Perez, Andrew Secor, and Edil Torres-Rivera. Harriet Bachner was absent.

BSRB Staff: David Fye was present by Zoom.

Guests: None.

- II. Agenda Approval.** Michael Countryman moved to approve the agenda. Acha Goris seconded. The motion passed.
- III. Review and Approval of Minutes from Previous Advisory Committee Meeting on February 6, 2023.** Vanessa Perez moved to approve the minutes from February 6, 2023. Michelle Fairbank seconded. The motion passed.
- IV. Executive Director's Report.** David Fye, Executive Director for the BSRB, reported on agency updates, updates from recent Board meetings, and legislative updates.
- V. Old Business**
- A. Updates from AASCB Annual Conference.** The Chair of the Advisory Committee discussed updates from the annual conference for the American Association of State Counseling Boards (AASCB) she attended on behalf of the Board in February 2023.
- VI. New Business**
- A. Discussion on Reciprocity Requirements.** The Executive Director discussed the current statutory requirements for reciprocity for the professional counseling profession. Members of the Advisory Committee viewed a map of which states require passage of the National Counseling Examination (NCE), the National Clinical Mental Health Counseling Examination (NCMHCE), both examinations, or an option of either examination to be licensed. It was noted that some of the differences between states may be due to some states lacking a permanent license below the clinical level. The Advisory Committee expressed its intention to

continue to review this topic, including a review of the different types of permanent licenses available in professional counseling in different states.

- B. Discussion on Changes to Clinical Training Plans in K.A.R. 102-3-7a(h).** The Executive Director noted that the regulations require all changes to an approved clinical training plan to be submitted within 45 days of the changes, otherwise the individual would lose hours accrued after making the change, until a training plan amendment was submitted to the Board. The Board is seeking to identify specific language to add to the regulation concerning what would constitute the type of change that would need to be reported. Also, Advisory Committee members were asked to consider alternatives to the current 45-day reporting requirement. Advisory Committee members were asked to think about possible modifications to the regulation and to be ready to discuss possible changes at a future Advisory Committee meeting.
- C. Regulation Review.** The Executive Director noted that each Advisory Committee is being asked to review regulations for their profession to ensure that the language is up-to-date and not needing changes. Advisory Committee members were asked to review and consider any possible edits to (1) *K.A.R. 102-3-10a Continuing Education for Licensees* and (2) *K.A.R. 102-3-11a Documentation for Continuing Education*, and to be ready to discuss possible changes to the regulations at a future Advisory Committee meeting.
- VII. Next Meeting.** Monday, June 5, 2023, at 10 a.m.
- VIII. Adjournment.** Michael Countryman moved to adjourn. Jim Kilmartin seconded. The motion passed.

An official State of Kansas government website. [Here's how you know.](#)

Agency 102

Behavioral Sciences Regulatory Board

Article 3.—Professional Counselors; Fees

[Printable Format](#)

102-3-7a. Postgraduate supervised professional experience requirement to be licensed as a clinical professional counselor.

In order to be approved by the board for licensure as a clinical professional counselor, the applicant's postgraduate supervised professional experience of professional counseling, totaling 3,000 hours of professional experience inclusive of 1,500 hours of direct client contact, shall meet all of the following requirements:

(a) Except as provided in subsection (b), one hour of clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience for each 15 hours of direct client contact. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing, specified as follows:

- (1) At least 50 hours of individual supervision occurring with the supervisor and supervisee;
- (2) up to 50 hours of group supervision with one supervisor and no more than six supervisees; and
- (3) meet for at least one hour at least twice per month, at least one of which shall be individual supervision.

(b) Each applicant with a doctor's degree in professional counseling shall complete at least one-half of the postgraduate supervised professional experience requirements as follows:

- (1) At least 25 hours of individual supervision occurring with the supervisor and supervisee;
- (2) up to 25 hours of group supervision with one supervisor and no more than six supervisees; and
- (3) at least two separate supervisory sessions per month, one of which shall be individual supervision.

(c) The clinical supervisor of a person attaining the 3,000 hours of postgraduate supervised professional experience required for licensure as a clinical professional counselor, at the time of providing supervision, shall be a board-approved clinical supervisor and shall meet one of the following provisions:

- (1) The clinical supervisor shall be a clinical professional counselor who is licensed in Kansas or is registered or licensed in another jurisdiction and who has practiced as a clinical professional counselor for two years beyond the supervisor's licensure date.
- (2) If a licensed clinical professional counselor is not available, the clinical supervisor may be a person who is qualified by educational coursework and degree for licensure as a clinical professional counselor in Kansas and who has at least five years of postgraduate professional experience in clinical professional counseling.
- (3) Under extenuating circumstances approved by the board, the clinical supervisor may be a person who is licensed at the graduate level to practice in one of the behavioral sciences and whose authorized scope of practice permits the independent practice of counseling, therapy, or psychotherapy. The qualifying individual shall not have had less than two years of clinical practice beyond the qualifying licensure date when the individual provided the clinical supervision.

(d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:

- (1) Have professional authority over and responsibility for the supervisee's clinical functioning in the practice of professional counseling;
- (2) not have a dual relationship with the supervisee;
- (3) not be under any sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;
- (4) have knowledge of and experience with the supervisee's client population;
- (5) have knowledge of and experience with the methods of practice that the supervisee employs;
- (6) have an understanding of the organization and the administrative policies and procedures of the supervisee's practice setting; and
- (7) be a staff member of the supervisee's practice setting or meet the requirements of subsection (e).

(e) If a qualified clinical supervisor is not available from among staff in the supervisee's practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

- (1) The supervisor has a solid understanding of the practice setting's mission, policies, and procedures.
- (2) The extent of the supervisor's responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
- (3) The responsibility for payment for supervision is clearly defined.
- (4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.

(f) Each professional counseling clinical supervisor shall perform the following duties:

- (1) Provide oversight, guidance, and direction of the supervisee's clinical practice of professional counseling by assessing and evaluating the supervisee's performance;

- (2) conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation;
- (3) provide documentation of supervisory qualifications to the supervisee;
- (4) periodically evaluate the supervisee's clinical functioning;
- (5) provide supervision in accordance with the clinical supervision training plan;
- (6) maintain documentation of supervision in accordance with the clinical supervision training plan;
- (7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee's professional experience and assign credit for that experience;
- (8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
- (9) ensure that each client knows that the supervisee is practicing professional counseling under supervision.

(g) Each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit this plan to the board and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:

- (1) The supervisory context;
- (2) a summary of the anticipated types of clients and the services to be provided;
- (3) the format and schedule of supervision;
- (4) a plan for documenting the following information:
 - (A) The date of each supervisory meeting;
 - (B) the length of each supervisory meeting;
 - (C) a designation of each supervisory meeting as an individual or group meeting;
 - (D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and
 - (E) an evaluation of the supervisee's progress under clinical supervision;
- (5) a plan for notifying clients of the following information:
 - (A) The fact that the supervisee is practicing professional counseling under supervision;
 - (B) the limits of client confidentiality within the supervisory process; and
 - (C) the name, address, and telephone number of the clinical supervisor;
- (6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
- (7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (h);
- (8) the supervisee's informed consent for the supervisor to discuss supervision or performance issues with the supervisee's clients, the supervisee's other professional counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
- (9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.

(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 65-5804a; effective April 17, 1998; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004; amended Dec. 16, 2022.)

FILING OF CLINICAL SUPERVISION TRAINING PLAN

To begin accruing hours and working toward the LCPC you must submit a training plan for pre-approval to the Board.

- There is no fee to file a Clinical Supervision Training Plan.
- The Clinical Supervision Training Plan must be completed by you and your supervisor(s).
- You and your supervisor(s) need to read the statutes and regulations prior to completing the training plan. Please see K.A.R. 102-3-7a, for the supervision requirements for a clinical license. All statutes and regulations may be found on our website www.ksbsrb.ks.gov
- **You must attach an official job description with your training plan.**
- You must receive approval, in writing, from the Board before you may begin accruing supervision hours.
- You must be under supervision and accrue hours towards the LCPC for a minimum of 24 months.
- You will be notified in writing by the Board office within 30 days regarding approval of your training plan. If you have not received notification within 30 days, please contact the board office.
- Once the training plan has been approved you must keep the Board up to date with any changes. Any changes to the approved training plan must be submitted **within 45 days of the change** or the hours accrued during that time period will not be counted.

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

Clinical Supervision Training Plan Professional Counselors

You must be fully licensed (not temporarily licensed) as an LPC to be eligible to submit a clinical training plan.

The form needs to be filled out completely, and legibly.

The supervisee shall complete section I and II.

The supervisor(s) shall complete sections III and IV.

The supervisee together with the supervisor(s) shall complete sections V and VI.

I. Information regarding supervisee: [Completed by supervisee]

Name _____ Email _____

Home Phone _____ Cell Phone _____ (Optional)

Home Address _____

City, State, Zip _____

License number _____ Issue date _____ Expiration date _____

II. Information regarding the Supervision Setting: [Completed by supervisee]

Work site and address where you will be participating in the supervised work experience.

Work site _____

Address _____

City, State, Zip _____

Phone _____ Your Title in this supervised setting? _____

You are required to attach a copy of your official position description to your training plan.

III. Information regarding Supervision Training Plan: [Completed by supervisee and supervisor(s) together]

Answer to questions 1 through 17 on a separate sheet of paper:

1. Will you be using the DSM-5 in diagnosing clients?
2. Please list some specific diagnoses you expect to treat.
3. What are the anticipated types of clients to whom you will be providing services?
4. What services will you be providing to clients?
5. What are some theories of psychotherapy you plan to use in treating clients?
6. What dates are expected to be covered with the Supervision Training Plan?

(Training plan must be approved by the board before post graduate hours can begin to be accrued.)

7. Review the definition of clinical professional counselor practice below (KAR 102-3-1a (e)). List your clinical supervision goals and briefly describe how you will attain those goals. You may include additional goals if you wish, but you must provide goals based on 1- 6.

(e) "Clinical professional counselor practice" means the professional application of professional counseling theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical professional counseling shall include the following:

- (1) Assessment;
- (2) diagnosis of mental disorders;
- (3) planning and treatment, which may include psychotherapy and counseling;
- (4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues;
- (5) consultation; and
- (6) evaluation, referral, and collaboration.

