

STATE OF KANSAS

BEHAVIORAL SCIENCES REGULATORY BOARD
 700 SW HARRISON ST.
 SUITE 420
 TOPEKA, KS 66603-3929



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GOVERNOR JEFF COLYER, M.D.
 MAX FOSTER, EXECUTIVE DIRECTOR

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. 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: LMPL, LCP _____ \$10.00 Professional Counselor: LPC, LCPC _____ \$10.00 Psychologists: LP _____ \$10.00 Social Workers: LASW, LBSW, LMSW, LSCSW _____ \$10.00		Emailed List _____ \$10.00 _____ \$10.00 _____ \$10.00 _____ \$10.00 _____ \$10.00 _____ \$10.00 _____ \$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 _____ Only licensees residing in Kansas _____ Certain levels of License (please list: _____) _____ Specific County (available only in KS) (indicate name of county _____)		Sort Order: (Select only 1 field) _____ Alphabetical _____ ZIP Code _____ 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.



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

Receipt Number: _____ Date: _____