

Sam Brownback
Governor

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Executive Director



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(785) 296-3240
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MAIL LIST ORDER FORM

To order, please submit this form, the Kansas Open Records Request form, and payment by fax 785-296-3112, or mail to BSRB, 700 SW Harrison St., Ste. 420, Topeka, KS 66603-3929 or email to linda.s.hoover@ks.gov.

Company / Organization		
Name		
Street Address		
City	State	ZIP Code
Telephone	Fax	Email Address
Please check the list(s) you are requesting.		Emailed List
All Seven (7) Professions Combined		_____ \$10.00
Addiction Counselors: LAC, LMAC LCAC		_____ \$10.00
Behavior Analysts: LaBA, LBA		_____ \$10.00
Marriage and Family Therapists: LMFT, LCMFT		_____ \$10.00
Master's Level Psychologists: LMLP, LCP		_____ \$10.00
Professional Counselor: LPC, LCPC		_____ \$10.00
Psychologists: LP		_____ \$10.00
Social Workers: LASW, LBSW, LMSW, LSCSW		_____ \$10.00
If you are currently licensed and seeking a list of supervisors, please indicate which profession clinical level you desire. This information is available to you at no charge.		
_____ LSCSW	_____ LCPC	_____ LCP
_____ LCMFT	_____ LCAC	
Special Requests	Sort Order:	
_____ Only licensees residing in Kansas	_____ Alphabetical	
_____ Certain levels of License (please list: _____)	_____ ZIP Code	
_____ Specific County (available only in KS) (indicate name of county _____)	_____ License Type	
	_____ County	

If you have questions please contact Linda Hoover at 785-296-3240 or linda.s.hoover@ks.gov
Please note: Your order cannot be processed without the Kansas Open Records Request Form.

**CERTIFICATION OF USE OF PUBLIC RECORDS
REQUESTED UNDER THE KANSAS OPEN RECORDS ACT**

I hereby certify that as a requester of public records under the Kansas Open Records Act that I do not intend to and will not:

- A. Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed; or
- 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.

SIGNATURE

PRINT NAME AND TITLE

STREET ADDRESS

CITY

STATE

ZIP

Please complete and return this page with the order form.