8. Outline your supervisor's responsibilities in relation to these goals and objectives.
9. Outline your responsibilities in relation to these goals and objectives.
10. Describe your plan and your supervisor's plan for the documentation of the date, length, method, content, and format of each supervisory meeting and your progress toward the learning goals.
11. Answer the following questions regarding your supervision:
 - a. Describe the schedule for supervision.
 - b. What is the required ratio of supervision to direct client contact?
 - c. How many supervision hours must be individual?
 - d. Will you receive group supervision? If so, how many supervision hours will be done in group? Also, how many supervisees will be in the group?
 - e. What is the total number of supervision hours required per regulation?
12. Describe the plan for documenting your progress toward meeting the required 3000 hours of supervised clinical experience, to include the required 1500 hours of direct face to face client contact providing psychotherapy and assessment.
13. Describe the plan for evaluating your progress in supervision. Periodic written evaluations are encouraged.
14. Describe the plan for notifying the clients that you are practicing under supervision, the limits of confidentiality under supervision, and the name and contact information for your supervisor.
15. Describe the process for renegotiating this plan if warranted, including the need to submit all changes to the board office **within 45 days of the change**.
16. Describe the process for remediating conflicts between yourself and your supervisor.
17. Describe the contingency plans for emergency supervision, missed supervision sessions, and supervision while your supervisor is unavailable. Be sure to include a backup supervisor.

The supervisor(s) shall complete sections IV, V, and VI.
[If there is more than one supervisor each supervisor must complete all three sections.]

IV. Information regarding supervisor: [Completed by supervisor(s)]

Name _____
Business _____
Address _____
City, State, Zip _____
Email _____ Home Phone _____ Work Phone _____
License Type _____ License Number _____ Issue date _____ Expiration date _____
Were you licensed at the clinical independent level in a state prior to Kansas? Yes _____ No _____
If yes, state of licensure _____ License type _____
Issue date _____ Expiration date _____

Have you practiced independent, clinical professional counseling for a minimum of two years? Yes _____ No _____
If no, you are not eligible to be a clinical supervisor.

Are you currently under disciplinary investigation, sanction, or practice limitation or any other adverse action imposed by a state credentialing board or professional organization? Yes _____ No _____
If yes, please explain fully in an attached, signed statement.

Are you an Approved Clinical Supervisor with the BSRB? Yes _____ No _____
If not, you are not eligible to be a clinical supervisor.

V. Information regarding the supervisory relationship: [Completed by supervisor(s)]

Please read K.A.R. 102-3-7a prior to answering the following questions.

1. Per K.A.R. 102-3-7a(d)(1) – Do you have professional authority and responsibility for the supervisee’s clinical functioning in the practice of clinical professional counseling? Yes _____ No _____
2. Do you have a dual relationship with the supervisee? Yes _____ No _____
3. Do you have knowledge of and experience with the supervisee’s client population? Yes _____ No _____
4. Do you have knowledge of and experience with the methods of practice that the supervisee will employ? Yes _____ No _____
5. Do you have an understanding of the organization and administrative policies and procedures of the supervisee’s practice setting? Yes _____ No _____

6. Are you a staff member of the practice setting? Yes _____ No _____

If not, please answer the following five questions:

A. Do you have a solid understanding of the practice setting's mission, policies, and procedures? Yes _____ No _____

B. Is the extent of your responsibility for the supervisee clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan? Yes _____ No _____

C. Is the responsibility for payment of supervision clearly defined? Yes _____ No _____

D. Is the supervisee paying the supervisor directly for supervision? Yes _____ No _____

E. Do you maintain responsibility to the client and the practice setting? Yes _____ No _____

7. Will you perform the following?

A. Provide oversight, guidance, and direction of the supervisee's clinical practice of clinical professional counseling by assessing and evaluating the supervisee's performance? Yes _____ No _____

B. Conduct supervision as a process distinct from personal therapy, didactic instruction, or professional counseling consultation? Yes _____ No _____

C. Provide documentation of supervisory qualifications to the supervisee? Yes _____ No _____

D. Periodically evaluate the supervisee's clinical functioning? Yes _____ No _____

E. Provide supervision in accordance with the clinical supervision training plan? Yes _____ No _____

F. Maintain documentation of supervision in accordance with the clinical supervision training plan? Yes _____ No _____

G. Provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience? Yes _____ No _____

H. Provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and supervisee. Yes _____ No _____

I. Ensure that each client knows that the supervisee is practicing clinical professional counseling under supervision? Yes _____ No _____

8. Do you have a thorough knowledge and understanding of BSRB statutes and regulations regarding the requirements of post graduate supervision for the supervisee's profession? Yes _____ No _____

9. Will the supervisee be involved in the process of diagnosing clients? Yes _____ No _____

**** If your answer is yes, please describe how.****

An official State of Kansas government website. [Here's how you know.](#)

Agency 102
Behavioral Sciences Regulatory Board

Article 3.—Professional Counselors; Fees

[Printable Format](#)

- 102-3-10a. Continuing education for licensees.** (a) Each licensee shall complete 30 hours of documented and approved continuing education oriented to the enhancement of a professional counselor's practice, values, ethics, skills, or knowledge during each two-year renewal period. Continuing education hours accumulated in excess of the requirement shall not be carried over to the next renewal period.
- (b) During each two-year renewal period and as a part of the required continuing education hours, each licensee shall complete three hours of professional ethics and six hours related to the diagnosis and treatment of mental disorders.
- (c) One hour of continuing education credit shall consist of at least 50 minutes of classroom instruction between instructor and participant or a minimum of an actual hour of other types of acceptable continuing education experiences listed in subsection (d). One-quarter hour of continuing education credit may be granted for each 15 minutes of acceptable continuing education. Credit shall not be granted for fewer than 15 minutes.
- (d) Acceptable continuing education, whether taken within the state or outside the state, shall include the following:
- (1) An academic professional counseling course, or an academic course oriented to the enhancement of professional counselor's practice, values, ethics, skills, or knowledge, that is taken for academic credit. Each licensee shall be granted 15 continuing education hours for each academic credit hour that the licensee successfully completes. The maximum number of allowable continuing education hours shall be 30;
 - (2) an academic professional counseling course, or an academic course oriented to the enhancement of a professional counselor's practice, values, ethics, skills, or knowledge, that is audited. Each licensee may receive continuing education credit on the basis of the actual contact time that the licensee spends attending the course, up to a maximum of 15 hours per academic credit hour. The maximum numbers of allowable continuing education hours shall be 30;
 - (3) a seminar, institute, workshop, course, or minicourse. The maximum number of allowable continuing education hours shall be 30;
 - (4) if a posttest is provided, an activity consisting of completing a computerized interactive learning module, viewing a telecast or videotape, listening to an audiotape, or reading. The maximum number of allowable continuing education hours shall be 30;
 - (5) if a posttest is not provided, an activity consisting of completing a computerized interactive learning module, viewing a telecast or videotape, listening to an audiotape, or reading. The maximum number of allowable continuing education hours shall be five;
 - (6) a cross-disciplinary offering in medicine, law, the behavioral sciences, a foreign or sign language, computer science, professional or technical writing, business administration, management sciences, or any other discipline if the offering is clearly related to the enhancement of a professional counselor's practice, values, ethics, skills, or knowledge. The maximum number of allowable continuing education hours shall be 10;
 - (7) a self-directed learning project preapproved by the board. The maximum number of allowable continuing education hours shall be 10;
 - (8) providing supervision to graduate practicum or intern students, applicants for licensure as clinical professional counselors, or other clinical mental health practitioners. The maximum number of allowable continuing education hours shall be 10;
 - (9) the first-time preparation and presentation of a professional counseling course, seminar, institute, workshop, or mini-course. The maximum number of allowable continuing education hours shall be 10 for documented preparation and presentation time;
 - (10) the first-time publication of a professional counseling article in a juried professional journal. The maximum number of allowable continuing education hours shall be 10; and
 - (11) participation in professional organizations or appointment to professional credentialing boards, if the goals of the organizations or boards are clearly related to the enhancement of professional counseling practice, values, ethics, skills, and knowledge. Participation may include holding office or serving on committees of the organization or board. The maximum number of allowable continuing education hours shall be 10.
- (e) Continuing education credit approval shall not be granted for identical programs if the programs are completed within the same renewal period.
- (f) Continuing education credit shall not be granted for the following:
- (1) First aid, CPR, infection control, or occupational health and safety courses;
 - (2) in-service training, if the training is for job orientation or job training, or is specific to the employing agency; or
 - (3) any activity for which the licensee cannot demonstrate to the board's satisfaction that the program's goals and objectives are to enhance the licensee's practice, values, ethics, skills, or knowledge in professional counseling.
- (g) Each licensee shall maintain individual, original continuing education records. These records shall document the licensee's continuing education activity attendance, participation, or completion as specified in K.A.R. 102-3-11a. Any licensee may be required to submit these records to the board at least 30 days before the expiration date of each current licensure period. (Authorized by K.S.A. 74-7507; implementing K.S.A. 65-5806 and 74-7507; effective Dec. 19, 1997; amended July 11, 2003.)

An official State of Kansas government website. [Here's how you know.](#)

Agency 102

Behavioral Sciences Regulatory Board

Article 3.—Professional Counselors; Fees

[Printable Format](#)

102-3-11a. Documentation for continuing education. Any of the following original, signed forms of documentation shall be accepted as proof of completion of a continuing education activity: (a) A passing course grade for an academic credit course;

(b) a signed statement, by the instructor, of actual hours attended for an audited academic course;

(c) a signed statement of attendance from the provider of the institute, symposium, workshop, or seminar;

(d) a copy of the article or book chapter and verification of publication or written presentation at a professional meeting. These materials shall be submitted to the board for evaluation and certification of the number of hours of continuing education credit to be granted;

(e) a copy of the academic course syllabus and verification that the course was presented;

(f) a copy of a letter from the presentation sponsor or a copy of the brochure announcing the licensee as the presenter, the agenda of the presentation, and verification that the workshop, seminar, or program was presented;

(g) a letter from the board giving approval for retroactive continuing education credit;

