

Behavioral Sciences Regulatory Board Mailing Lists and Label Order Form

To order please submit this form, the Open Records Request form and payment by fax or mail to:

Behavioral Sciences Regulatory Board
700 S.W. Harrison St, Ste. 420
Topeka, KS 66603-3929
Fax – (785) 296-3112

Company/Organization																																							
Name																																							
Street address																																							
City	State	Zip code																																					
Phone	Fax	Email address																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">Please check the list(s) you are requesting.</th> <th style="text-align: center; width: 15%;">Printed</th> <th style="text-align: center; width: 15%;">Labels</th> <th style="text-align: center; width: 20%;">Emailed List</th> </tr> </thead> <tbody> <tr> <td>Psychologist – LP</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Social Workers – LASW, LBSW, LMSW, LSCSW</td> <td style="text-align: center;">\$50.00_____</td> <td style="text-align: center;">\$100.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Professional Counselor – LPC, LCPC</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Masters Level Psychologists – LMLP, LCP</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Marriage and Family Therapists – LMFT, LCMFT</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Addiction Counselors - LAC, LMAC, LCAC</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Behavior Analyst – LaBA, LBA</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>All Seven Professions Combined</td> <td style="text-align: center;">\$75.00_____</td> <td style="text-align: center;">\$150.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> </tbody> </table>				Please check the list(s) you are requesting.	Printed	Labels	Emailed List	Psychologist – LP	\$12.00_____	\$25.00_____	\$10.00_____	Social Workers – LASW, LBSW, LMSW, LSCSW	\$50.00_____	\$100.00_____	\$10.00_____	Professional Counselor – LPC, LCPC	\$12.00_____	\$25.00_____	\$10.00_____	Masters Level Psychologists – LMLP, LCP	\$12.00_____	\$25.00_____	\$10.00_____	Marriage and Family Therapists – LMFT, LCMFT	\$12.00_____	\$25.00_____	\$10.00_____	Addiction Counselors - LAC, LMAC, LCAC	\$12.00_____	\$25.00_____	\$10.00_____	Behavior Analyst – LaBA, LBA	\$12.00_____	\$25.00_____	\$10.00_____	All Seven Professions Combined	\$75.00_____	\$150.00_____	\$10.00_____
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SPECIAL REQUESTS: There is an additional \$5.00 fee for special requests. <input type="checkbox"/> Only licensees residing in Kansas <input type="checkbox"/> Certain Levels of License Please list _____ <input type="checkbox"/> Specific County (only available for Kansas Counties) Indicate name of County _____		Sort Order: Please select one. <input type="checkbox"/> Alphabetical <input type="checkbox"/> Zip Code <input type="checkbox"/> License Type <input type="checkbox"/> County																																					

If you have any questions please contact
Marilyn Revell (785) 296-3240 or
marilyn.revell@ks.gov

Please note this order can not be processed with out the Open Records Request form

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- (B) Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records of information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed,

Except for those purposes set forth and authorized under K.S.A. 21-3914. I certify that I am an authorized representative and agent of either

An organization of persons who practice a profession or vocation and the list requested is for membership, informational, or other purposes related to the practice of the profession or vocation and the list is solely of those persons licensed, registered or issued certification to practice that profession or vocation, or

an organization that provides professional or vocational educational materials or courses to persons applying for examinations for licenses, registrations, certificates or permits to practice a profession or vocation and the sole purpose of the list is to provide such applicants with information relating to the availability of such materials or courses.

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Please complete and return with order form.

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

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 _____

For Office Use Only:

Approval Number _____

Date _____