

**Sam Brownback**  
Governor  
**Max L. Foster, Jr.**  
Executive Director



700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929  
(785) 296-3240  
Fax: (785) 296-3112  
[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)

## Information for Reinstatement of Addiction Counselor Licenses

If an addiction counselor license is allowed to lapse through lack of renewal, the license must be reinstated, regardless of the amount of time that has elapsed since the license expired.

As required in statute and regulation, all addiction counselors who allow their license to lapse are required to submit documentation of continuing education totaling 30 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and if licensed at the clinical level, 6 hours of Diagnosis and Treatment of a substance use disorder. This continuing education must meet all current definitions of continuing education, and focus on addiction counseling skills, values, practice or knowledge.

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

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

- The completed and signed Application for Reinstatement of Addiction Counselors license
- Fees for LAC \$200.00, which includes \$100.00 for late renewal, and \$100.00 for reinstatement of license,  
Fees for LCAC \$300.00, which includes \$150.00 for late renewal, and \$150.00 for reinstatement of license.
- This fee must be submitted at the time of application for reinstatement, and is payable by check or money order made out to Behavioral Sciences Regulatory Board, credit card or cash.
- The completed and signed Continuing Education Report Form with **original certificates of attendance** and all other supporting documentation for continuing education. **If you would like your original certificates returned, please include a self-addressed stamped envelope.**

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

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## APPLICATION FOR REINSTATEMENT OF LAC AND LCAC LICENSE

Reinstatement fees are as followed:

LAC	\$200.00	\$100.00 for late renewal, and \$100.00 for reinstatement of license,
LCAC	\$300.00	\$150.00 for late renewal, and \$150.00 for reinstatement of license.

### DO NOT WRITE IN THIS AREA – FOR BOARD USE ONLY

CE Hours Approved: \_\_\_\_\_ CE Requirements Met: \_\_\_\_\_  
CE Hours Short: \_\_\_\_\_ Initials \_\_\_\_\_

### PLEASE TYPE OR PRINT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Name under which license was issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred mailing address? Home \_\_\_\_\_ Business \_\_\_\_\_ Preferred E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Cell phone #: ( ) \_\_\_\_\_

Business Name / Agency \_\_\_\_\_

Address Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Address of Record: *(Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)*

Address of Record: \_\_\_\_\_  
Street Apt # City State Zip+4

Length of Employment \_\_\_\_\_ Have you been continuously employed? \_\_\_\_\_

In your current job, do you participate in the delivery of addiction counseling services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of supervisor \_\_\_\_\_

Please explain why you allowed your addiction counseling license to expire:  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, provide State, license type and number \_\_\_\_\_

## **Section I – Reinstatement Background Information:**

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

1. Have you been convicted of a felony since your last renewal? Yes\_\_\_\_ No \_\_\_\_
2. Have you been convicted of a misdemeanor crime against persons since your last renewal? Yes \_\_\_\_ No \_\_\_\_
3. Have you been accused of unethical behavior or unprofessional conduct since your last renewal? Yes \_\_\_\_ No \_\_\_\_
4. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal? Yes\_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
5. Have you been rejected for membership in a professional organization since your last renewal? Yes\_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
6. Has your membership in a professional organization been revoked since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
7. Have you been censured by a professional organization of which you were a member since your last renewal? Yes\_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
8. Has your license, granted by this state or any other state for the practice of addiction counseling or practice in any of the behavioral sciences been limited, restricted, suspended, revoked or subjected to other disciplinary action since your last renewal? Yes\_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
9. Do you engage in the practice of addiction counseling outside of a state-licensed or certified alcohol and other drug treatment program or a program which is exempt for licensure under subsection (m) of K.S.A. 59-29B46? Yes\_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
10. Are you currently offering service in private practice in Kansas without supervision? Yes\_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.
11. Since your addiction counseling license expired, have you practiced in Kansas as an addiction counselor? Yes\_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.
12. Since your license expired, have you represented yourself in Kansas as an addiction counselor? Yes\_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.
13. Since your addiction counseling license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for addiction counseling or related services you provided in Kansas? Yes\_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.

## **Section II – Reinstatement Applicant’s Attestation:**

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of addiction counseling and the Continuing Education Guidelines for the State of Kansas. Yes\_\_\_\_ No\_\_\_\_

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as an addiction counselor does accordingly. I understand that failure to do so can result in a disciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act. Yes\_\_\_\_ No\_\_\_\_

I attest that, to the best of my knowledge, the information provided herein and on the other submitted reinstatement materials is true and correct. I understand that making a materially false statement or failing to disclose a material fact in conjunction with an application for licensure, including reinstatement, may result in adverse board action against the license. Yes\_\_\_\_ No\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_





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## Credit Card Payment Form

**Only complete when paying by credit card.**

*The credit cards accepted are American Express, Discover, MasterCard and Visa.*

Amount of Purchase: \$ \_\_\_\_\_

Credit Card:      American Express \_\_\_\_\_      Discover \_\_\_\_\_  
                         MasterCard \_\_\_\_\_                      Visa \_\_\_\_\_

Credit Card Acct. # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_ / \_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature: \_\_\_\_\_                                      Date \_\_\_\_\_

<p><b>For Office Use Only:</b></p> <p>Approval Number _____                      Date _____</p>
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