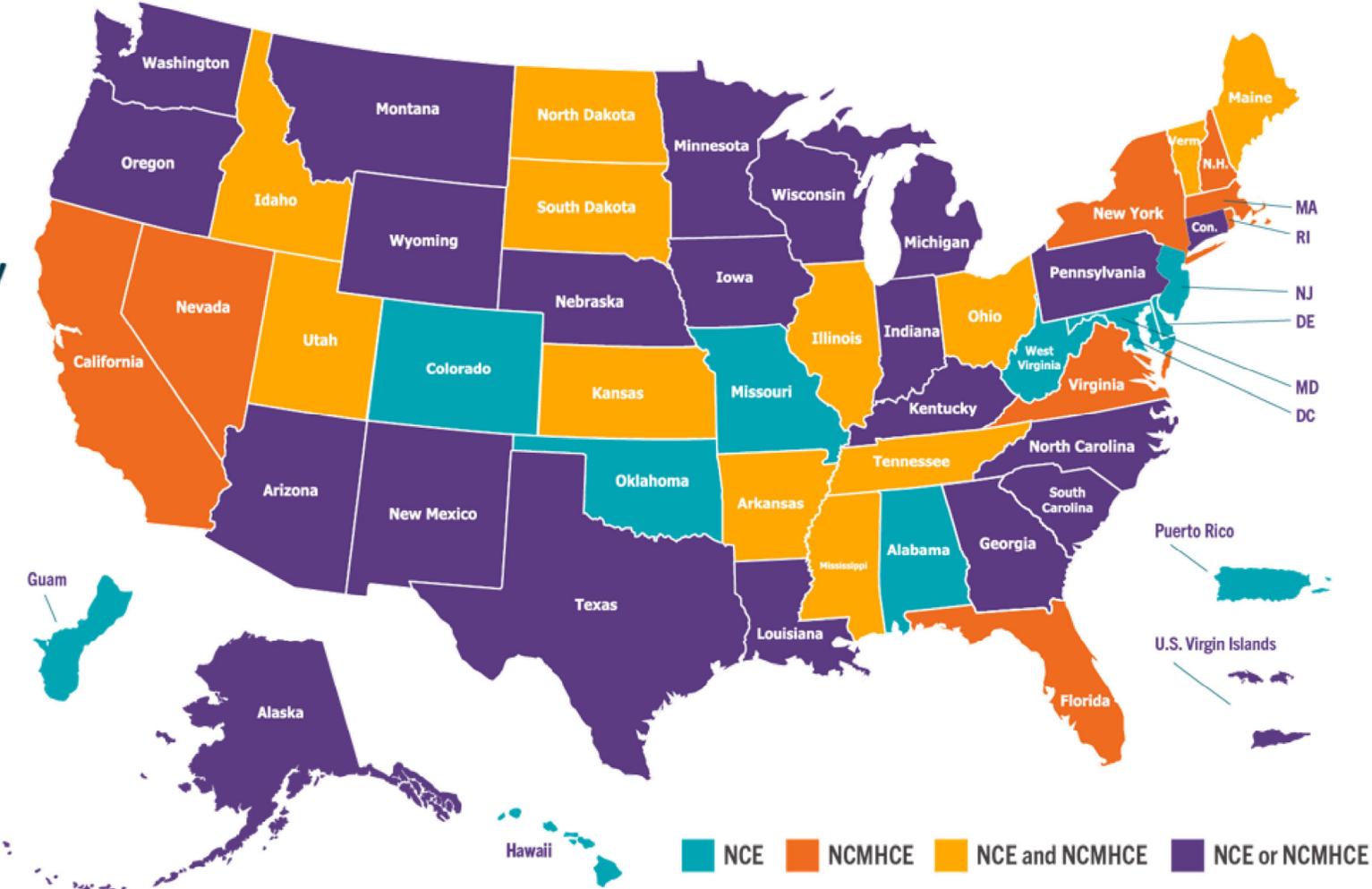
(h) written verification from the university practicum or intern instructor or other official training director that the licensee supervised undergraduate or graduate students or from the supervisee that the licensee provided supervision;

(i) a copy of the self-directed project. This copy shall be submitted to the board for evaluation and certification of the number of continuing education credit hours to be granted; or

(j) the media format, content title, presenter or sponsor, content description, run time, and activity date when videotapes, audiotapes, computerized interactive learning modules, or telecasts were utilized for continuing education purposes. (Authorized by K.S.A. 1996 Supp. 74-7507; implementing K.S.A. 1996 Supp. 65-5806; effective Dec. 19, 1997.)

[Printable Format](#)

Licensure Examination Requirements by State



Addiction Counseling Unprofessional Conduct Regulations

K.A.R. 102-7-11. Unprofessional conduct. Each of the following acts shall be considered unprofessional conduct for ~~a licensed addiction counselor, a licensed clinical addiction counselor~~an individual authorized to practice addiction counseling by the board, or an applicant ~~for an addiction counselor license or a clinical addiction counselor license~~to practice addiction counseling:

(a) Except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that the licensee or applicant or any other person regulated by the board or applying for licensure or registration has met any of these conditions:

- (1) Has had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;
- (2) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;
- (3) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;
- (4) has been substantiated of abuse against a child, an adult, or a resident of a care facility; ~~or~~
- (5) has practiced the licensee's profession in violation of the laws or regulations that regulate the profession; or
- (6) has been convicted of a crime.

(b) knowingly allowing another person to use one's license;

(c) impersonating another person holding a license or registration issued by this or any other board;

(d) having been convicted of a crime resulting from or relating to one's professional practice of addiction counseling;

(e) furthering the licensure application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(f) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who was or is credentialed by the board;

(g) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the

ability to act in the client's best interests;

(h) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Each person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(i) offering to perform or performing services clearly inconsistent or incommensurate with one's training, education, or experience or with accepted professional standards;

(j) engaging in any behavior that is abusive or demeaning to a client, student, or supervisee;

(k) imposing one's personal values, spiritual beliefs, or lifestyle on a client, student, or supervisee;

(l) discriminating against any client, student, directee, or supervisee on the basis of color, race, gender, age, religion, national origin, ~~or~~ disability, gender expression, or sexual orientation;

(m) failing to inform each client of that client's rights as those rights relate to the addiction counseling relationship;

(n) failing to provide each client with a description of the services, fees, and payment expectations, or failing to reasonably comply with that description;

(o) failing to provide each client with a description of the possible effects of the proposed treatment if the treatment is experimental or if there are clear and known risks to the client;

(p) failing to inform each client, student, or supervisee of any financial interests that might accrue to the licensee or applicant if the licensee or applicant refers a client, student, or supervisee to any other service or if the licensee or applicant uses any tests, books, or apparatus;

(q) failing to inform each client that the client can receive services from a public agency if one is employed by that public agency and also offers services privately;

(r) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of the following actions:

(1) Electronically recording sessions with that client;

(2) permitting a third-party observation of their activities; or

(3) releasing information concerning a client to a third-~~person~~party, unless required or permitted by law;

(s) failing to exercise due diligence in protecting the information regarding the client from disclosure ~~by other persons~~ in one's work or practice setting, especially in telehealth practice;

(t) engaging in professional activities, including but not limited to, billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(u) using alcohol or any illegal drug or misusing any substance that could cause impairment while performing the duties or services of an addiction counselor;

(v) engaging in a harmful dual relationship or exercising undue influence towards one's client, supervisee, or student;

(w) making sexual advances toward or engaging in physical intimacies or sexual activities with either of the following:

(1) Any person who is a client, supervisee, or student; or

(2) any person who has a significant relationship with the client and that relationship is known to the licensee;

(x) making sexual advances toward or engaging in physical intimacies or sexual activities with any person who meets either of the following conditions:

(1) Has been a client within the past 24 months; or

(2) has had a significant relationship with a current client or a person who has been a client within the past 24 months and that relationship is known to the licensee;

(y) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for referring the client or in connection with performing professional services;

(z) permitting any person to share in the fees for professional services, other than a partner, an employee, an associate in a professional firm, or a consultant authorized to practice addiction counseling or clinical addiction counseling;

(aa) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate the continued provision of client services by that agency or colleague;

(bb) making claims of professional superiority that one cannot substantiate;

(cc) guaranteeing that satisfaction or a cure will result from performing or providing any professional service;

(dd) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;

(ee) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the client's condition, best interests, or preferences;

(ff) taking credit for work not personally performed, whether by giving inaccurate or misleading information or by failing to disclose accurate or material information;

(gg) if engaged in research, failing to meet these requirements:

(1) Considering carefully the possible consequences for human beings participating in the research;

(2) protecting each participant from unwarranted physical and mental harm;

(3) ascertaining that each participant's consent is voluntary and informed; and

(4) preserving the privacy and protecting the anonymity of each subject of the research within the terms of informed consent;

(hh) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;

(ii) failing to notify the client promptly if one anticipates terminating or interrupting service to the client;

(jj) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;

(kk) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;

(ll) failing to terminate addiction counseling services if it is apparent that the relationship no longer serves the client's needs or best interests;

(mm) when supervising, failing to provide accurate and current information, timely evaluations, and constructive consultation;

(nn) when applicable, failing to inform a client that addiction counseling services are provided or delivered under supervision;

(oo) failing to inform a client that addiction counseling services are delivered under supervision as a student or an individual seeking clinical licensure;

(pp) failing to report unprofessional conduct of a licensed addiction counselor, licensed clinical addiction counselor, or any individual licensed by the board;

(qq) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing another person from filing a report or record that is required by state or federal law, or inducing another person to take any of these actions;

(rr) offering to perform or performing any service, procedure, or therapy that, by the accepted standards of addiction counseling practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;

(ss) practicing addiction counseling after one's license expires;

(tt) using without a license, or continuing to use after a license has expired, any title or abbreviation defined by regulation; ~~and~~

(uu) violating any provision of the addictions counselor licensure act or any implementing regulation; ~~and-~~

(vv) failing to follow appropriate recordkeeping standards as described below:

-(1) each individual authorized to provide addiction counseling must maintain a record for each client that accurately reflects the licensee's contact with the client and the results of the addiction counseling or clinical addiction counseling services provided. Each licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. These records may be maintained in a variety of formats, if reasonable steps are taken to maintain the confidentiality, accessibility, and durability of the records. Each record shall be completed in a timely manner and, at a minimum, shall include the following information for each client in sufficient detail to permit planning for continuity of care:

(A) Adequate identifying data;

(B) the date or dates of services that the licensee or the licensee's supervisee provided;

(C) the type or types of services that the licensee or the licensee's supervisee provided;

(D) the initial assessment, conclusions, and recommendations;

(E) the treatment plan; and

(F) the clinical or progress notes from each session.

(2) If a practitioner is the owner or custodian of client records, the practitioner shall retain a complete record for the following time periods, unless otherwise provided by law:

(A) At least six years after the date of termination of one or more contacts with an adult; and

(B) for a client who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:

(i) Two years past the date on which the client reaches the age of majority; or

(ii) six years after the date of termination of the contact or contacts with the minor.

(3) If a practitioner is the owner or custodian of the client records, it is the practitioner's responsibility to identify an alternate custodian of their records, in the event they are incapacitated or pass away unexpectedly and there is no other custodian of their records.

(Authorized by K.S.A. 2010 Supp. 74-7507, as amended by L. 2010, ch. 45, §15; implementing L. 2011, ch. 114, §15; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012.)

Behavior Analyst Unprofessional Conduct Regulations

102-8-11. Unprofessional conduct. Each of the following acts shall be considered unprofessional conduct for a licensed assistant behavior analyst, a licensed behavior analyst, or an applicant for an assistant behavior analyst license or a behavior analyst license:

- (a) Except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that the licensee or applicant or any other person regulated by the board or applying for licensure has met any of the following conditions:
 - (1) Has had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;
 - (2) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;
 - (3) has been demoted, terminated, suspended, reassigned, or asked to resign from employment or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance; or
 - (4) has violated any provision of the act or any implementing regulation;

- (b) knowingly allowing another person to use one's license;

- (c) impersonating another person holding a license or registration issued by the board or any other agency;

- (d) having been convicted of a crime resulting from or relating to one's professional practice of applied behavior analysis;

- (e) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who was or is licensed by the board;

- (f) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

- (g) failing or refusing to cooperate within 30 days with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed by the board. Each person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(h) offering to perform or performing services clearly inconsistent or incommensurate with one's training, education, or experience or with accepted professional standards;

(i) engaging in any behavior that is abusive or demeaning to a client, student, or supervisee;

(j) discriminating against any client, student, directee, or supervisee on the basis of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status;

(k) failing to advise and explain to each client, in understandable language, the respective rights, responsibilities, and duties involved in the licensee's professional relationship with the client;

(l) failing to provide each client, in understandable language, with a description of the services, fees, and payment expectations or failing to reasonably comply with that description;

(m) failing to provide each client, in understandable language, with a description of the possible effects of the proposed treatment if the treatment is experimental or if there are clear and known risks to the client;

(n) failing to inform each client, student, or supervisee of any financial interests that might accrue to licensee or applicant if the licensee or applicant refers a client, student, or supervisee to any other service or if the licensee or applicant uses any tests, books, or apparatus;

(o) failing to inform each client that the client can receive services from a public agency if one is employed by that public agency and also offers services privately;

(p) failing to provide copies of reports or records to a licensed healthcare provider authorized by the client following the licensee's receipt of a formal written request, unless the release of that information is restricted or exempted by law or by this article of the board's regulations, or the disclosure of the information would be injurious to the welfare of the client;

(q) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of the following actions:

(1) Electronically recording sessions with the client;

(2) permitting a third-party observation of the licensee's provision of applied behavior analysis services to the client; or

(3) releasing information concerning a client to a third person, unless required or permitted by law;

(r) failing to exercise due diligence in protecting the information regarding the client from disclosure by other persons in one's work or practice setting;

(s) engaging in professional activities, including billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(t) revealing information, a confidence, or a secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, unless at least one of the following conditions is met:

(1) Disclosure is required or permitted by law;

(2) failure to disclose the information presents a serious danger to the health or safety of an individual or the public;

(3) the licensee is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of applied behavior analysis, in which case disclosure shall be limited to that action; or

(4) payment for services is needed;

(u) using alcohol or any illegal drug or misusing any substance that could cause impairment while performing the duties or services of a licensee;

(v) engaging in a harmful dual relationship or exercising undue influence;

(w) making sexual advances toward or engaging in physical intimacies or sexual activities with any of the following:

(1) Any person who is a client, supervisee, or student; or

(2) any person who has a significant relationship with the client and that relationship is known to the licensee;

(x) making sexual advances toward or engaging in physical intimacies or sexual activities with any person who meets either of the following conditions:

(1) Has been a client within the past 24 months; or

(2) has had a significant relationship with a current client or a person who has been a client within the past 24 months and that relationship is known to the licensee;

(y) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for referring the client or in connection with performing professional services;

(z) permitting any person to share in the fees for professional services, other than a partner, an employee, an associate in a professional firm, or a consultant authorized to practice applied behavior analysis;

(aa) actively soliciting any clients of another agency or colleague without attempting to coordinate the continued provision of client services by that agency or colleague; or assuming professional responsibility for any clients of another agency or colleague without attempting to coordinate services for continuity of care. ~~the continued provision of client services by that~~

~~agency or colleague;~~

(bb) making claims of professional superiority that one cannot substantiate;

(cc) guaranteeing that satisfaction or a cure will result from performing or providing any professional service;

(dd) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;

(ee) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the client's condition, best interests, or preferences;

(ff) taking credit for work not personally performed, whether by giving inaccurate or misleading information or by failing to disclose accurate or material information;

(gg) if engaged in research, failing to meet the following requirements:

(1) Considering carefully the possible consequences for human beings participating in the research;

(2) protecting each participant from unwarranted physical and mental harm;

(3) ascertaining that each participant's consent is voluntary and informed; and

(4) preserving the privacy and protecting the anonymity of each subject of the research within the terms of informed consent;

(hh) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;

(ii) failing to notify the client promptly if one anticipates terminating or interrupting service to the client;

(jj) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;

(kk) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;

(ll) failing to terminate applied behavior analysis services if it is apparent that the relationship no longer serves the client's needs or best interests;

(mm) when supervising, failing to provide accurate and current information, timely evaluations, and constructive consultation;

(nn) when applicable, failing to inform a client that applied behavior analysis services are provided or delivered under supervision;

(oo) failing to report unprofessional conduct of a licensed assistant behavior analyst, a licensed behavior analyst, or any other individual licensed by the board;

(pp) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing another person from filing a report or record that is required by state or federal law, or inducing another person to take any of these actions;

(qq) offering to perform or performing any service, procedure, treatment, or therapy that, by the accepted standards of applied behavior analysis practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;

(rr) practicing applied behavior analysis after one's license expires; and

(ss) using without a license, or continuing to use after a license has expired, any title or abbreviation defined by regulation.

(ss) directly soliciting testimonials from current clients or stakeholders for use in advertisements to obtain new clients.

(tt) failing to provide each client with a description of the proposed treatment procedures anticipated outcomes and possible risks to the client.

(uu) deriving or soliciting any form of substantial personal monetary profit or substantial personal gain as a result of their professional relationship with clients or relevant parties.

(vv) when entering a relationship with a third party, failure to clarify the nature of the relationship with each party and assess any potential conflicts.

(ww) failure to actively engage in professional development activities to maintain and further professional competence.

(xx) taking on more supervisees and trainees than allows for effective supervision.

(yy) when supervising and training, failing to incorporate and address topics related to diversity.

(zz) when supervising and training, failing to ensure that supervisees and trainees are competent to perform delegated tasks.

(aaa) failure to follow appropriate standard for recordkeeping, as described below:

(1)-Each licensed assistant behavior analyst and each licensed behavior analyst shall maintain a record for each client that accurately reflects the licensee's contact with the client and the client's progress.

Each licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. These records may be maintained in a variety of formats, if reasonable steps are taken to maintain the confidentiality, accessibility, and durability of the records. Each record shall be completed in a timely manner and, at a minimum, shall include the following information for each client in sufficient detail to permit planning for continuity of care:

(A) Adequate identifying data;

(B) the date or dates of services that the licensee or the licensee's supervisee provided;

(C) the type or types of services that the licensee or the licensee's supervisee provided;

(D) the initial assessment, conclusions, and recommendations;

(E) the treatment plan; and

(F) the clinical or progress notes from each session.

(2) If a licensee is the owner or custodian of client records, the licensee shall retain a complete record for the following time periods, unless otherwise provided by law:

(A) For an adult, at least six years after the date of termination of one or more contacts; and

(B) for a client who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:

(i) Two years past the date on which the client reaches the age of 18; or

(ii) six years after the date of termination of the contact or contacts with the minor.

(Authorized by K.S.A. 2015 Supp. 65-7505; implementing K.S.A. 2015 Supp. 65-7504 and 65-7505; effective, T-102-6-29-16, June 29, 2016; effective Nov. 14, 2016.)

Licensed Psychology Unprofessional Conduct Regulations

K.A.R. 102-1-10a. Unprofessional conduct. Each of the following shall be considered unprofessional conduct:

(a) Practicing psychology in an incompetent manner, which shall include the following acts:

- (1) Misrepresenting professional competency by offering to perform services that are inconsistent with the licensee's education, training, or experience;
- (2) performing professional services that are inconsistent with the licensee's education, training, or experience; and
- (3) without just cause, failing to provide psychological services that the licensee is required to provide under the terms of a contract;

(b) practicing with impaired judgment or objectivity, which shall include the following acts:

- (1) Using alcohol or other substances to the extent that it impairs the psychologist's ability to competently engage in the practice of psychology; and
- (2) failing to recognize, seek intervention, and make arrangements for the care of clients if one's own personal problems, emotional distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(c) engaging in harmful dual relationships, which shall include the following acts:

- (1) Making sexual advances toward or engaging in physical intimacies or sexual activities with either of the following:
 - (A) Any person who is a client, supervisee, or student; or
 - (B) any person that the licensee knows who has a significant relationship with the client, supervisee, or student;
- (2) failing to inform the client or patient of any financial interests that might accrue to the licensed psychologist for referral to any other service or for the sale, promotion, or use of any tests, books, electronic media, or apparatus; and
- (3) exercising undue influence over any client;

(d) making sexual advances toward or engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who, within the past 24 months, has been a client;

(e) failing to obtain informed consent, which shall include the following acts:

- (1) Failing to obtain and document, in a timely manner, informed consent from the client or legally authorized representative for clinical psychological services before the provision of any of these services except in an emergency situation. This informed consent shall include a description of the possible effects of treatment or procedures when there are known risks to the client or patient;
- (2) failing to provide clients or patients with a description of what the client or patient may expect in the way of tests, consultation, reports, fees, billing, and collection; ~~and~~
- (3) failing to inform clients or patients when a proposed treatment or procedure is experimental; and

(4) failing to inform the client of the limit of a professional relationship and the requirements imposed by other parties.

(f) ignoring client welfare, which shall include the following acts:

- (1) Failing to provide copies of reports or records to a licensed healthcare provider authorized by the client following the licensee's receipt of a formal written request, unless the release of that information is restricted or exempted by law or by these regulations, or the disclosure of the information would be injurious to the welfare of the client;
- (2) failing to inform the client or patient that the client or patient is entitled to the same services from a public agency if the licensed psychologist is employed by that public agency and also offers services privately;
- (3) engaging in behavior that is abusive or demeaning to a client, student, or supervisee;
- (4) soliciting or agreeing to provide services to prospective clients or patients who are already receiving mental health services elsewhere without openly discussing issues of disruption of continuity of care with the prospective client or patient, or with other legally authorized persons who represent the client or patient, and when appropriate, consulting with the other service provider about the likely effect of a change of providers on the client's general welfare;
- (5) failing to take each of the following steps before termination for whatever reason, unless precluded by the patient's or client's relocation or noncompliance with the treatment regimen:
 - (A) Discuss the patient's or client's views and needs;
 - (B) provide appropriate pretermination counseling;
 - (C) suggest alternative service providers, as appropriate; and
 - (D) take other reasonable steps to facilitate the transfer of responsibility to another provider if the patient or client needs one immediately;
- (6) failing to arrange for another psychologist or other appropriately trained mental health professional to be available to handle clinical emergencies if the psychologist anticipates being unavailable for a significant amount of time;
- (7) failing to be available for the timely handling of clinical emergencies after having agreed to provide coverage for another psychologist;
- (8) failing to terminate a professional relationship if it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting from continued service, or is being harmed by continued service;
- (9) failing to delegate to employees, supervisees, and research assistants only those responsibilities that these persons can reasonably be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided;
- (10) failing to provide training and supervision to employees or supervisees and to take reasonable steps to see that these persons perform services responsibly, competently, and ethically; and
- (11) continuing to use or order tests, procedures, or treatment, or to use treatment facilities or services not warranted by the client's or patient's condition;

(g) failing to protect confidentiality or privacy, which ~~shall~~may include, but is not limited to, the following acts:

- (1) Failing to inform each client, supervisee, or student of the limits of client confidentiality, the purposes for which the information may be obtained, and the manner in which it may be used;

(2) revealing any information regarding a client or failing to protect information contained in a client's records, unless at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health and safety of an individual or the public;

(C) the psychologist is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of psychology, in which case disclosure shall be limited to that action; or

(D) the patient has signed a written release that authorizes the psychologist to release information to a specific person or persons identified in the release; ~~and/or~~

(3) failing to obtain written, informed consent from each client or the client's legal representative or representatives or from any other participant before performing either of the following actions:

(A) Electronically recording sessions with the client, or other participants, including audio and video recordings; or

(B) permitting third-party observation of the activities of the client or participant;

(h) misrepresenting the services offered or provided, which shall include the following acts:

(1) Failing to inform a client if services are provided or delivered under supervision;

(2) making claims of professional superiority that cannot be substantiated;

(3) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(4) knowingly engaging in fraudulent or misleading advertising; and

(5) taking credit for work not personally performed;

(i) engaging in improprieties with respect to fees and billing statements, which shall include the following acts:

(1) Exploiting clients or payers with respect to fees;

(2) misrepresenting one's fees;

(3) failing to inform a patient or client who fails to pay for services as agreed that collection procedures may be implemented, including the possibility that a collection agency may be used or legal measures may be taken; and

(4) filing claims for services that were not rendered;

(j) improperly using assessment procedures, which shall include the following acts:

(1) Basing assessment, intervention, or recommendations on test results and instruments that are inappropriate to the current purpose or to the patient characteristics;

(2) failing to identify situations in which particular assessment techniques or norms may not be applicable or failing to make adjustments in administration or interpretation because of relevant factors, including gender, age, race, and other pertinent factors;

(3) failing to indicate significant limitations to the accuracy of the assessment findings;

(4) failing to inform individuals or groups at the outset of an assessment that the psychologist is precluded by law or by organizational role from providing information about results and conclusions of the assessment;

(5) endorsing, filing, or submitting psychological assessments, recommendations, reports, or diagnostic statements on the basis of information and techniques that are insufficient to substantiate those findings;

(6) releasing raw test results or raw data either to persons who are not qualified by virtue of education, training, or supervision to use that information or in a manner that is inappropriate to the needs of the patient or client; and

(7) allowing, endorsing, or supporting persons who are not qualified by virtue of education, training, or supervision to administer or interpret psychological assessment techniques;

(k) violating applicable law, which shall include the following acts:

(1) Impersonating another person holding a license issued by this or any other board;

(2) claiming or using any method of treatment or diagnostic technique that the licensed psychologist refuses to divulge to the board;

(3) refusing to cooperate in a timely manner with the board's investigation of complaints lodged against an applicant or a psychologist licensed by the board. Any psychologist taking longer than 30 days to provide requested information shall have the burden of demonstrating that the psychologist has acted in a timely manner; and

(4) being convicted of a crime resulting from or relating to the licensee's professional practice of psychology;

(l) aiding an illegal practice, which shall include the following acts:

(1) Knowingly allowing another person to use one's license;

(2) knowingly aiding or abetting anyone who is not ~~credentialed~~ authorized to practice by the board to represent that individual as a person credentialed by the board;

(3) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified in respect to character, education, or other relevant eligibility requirements;

(4) making a materially false statement or failing to disclose a material fact in an application for licensure or renewal of licensure; and

(5) failing to notify the board, within a reasonable period of time, that any of the following conditions apply to the psychologist or that the psychologist has knowledge, not obtained in the context of confidentiality, that any of the following conditions apply to another professional regulated by the board:

(A) A licensee has had a license, certificate, permit, registration, or other certificate, registration, or license in psychology or in the field of behavioral sciences, granted by any state or jurisdiction, that has been limited, restricted, suspended, or revoked;

(B) a licensee has been subject to disciplinary action by a licensing or certifying authority or professional association;

(C) a licensee has been terminated or suspended from employment for some form of misfeasance, malfeasance, or nonfeasance;

(D) a licensee has been convicted of a felony; or

(E) a licensee has practiced in violation of the laws or regulations regulating the profession;

A psychologist taking longer than 30 days to notify the board shall have the burden of demonstrating that the psychologist acted within a reasonable period of time;

(m) ~~failing to maintain and retain records as outlined in K.A.R. 102-1-20~~ failing to exercise professional conduct regarding recordkeeping by committing any of the following acts:

(1) failing to maintain a record for each client or patient that accurately reflects the licensee's contact with the client or patient and the results of the psychological service provided. Each

licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. The record may be maintained in a variety of media, if reasonable steps are taken to maintain confidentiality, accessibility, and durability. Each record shall be completed in a timely manner and shall include the following information for each client or patient who is a recipient of clinical psychological services:

(A) Adequate identifying data;

(B) the date or dates of services the licensee or the licensee's supervisee provided;

(C) the type or types of services the licensee or the licensee's supervisee provided;

(D) initial assessment, conclusions, and recommendations;

(E) a plan for service delivery or case disposition;

(F) clinical notes of each session; and

(G) sufficient detail to permit planning for continuity that would enable another psychologist to take over the delivery of services.

(2) If a licensee is the owner or custodian of client or patient records, failing to retain a complete record for the following time periods, unless otherwise provided by law:

(A) At least five years after the date of termination of one or more contacts with an adult; and

(B) for a client or patient who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:

(i) Two years past the age of majority; or

(ii) five years after the date of termination of the contact or contacts with the minor; and

(3) If a licensee is the owner or custodian of client or patient records, failing to identify a repository for client records, should the psychologist become incapacitated or unable to access their records.

(n) improperly engaging in research with human subjects, which shall include the following acts:

(1) Failing to consider carefully the possible consequences for human beings participating in the research;

(2) failing to protect each participant from unwarranted physical and mental harm;

(3) failing to ascertain that the consent of the participant or the participant's representative, and assent of a minor participant, is voluntary and informed; and

(4) failing to preserve the privacy and protect the anonymity of the subjects within the terms of informed consent;

(o) engaging in improprieties with respect to forensic practice, which shall include the following acts:

(1) When conducting a forensic examination, failing to inform the examinee of the purpose of the examination and the difference between a forensic examination and a therapeutic relationship, and informing them of the scope of the assessment procedures;

(2) in the course of giving expert testimony in a legal proceeding, performing a psychological assessment in a biased, nonobjective, or unfair manner or without adequate substantiation of the findings;

(3) failing to conduct forensic examinations in conformance with established scientific and professional standards; and

(4) if a prior professional relationship with a party to legal proceeding precludes objectivity, failing to report this prior relationship and to clarify in both written report and actual testimony the possible impact of this prior relationship on the resulting conclusions and recommendations;

and

(p) engaging in improprieties with respect to supervision, which shall include the following acts:

(1) Failing to provide supervision in compliance with subsection (d) of K.A.R. 102-1-5a;

(2) failing to provide supervision to a person working towards licensure as a clinical psychotherapist in compliance with KAR 102-4-7a; and

(3) failing to provide regular, periodic, written supervisory feedback to the supervisee.

(Authorized by and implementing K.S.A. 2000 74-7507 and K.S.A. 74-5324; effective Jan. 4, 2002; amended Jan. 9, 2004.)

Marriage and Family Therapy Unprofessional Conduct Regulations

K.A.R. 102-5-12. Unprofessional conduct. (a) Any license may be suspended, limited, conditioned, qualified, restricted, revoked, not issued, or not renewed upon a finding by the board that unprofessional conduct has occurred.

(b) Any of the following acts by either a marriage and family therapy licensee or a marriage and family therapy licensure applicant shall constitute unprofessional conduct:

(1) Obtaining or attempting to obtain a license or registration for oneself or another by engaging in fraud, bribery, deceit, misrepresentation, or by concealing a material fact;

(2) except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that the licensee or applicant or any other person regulated by the board or applying for licensure or registration has met any of these conditions:

(A) Has had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(B) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(C) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(D) has been convicted of a crime; or

(E) has practiced the licensee's or registrant's profession in violation of the laws or regulations that regulate the profession;

(3) knowingly allowing another person to use one's license or registration;

(4) impersonating another person holding a license or registration issued by this or any other board;

(5) having been convicted of a crime resulting from or relating to one's professional practice of marriage and family therapy;

(6) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(7) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who was or is credentialed by the board;

(8) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(9) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Any person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(10) offering to perform or performing services clearly inconsistent or incommensurate with one's training, education, or experience or with accepted professional standards;

(11) treating any client, student, or supervisee in a cruel manner;

(12) discriminating against any client, student, or supervisee on the basis of color, race, age, gender, gender identity, religion, ethnicity, national origin, ~~or~~ disability, health status, sexual orientation, relationship status, socioeconomic status, or status in any other marginalized group;

(13) failing to advise and explain to each client the respective rights, responsibilities, and duties involved in the marriage and family therapy relationship;

(14) failing to provide each client with a description of what the client can expect in the way of services, consultation, reports, fees, billing, therapeutic regimen, or schedule, or failing to reasonably comply with that description;

(15) failing to provide each client with a description of the possible effects of the proposed treatment when the treatment is experimental or when there are clear and known risks to the client;

(16) failing to inform each client, student, or supervisee of any financial interests that might accrue to the licensee or applicant if the licensee or applicant refers a client, student, or supervisee to any other service or if the licensee or applicant uses any tests, books, or apparatus;

(17) failing to inform each client that the client is entitled to the same services from a public agency if one is employed by that public agency and also offers services privately;

(18) failing to inform each client, student, or supervisee of the limits of client confidentiality, the purposes for which the information is obtained, and the manner in which the information may be used;

(19) revealing information, a confidence, or secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, except when at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health or safety of an individual or the public;

(C) the licensee or applicant is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of marriage and family therapy, in which case disclosure is limited to that action; or

(D) the criteria provided by K.S.A. 65-6410, and amendments thereto, are met;

(20) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of these actions:

(A) Electronically recording sessions with that client;

(B) permitting a third-party observation of their activities; or

(C) releasing information concerning a client to a third person, except as required or permitted by law;

(21) failing to protect the confidences of, secrets of, or information concerning other persons when providing a client with access to that client's records;

(22) failing to exercise due diligence in protecting the information regarding and the confidences and secrets of the client from disclosure by other persons in one's work or practice setting;

(23) engaging in professional activities, including billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(24) using alcohol or illegally using any controlled substance while performing the duties or services of a marriage and family therapist;

(25) making sexual advances toward or engaging in physical intimacies or sexual activities with one's client, student, or supervisee;

(26) making sexual advances toward, engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who ~~has ever, within the past 24 months, has~~ been one's client;

(27) exercising undue influence over any client, student, or supervisee, including promoting sales of services or goods, in a manner that will exploit the client, student, or supervisee for the financial gain, personal gratification, or advantage of oneself or a third party;

(28) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for referring the client or in connection

with performing professional services;

(29) permitting any person to share in the fees for professional services, other than a partner, an employee, an associate in a professional firm, or a consultant authorized to practice marriage and family therapy;

(30) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate the continued provision of client services by that agency or colleague;

(31) making claims of professional superiority that one cannot substantiate;

(32) guaranteeing that satisfaction or a cure will result from performing or providing any professional service;

(33) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;

(34) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the client's condition, best interests, or preferences;

(35) taking credit for work not personally performed, whether by giving inaccurate or misleading information or by failing to disclose accurate or material information;

(36) if engaged in research, failing to fulfill these requirements:

(A) Consider carefully the possible consequences for human beings participating in the research;

(B) protect each participant from unwarranted physical and mental harm;

(C) ascertain that each participant's consent is voluntary and informed; and

(D) preserve the privacy and protect the anonymity of each subject of the research within the terms of informed consent;

(37) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;

(38) failing to notify the client promptly when one anticipates terminating or interrupting service to the client;

(39) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;

(40) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;

- (41) failing to terminate marriage and family therapy services when it is apparent that the relationship no longer serves the client's needs or best interests;
- (42) supervising in a negligent manner anyone for whom one has supervisory responsibility;
- (43) when applicable, failing to inform a client that marriage and family therapy services are provided or delivered under supervision;
- (44) engaging in a dual relationship with a client, student, or supervisee;
- (45) failing to inform the proper authorities as required by K.S.A. 38-2223, and amendments thereto, that one knows or has reason to believe that a client has been involved in harming or has harmed a child, whether by physical, mental, or emotional abuse or neglect or by sexual abuse;
- (46) failing to inform the proper authorities as required by K.S.A. 39-1402, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to a resident, as defined by K.S.A. 39-1401(a) and amendments thereto:
- (A) Has been or is being abused, neglected, or exploited;
 - (B) is in a condition that resulted from abuse, neglect, or exploitation; or
 - (C) needs protective services;
- (47) failing to inform the proper authorities as required by K.S.A. 39-1431, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to an adult, as defined in K.S.A. 39-1430 and amendments thereto:
- (A) Is being or has been abused, neglected, or exploited;
 - (B) is in a condition that is the result of abuse, neglect, or exploitation; or
 - (C) needs protective services;
- (48) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing another person from filing a report or record that is required by state or federal law, or inducing another person to take any of these actions;
- (49) offering to perform or performing any service, procedure, or therapy that, by the accepted standards of marriage and family therapy practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;
- (50) practicing marriage and family therapy in an incompetent manner;
- (51) practicing marriage and family therapy after one's license expires;
- (52) using without a license or continuing to use after a license has expired any title or abbreviation prescribed by law to be used solely by persons who currently hold that type or class

of license; or

(53) violating any provision of this act or any regulation adopted under the act;

(54) practicing inappropriate boundaries with clients with regards to the use of social media, including but not limited to, using a personal profile to connect or communicate with clients on any social media platform;

(55) disclosing confidential information through public social media; or

(56) failure to follow appropriate standards or recordkeeping, as described below:

-(A) Content of marriage and family therapy or clinical marriage and family therapy records. Each licensed marriage and family therapist or clinical marriage and family therapist shall maintain a record for each client or client system that accurately reflects the licensee's contact with the client or client system and the results of the marriage and family therapy or clinical marriage and family therapy services provided. Each licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. These records may be maintained in a variety of media, if reasonable steps are taken to maintain confidentiality, accessibility, and durability. Each record shall be completed in a timely manner and shall include the following information for each client or client system:

(1) Adequate identifying data;

(2) the date or dates of services that the licensee or the licensee's supervisee provided;

(3) the type or types of services that the licensee or the licensee's supervisee provided;

(4) the initial assessment, conclusions, and recommendations;

(5) a plan for service delivery or case disposition;

(6) the clinical notes from each session; and

(7) sufficient detail to permit planning for continuity that would enable another marriage and family therapist or clinical marriage and family therapist to take over the delivery of services.

(B) Retention of records. If a licensee is the owner or custodian of client or client system records, the licensee shall retain a complete record for the following time periods, unless otherwise provided by law:

(1) At least six years after the date of termination of one or more contacts with an adult; and

(2) for a client who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:

(i) Two years past the date on which the client reaches the age of majority; or

(ii) six years after the date of termination of the contact or contacts with the minor.

(Authorized by K.S.A. 65-6408 and K.S.A. 2007 Supp. 74-7507; implementing K.S.A. 65-6408; effective March 29, 1993; amended Dec. 19, 1997; amended July 11, 2003; amended Jan. 9, 2004; amended Aug. 8, 2008.)

Master's Level Psychology Unprofessional Conduct Regulations

K.A.R. 102-4-12. Unprofessional conduct. (a) Any license may be suspended, limited, conditioned, qualified, restricted, revoked, not issued, or not renewed upon a finding that unprofessional conduct has occurred.

(b) Any of the following acts by a licensed master's level psychologist, a licensed clinical psychotherapist, or an applicant for licensure at the master's level of psychology shall constitute unprofessional conduct:

(1) Obtaining or attempting to obtain a license or registration for oneself or another by means of fraud, bribery, deceit, misrepresentation, or concealment of a material fact;

(2) except when such information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that any person regulated by the board or applying for a license or registration, including oneself, has met any of the following conditions:

(A) Had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(B) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(C) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(D) has been convicted of a crime; or

(E) has practiced the licensee's or registrant's profession in violation of the laws or regulations regulating the profession;

(3) knowingly allowing another person to use one's license or registration;

(4) impersonating another person holding a license or registration issued by this or any other board;

(5) having been convicted of a crime resulting from or relating to the licensee's practice of master's level psychology;

(6) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(7) knowingly aiding or abetting anyone who is not credentialed by the board to represent that individual as a person who is ~~credentialed~~ authorized to practice by the board;

(8) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(9) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Any person taking longer than 30 days to provide the

requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(10) offering to perform or performing services clearly inconsistent or incommensurate with one's training, education, or experience or with accepted professional standards, including, but not limited to, telehealth practice;

(11) treating any client, student, or supervisee in a cruel manner;

(12) discriminating against any client, student, or supervisee on the basis of color, race, gender, religion, national origin, or disability;

(13) failing to advise and explain to each client the respective rights, responsibilities, and duties involved in the professional relationship;

(14) failing to provide each client with a description of what the client can expect in the way of services, consultation, reports, fees, billing, therapeutic regimen, ~~or~~ schedule, the availability of and limitations of telehealth services, as well as the availability of after-hours crisis resources, or failing to reasonably comply with the description;

(15) failing to provide each client with a description of the possible effects of the proposed treatment when the treatment is experimental or when there are clear and known risks to the client;

(16) failing to inform each client, supervisee, or student of any financial interests that might accrue to the master's level psychologist or clinical psychotherapist from referral to any other service or from the use of any tests, books, or apparatus;

(17) failing to inform each client that the client is entitled to the same services from a public agency if one is employed by that public agency and also offers services privately;

(18) failing to provide each client or the client's legal representative with access to the client's records following the receipt of a formal written request, unless the release of this information is restricted or exempted by law, or when the disclosure of this information is precluded for a sufficiently compelling reason;

(19) failing to inform each client, supervisee, or student of the limits of client confidentiality, the purposes for which the information is obtained, and the manner in which the information may be used;

(20) revealing information, a confidence, or secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, except when at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health or safety of an individual or the public; or

(C) the master's level psychologist or clinical psychotherapist is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of psychology, in which case disclosure is limited to that action;

(21) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of the following actions:

(A) Electronically recording sessions with that client;

(B) permitting a third-party observation of their activities; or

(C) releasing information concerning a client to a third person, except as required or permitted by

law;

(22) failing to protect ~~the confidences of confidential information, secrets of, or information~~ concerning other persons when providing ~~a client with~~ access to that client's records;

(23) failing to exercise due diligence in protecting the information regarding and the confidences ~~and secrets~~ of the client from disclosure by other persons in one's work or practice setting;

(24) engaging in professional activities, including but not limited to, billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(25) using alcohol or illegally using any controlled substance while performing the duties or services of a master's level psychologist or clinical psychotherapist;

(26) making sexual advances toward or engaging in physical intimacies or sexual activities with one's client, supervisee, or student;

(27) making sexual advances toward, engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who, within the past 24 months, has been one's client, student, or supervisee;

(28) exercising undue influence over any client, supervisee, or student, including promoting sales of services or goods, in a manner that will exploit the client, student, or supervisee for the financial gain, personal gratification, or advantage of oneself or a third party;

(29) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for the referral of the client or in connection with the performance of psychological or other professional services;

(30) directly receiving or agreeing to receive a fee or any other consideration from a client or from any third party for or in connection with the performance of psychological services, other than from an authorized employer in an employment situation as specified in this act;

(31) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate continuity of client services with that agency or colleague;

(32) making claims of professional superiority that one cannot substantiate;

(33) guaranteeing that satisfaction or a cure will result from the performance of psychological services;

(34) claiming or using any secret or special method of treatment or techniques that one refuses to disclose to the board;

(35) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the condition, best interests, or preferences of the client;

(36) failing to maintain a record for each client that conforms to the following minimal requirements:

(A) Contains adequate identification of the client;

(B) indicates the client's initial reason for seeking the master's level psychologist's or clinical psychotherapist's services;

(C) contains pertinent and significant information concerning the client's condition;

(D) summarizes the intervention, treatment, tests, procedures, and services that were obtained, performed, ordered, or recommended and the findings and results of each;

(E) documents the client's progress during the course of intervention or treatment provided by the master's level psychologist or clinical psychotherapist;

(F) is legible;

- (G) contains only those terms and abbreviations that are comprehensible to similar professional practitioners;
- (H) indicates the date, ~~and~~ nature, and method of delivery of any professional service that was provided; and
- (I) describes the manner and process by which the professional relationship terminated;
- (37) taking credit for work not personally performed, whether by giving inaccurate or misleading information or by failing to disclose accurate or material information;
- (38) if engaged in research, failing to fulfill these requirements:
- (A) Consider carefully the possible consequences for human beings participating in the research;
- (B) protect each participant from unwarranted physical and mental harm;
- (C) ascertain that the consent of each participant is voluntary and informed; and
- (D) preserve the privacy and protect the anonymity of each subject of the research within the terms of informed consent;
- (39) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;
- (40) failing to notify the client promptly when termination or interruption of service to the client is anticipated;
- (41) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;
- (42) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;
- (43) failing to terminate the master's level psychology or clinical psychotherapy services when it is apparent that the relationship no longer serves the client's needs or best interests;
- (44) if the master's level psychologist or clinical psychotherapist is the owner or custodian of client records, failing to retain those records for at least two years after the date of termination of the professional relationship, unless otherwise provided by law;
- (45) supervising in an unprofessional or potentially harmful negligent manner anyone for whom one has supervisory responsibility;
- (46) failing to inform a client if master's level psychology or clinical psychotherapy services are provided or delivered under supervision;
- (47) engaging in a dual relationship with a client, student, or supervisee;
- (48) failing to inform the proper authorities as required by K.S.A. 38-2223, and amendments thereto, that one knows or has reason to believe that a client has been involved in harming or has harmed a child, whether by physical, mental, or emotional abuse or neglect or by sexual abuse;
- (49) failing to inform the proper authorities as required by K.S.A. 39-1402, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to a resident, as defined by K.S.A. 39-1401(a) and amendments thereto:
- (A) Has been or is being abused, neglected, or exploited;
- (B) is in a condition that is the result of abuse, neglect, or exploitation; or
- (C) is in need of protective services;
- (50) failing to inform the proper authorities as required by K.S.A. 39-1431, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to an adult, as defined in K.S.A. 39-1430 and amendments thereto:

- (A) Is being or has been abused, neglected, or exploited;
- (B) is in a condition that is the result of abuse, neglect, or exploitation; or
- (C) is in need of protective services;
- (51) ~~intentionally or negligently~~ failing to file a report or record required by state or federal law, willfully impeding or obstructing the filing of a report or record required by state or federal law, or inducing another person to take any of those actions;
- (52) offering to perform or performing any service, procedure, or therapy that, by the accepted standards of professional practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;
- (53) practicing master's level psychology or clinical psychotherapy in an incompetent manner;
- (54) practicing as a master's level psychologist or clinical psychotherapist after one's license expires;
- (55) using without a license, or continuing to use after the expiration of a license, any title or abbreviation prescribed by law for use solely by persons currently holding that type or class of license;
- (56) offering to provide or providing services in an employment situation other than that which is permitted by K.S.A. 74-5362, and amendments thereto, as an independent, contract, or private provider of psychological services;
- (57) practicing without adequate direction from a person authorized in K.S.A. 74-5362 and amendments thereto; and
- (58) violating any provision of this act or any regulation adopted under the act. (Authorized by K.S.A. 2007 Supp. 74-7507; implementing K.S.A. 74-5362 and K.S.A. 2007 Supp. 74-5369; effective Dec. 19, 1997; amended Jan. 9, 2004; amended Aug. 8, 2008.)

Professional Counseling Unprofessional Conduct Regulations

K.A.R. 102-3-12a. Unprofessional conduct. (a) Any license may be suspended, limited, conditioned, qualified, restricted, revoked, not issued, or not renewed upon a finding of unprofessional conduct.

(b) Any of the following acts by a licensed professional counselor, a licensed clinical professional counselor, or an applicant for a professional counselor license or a clinical professional counselor license shall constitute unprofessional conduct:

(1) Obtaining or attempting to obtain a license or registration for oneself or another by means of fraud, bribery, deceit, misrepresentation, or concealment of a material fact;

(2) except when the information has been obtained in the context of confidentiality, failing to notify the board, within a reasonable period of time, that any of the following circumstances apply to any person regulated by the board or applying for a license or registration, including oneself:

(A) Had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(B) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(C) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(D) has been convicted of a crime; or

(E) has practiced the licensee's or registrant's profession in violation of the laws or regulations regulating the profession;

(3) knowingly allowing another person to use one's license or registration;

(4) impersonating another person holding a license or registration issued by this or any other board;

(5) having been convicted of a crime resulting from or relating to the licensee's professional practice of professional counseling or clinical professional counseling;

(6) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified with respect to character, education, or other relevant eligibility requirements;

(7) knowingly aiding or abetting any individual who is not credentialed by the board to represent that individual as a person who is credentialed by the board;

(8) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(9) failing or refusing to cooperate in a timely manner with any request from the board for a response, information, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Any person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person has acted in a timely manner;

(10) offering to perform or performing professional counseling, assessments, consultations, or referrals clearly inconsistent or incommensurate with one's training, education or experience or with accepted professional standards;

(11) treating any client, student, directee, or supervisee in an cruel-unprofessional or unethical manner;

(12) discriminating against any client, student, directee, or supervisee on the basis of ~~color, race, gender, religion, national origin, or disability~~ age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law;

(13) failing to advise and explain to each client the respective rights, responsibilities, and duties involved in the professional counseling relationship;

(14) failing to provide each client with a description of what the client can expect in the way of services, consultation, reports, fees, billing, and therapeutic regimen or schedule, or failing to reasonably comply with the description;

(15) failing to provide each client with a description of the possible effects of the proposed treatment when the treatment is experimental or when there are clear and known risks to the client;

(16) failing to inform each client, student, directee, or supervisee of any financial interests that might accrue to the professional counselor or clinical professional counselor from a referral to any other service or from using any tests, books, or apparatus;

(17) failing to inform each client that the client is entitled to the same services from a public agency if the professional counselor or clinical professional counselor is employed by that public agency and also offers services privately;

(18) failing to inform each client, student, directee, or supervisee of the limits of client confidentiality, the purposes for which the information is obtained, and the manner in which the information may be used;

(19) revealing information, a confidence, or a secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, except when at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health or safety of an individual or the public; or

(C) the professional counselor or clinical professional counselor is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of professional counseling or clinical professional counseling, in which case disclosure is limited to that action;

(20) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of these actions:

(A) Electronically recording sessions with that client;

(B) permitting a third-party observation of their activities; or

(C) releasing information concerning a client to a third person, except as required or permitted by law;

(21) failing to protect confidences of, secrets of, or information concerning other persons when providing a client with access to that client's records;

(22) failing to exercise due diligence in protecting the information regarding and the confidences and secrets of the client from disclosure by other persons in one's work or practice setting;

(23) engaging in professional activities, including but not limited to, billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(24) ~~using alcohol or illegally using a controlled substance~~ being under the influence of any substance that impairs professional judgment while performing the duties or services of a professional counselor or clinical professional counselor;

(25) making sexual advances toward or engaging in physical intimacies or sexual activities with one's ~~client~~, active student, directee, or supervisee;

(26) making sexual advances toward, engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who is one's active client or, within the past 24-60 months, has been one's client;

(27) exercising undue influence over any client, student, directee, or supervisee, including promoting sales of services or goods, in a manner that will exploit the client, student, directee, or

supervisee for the financial gain, personal gratification, or advantage of oneself or a third party;

(28) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for the referral of the client or in connection with performing professional counselor or clinical professional counselor services;

(29) permitting any person to share in the fees for professional services, other than a partner, employee, associate in a professional firm, or consultant authorized to practice as a professional counselor or clinical professional counselor;

(30) soliciting or assuming professional responsibility for clients of another agency or colleague without attempting to coordinate continuity of client services with that agency or colleague;

(31) making claims of professional superiority that one cannot substantiate;

(32) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(33) claiming or using any ~~secret or special method of~~ untested or experimental treatment or techniques that one refuses to disclose to the board;

(34) ~~continuing requesting, providing,~~ or ordering ~~tests~~ assessments, procedures, or treatments or using treatment facilities or services not warranted by the condition, best interests, or preferences of the client;

(35) failing to maintain a record for each client that conforms to the following minimal requirements:

(A) Contains adequate identification of the client;

(B) indicates the client's initial reason for seeking the services of the professional counselor or clinical professional counselor;

(C) contains pertinent and significant information concerning the client's condition;

(D) summarizes the interventions, treatments, ~~tests~~ assessments, procedures, and services that were obtained, performed, ordered, requested, or recommended and the findings and results of each;

(E) documents the client's progress during the course of intervention or treatment provided by the professional counselor;

(F) is legible;

(G) contains only those terms and abbreviations that are comprehensible to similar professional practitioners;

(H) indicates the date and nature of any professional service that was provided; and

(I) describes the manner and process by which the professional counseling or clinical professional counseling relationship terminated;

(36) taking credit for work not personally performed, whether by giving inaccurate or misleading information or failing to disclose accurate or material information;

(37) if engaged in research, failing to fulfill these requirements:

(A) Consider carefully the possible consequences for human beings participating in the research;

(B) protect each participant from unwarranted physical and mental harm;

(C) ascertain that the consent of each participant is voluntary and informed; and

(D) preserve the privacy and protect the anonymity of each subject of the research within the terms of informed consent, while ensuring privacy and informed consent;

(38) making or filing a report that one knows to be false, distorted, erroneous, incomplete, or misleading;

(39) failing to notify the client promptly when termination or interruption of service to the client is anticipated;

(40) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;

(41) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;

(42) failing to terminate the professional counseling or clinical professional counseling services when it is apparent that the relationship no longer serves the client's needs or best interests;

(43) if the professional counselor or clinical professional counselor is the owner or custodian of client records, failing to retain these records for at least five years after the date of termination of the professional relationship, unless otherwise provided by law. Timeframes for record retention for adults and minors should be consistent with state law;

(44) supervising or directing in a harmful or negligent manner anyone for whom one has supervisory or directory responsibility due to their position as a supervisee or student;

(45) failing to inform a client if professional counseling services are provided or delivered under supervision or direction;

(46) engaging in a dual relationship with a client, student, or supervisee;

(47) failing to inform the proper authorities as provided in K.S.A. 38-2223, and amendments thereto, that one knows or has reason to believe that a client has been involved in harming or has harmed a child, whether by physical, mental, or emotional abuse or neglect or by sexual abuse;

(48) failing to inform the proper authorities as required by K.S.A. 39-1402, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to a resident, as defined by K.S.A. 39-1401(a) and amendments thereto:

- (A) Has been or is being abused, neglected, or exploited;
- (B) is in a condition that is the result of abuse, neglect, or exploitation; or
- (C) is in need of protective services;

(49) failing to inform the proper authorities as required by K.S.A. 39-1431, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to an adult, as defined in K.S.A. 39-1430 and amendments thereto:

- (A) Is being or has been abused, neglected, or exploited;
- (B) is in a condition that is the result of abuse, neglect, or exploitation; or
- (C) is in need of protective services;

(50) intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing the filing of a report or record required by state or federal law, or inducing another person to take any of those actions;

(51) offering to perform or performing any service, procedure, assessment, or therapy that, by the accepted standards of professional counseling or clinical professional counseling practice in the community, would constitute experimentation on human subjects without first obtaining the full, informed, and voluntary written consent of the client or the client's legal representative or representatives;

(52) practicing professional counseling or clinical professional counseling in an incompetent manner;

(53) practicing professional counseling or clinical professional counseling after one's license expires;

(54) using without a license, or continuing to use after the expiration of a license, any title or abbreviation prescribed by law for use solely by persons currently holding that type or class of license;

~~(55) diagnosing or treating any client who a professional counselor practicing under direction or a clinical professional counselor has reason to believe is suffering from a mental illness or disease, as opposed to a mental disorder; or~~

~~(56) violating any provision of this act or any regulation adopted under it;:-~~

(56) practicing inappropriate boundaries with clients with regards to use of social media, including but not limited to, using a personal profile to connect or communicate with clients on any social media platform, or accessing a client's social media pages without previous consent;

(57) disclosing confidential information through public social media; and

(58) If engaged in distance-counseling, failing to fulfill these requirements:

(A) Informing the client -of risks and benefits of distance counseling, (B) Disclosing the possibility of technology failure and providing alternative methods of service,

(C) Detailing emergency procedures to follow when the counselor is unavailable, and

(D) Taking appropriate steps to encrypt or ensure the security of confidential client information or any activity which protects confidential client information from risk of privacy breach.

(Authorized by K.S.A. 2007 Supp. 65-5809 and 74-7507; implementing K.S.A. 2007 Supp. 65-5809; effective Dec. 19, 1997; amended July 19, 2002; amended Jan. 9, 2004; amended Aug. 8, 2008.)

Social Work Unprofessional Conduct Regulations

K.A.R. 102-2-7. Unprofessional conduct. Any of the following acts by a licensee or an applicant for a social work license shall constitute unprofessional conduct:

(a) Obtaining or attempting to obtain a license for oneself or another by means of fraud, bribery, deceit, misrepresentation, or concealment of a material fact;

(b) except when the information has been obtained in the context of a confidential relationship, failing to notify the board, within a reasonable period of time, that any of the following conditions apply to any person regulated by the board or applying for a license or registration, including oneself:

(1) Had a professional license, certificate, permit, registration, certification, or professional membership granted by any jurisdiction, professional association, or professional organization that has been limited, conditioned, qualified, restricted, suspended, revoked, refused, voluntarily surrendered, or allowed to expire in lieu of or during investigatory or disciplinary proceedings;

(2) has been subject to any other disciplinary action by any credentialing board, professional association, or professional organization;

(3) has been demoted, terminated, suspended, reassigned, or asked to resign from employment, or has resigned from employment, for some form of misfeasance, malfeasance, or nonfeasance;

(4) has been convicted of a felony; or

(5) has practiced the licensee's or registrant's profession in violation of the laws or regulations regulating the profession;

(c) knowingly allowing another individual to use one's license;

(d) impersonating another individual holding a license or registration issued by this or any other board;

(e) having been convicted of a crime resulting from or relating to the licensee's professional practice of social work;

(f) furthering the licensure or registration application of another person who is known to be unqualified with respect to character, education, or other relevant eligibility requirements;

(g) knowingly aiding or abetting anyone who is not credentialed by the board to represent that individual as a person who is credentialed by the board;

(h) failing to recognize, seek intervention, and otherwise appropriately respond when one's own personal problems, psychosocial distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(i) failing or refusing to cooperate in a timely manner with any request from the board for a response, information that is not obtained in the context of a confidential relationship, or assistance with respect to the board's investigation of any report of an alleged violation filed against oneself or any other applicant or professional who is required to be licensed or registered by the board. Each person taking longer than 30 days to provide the requested response, information, or assistance shall have the burden of demonstrating that the person acted in a timely manner;

(j) offering to perform or performing services clearly inconsistent or incommensurate with one's training, education, and experience and with accepted professional standards for social work;

(k) treating any client, student, or supervisee in a cruel manner;

(l) discriminating against any client, student, or supervisee on the basis of ~~color, race, gender, religion, national origin, or disability~~race, ethnicity, national origin, color, sex, sexual orientation, gender identity and expression, age, marital status, political belief, religion, immigration status, and mental or physical disability;

(m) failing to advise and explain to each client the respective rights, responsibilities, and duties involved in the social work relationship;

(n) failing to provide each client with a description of what the client can expect in the way of services, consultation, reports, fees, billing, therapeutic regimen, or schedule, or failing to reasonably comply with these descriptions;

(o) failing to provide each client with a description of the possible effects of the proposed treatment when there are clear and known risks to the client;

(p) failing to inform each client or supervisee of any financial interests that might accrue to the licensee from referral to any other service or from the use of any tests, books, or apparatus;

(q) failing to inform each client that the client is entitled to the same services from a public agency if the licensee is employed by that public agency and also offers services privately;

(r) failing to inform each client, supervisee, or student of the limits of client confidentiality, the purposes for which information is obtained, and the manner in which the information may be used;

(s) revealing information, a confidence, or secret of any client, or failing to protect the confidences, secrets, or information contained in a client's records, except when at least one of these conditions is met:

(1) Disclosure is required or permitted by law;

(2) failure to disclose the information presents a clear and present danger to the health or safety

of an individual or the public; or

(3) the licensee is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of social work, in which case disclosure is limited to that action;

(t) failing to obtain written, informed consent from each client, or the client's legal representative or representatives, before performing any of these actions:

(1) Electronically recording sessions with that client;

(2) permitting a third-party observation of their activities; or

(3) releasing information concerning a client to a third party, except as required or permitted by law;

(u) failing to protect the confidences of, secrets of, or information concerning other persons when providing a client with access to that client's records;

(v) failing to exercise due diligence in protecting information regarding and the confidences and secrets of the client from disclosure by other persons in one's work or practice setting;

(w) engaging in professional activities, including but not limited to, billing practices and advertising, involving dishonesty, fraud, deceit, or misrepresentation;

(x) using alcohol or illegally using any controlled substance while performing the duties or services of a licensee;

(y) making sexual advances toward, including but not limited to sexual harassment, or engaging in physical intimacies or sexual activities with one's client, supervisee, or student;

(z) making sexual advances toward, including but not limited to sexual harassment, engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who, within the past 24 months, has been one's client. If such conduct occurs with a former client after 24 months, it is the responsibility of the practitioner to demonstrate that the former client was not being exploited, coerced, or manipulated intentionally or unintentionally;

(aa) exercising undue influence over any client, supervisee, or student, including promoting sales of services or goods, in a manner that will exploit the client, supervisee, or student for the financial gain, personal gratification, or advantage of oneself or a third party;

(bb) directly or indirectly offering or giving to a third party or soliciting, receiving, or agreeing to receive from a third party any fee or other consideration for the referral of the client or patient or in connection with the performance of professional services;

(cc) permitting any person to share in the fees for professional services, other than a partner, employee, an associate in a professional firm, or a consultant authorized to practice social work;

(dd) soliciting or assuming professional responsibility for clients of another agency or colleague without informing and attempting to coordinate continuity of client services with that agency or colleague;

(ee) making claims of professional superiority that one cannot substantiate;

(ff) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(gg) claiming or using any secret or special method of treatment or techniques that one refuses to divulge to the board;

(hh) continuing or ordering tests, procedures, or treatments or using treatment facilities or services not warranted by the condition, best interests, or preferences of the client;

(ii) if the social worker is the owner of the records, failing to maintain for each client a record that conforms to the following minimal standards:

(1) Contains adequate identification of the client;

(2) indicates the client's initial reason for seeking the licensee's services;

(3) contains pertinent and significant information concerning the client's condition;

(4) summarizes the intervention, treatment, tests, procedures, and services that were obtained, performed, ordered, or recommended and the findings and results of each;

(5) documents the client's progress during the course of intervention or treatment provided by the licensee;

(6) is legible;

(7) contains only those terms and abbreviations that are comprehensible to similar professional practitioners;

(8) indicates the date and nature of any professional service that was provided; and

(9) describes the manner and process by which the professional relationship terminated;

(jj) taking credit for work not performed personally, whether by giving inaccurate or misleading information or by failing to disclose accurate or material information;

(kk) if engaged in research, failing to fulfill these requirements:

(1) Consider carefully the possible consequences for human beings participating in the research;

(2) protect each participant from unwarranted physical and mental harm;

(3) ascertain that the consent of each participant is voluntary and informed; and

(4) preserve the privacy and protect the anonymity of each subject of the research within the terms of informed consent;

(ll) making or filing a report that one knows to be distorted, erroneous, incomplete, or misleading;

(mm) failing to notify the client promptly when termination or interruption of service to the

client is anticipated;

(nn) failing to seek continuation of service, or abandoning or neglecting a client under or in need of professional care, without making reasonable arrangements for that care;

(oo) abandoning employment under circumstances that seriously impair the delivery of professional care to clients and without providing reasonable notice to the employer;

(pp) failing to terminate the social work services when it is apparent that the relationship no longer serves the client's needs or best interests;

(qq) if the licensee is the owner or custodian of client records, failing to retain those records for at least two years after the date of termination of the professional relationship, unless otherwise provided by law;

(rr) failing to exercise adequate supervision over anyone with whom the licensee has a supervisory or directory relationship;

(ss) failing to inform a client if social work services are provided or delivered under supervision or direction;

(tt) engaging in a dual relationship with a client, supervisee, or student;

(uu) failing to inform the proper authorities in accordance with K.S.A. 38-2223, and amendments thereto, that one knows or has reason to believe that a client has been involved in harming or has harmed a child, whether by physical, mental, or emotional abuse or neglect or by sexual abuse;

(vv) failing to inform the proper authorities in accordance with K.S.A. 39-1402, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to a resident, as defined by K.S.A. 39-1401 and amendments thereto:

- (1) Has been or is being abused, neglected, or exploited;
- (2) is in a condition that is the result of abuse, neglect, or exploitation; or
- (3) is in need of protective services;

(ww) failing to inform the proper authorities in accordance with K.S.A. 39-1431, and amendments thereto, that one knows or has reason to believe that any of the following circumstances apply to an adult, as defined in K.S.A. 39-1430 and amendments thereto:

- (1) Is being or has been abused, neglected, or exploited;
- (2) is in a condition that is the result of abuse, neglect, or exploitation; or
- (3) is in need of protective services;

(xx) practicing social work in an incompetent manner;

(yy) practicing social work after one's license expires;

(zz) using without a license, or continuing to use after the expiration of a license, any title or abbreviation prescribed by the board for use only by persons currently holding that type or class of license;

(aaa) violating any provision of K.S.A. 65-6301 et seq., and amendments thereto, or any regulation adopted under that act;

(bbb) except as permitted by K.S.A. 65-6319 and amendments thereto, providing or offering to provide direction or supervision over individuals performing diagnoses and treatment of mental disorders;

(ccc) except as permitted by K.S.A. 65-6306 and K.S.A. 65-6319 and amendments thereto, engaging in the diagnosis and treatment of mental disorders;~~or~~

(ddd) engaging in independent private practice if not authorized by law;~~or~~

(eee) practicing inappropriate boundaries with clients with regards to use of social media, including but not limited to, using a personal profile to connect or communicate with clients on any social media platform;

(fff) disclosing confidential information through social media; or

(ggg) If engaged in distance-counseling, failing to fulfill these requirements:

(1) Informing the client of risks and benefits of distance counseling,

(2) Disclosing the possibility of technology failure and providing alternative methods of service,

(3) Detailing emergency procedures to follow when the counselor is unavailable, and

(4) Taking appropriate steps to encrypt or ensure the security of confidential client information or any activity which protects confidential client information from risk of privacy breach.

(Authorized by and implementing K.S.A. 2007 Supp. 65-6311 and K.S.A. 2007 Supp. 74-7507; effective May 1, 1982; amended, T-85-36, Dec. 19, 1984; amended May 1, 1985; amended, T-86-39, Dec. 11, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Feb. 25, 1991; amended Aug. 4, 2000; amended Jan. 9, 2004; amended Dec. 19, 2008.)