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

Laura Kelly, Governor

David B. Fye, JD, Executive Director

## Temporary Permit Application For Out-Of-State Clinical Social Workers

#### Instructions

#### Applications should be submitted at least one week prior to the date needed.

This application should be used by Out-of-State Licensed Clinical Social Workers, whose license allows for the independent clinical practice of social work, who wish to provide services in the State of Kansas or for the residents of Kansas, for a limited amount of time.

Instructions for paying the \$200 application fee may be found on **Appendix A.** FEES ARE NON-REFUNDABLE.

The Temporary Permit for Out-of-State Clinical Social Workers (Temporary Permit) will be active for one year and authorizes 30 days of practice in the state of Kansas. This practice includes both in-state practice as well as teletherapy to clients located in the state of Kansas when the services are provided.

**Extension of Temporary Permit.** Under emergency circumstances, the Board may extend the Temporary Out-of-State Permit for **not more than one additional year**, which would entitle the Temporary Permit-holder to practice for an additional year and receive 30 additional days of practice for a \$200 fee. If you wish to continue to practice in the state of Kansas after this time period, you will need to apply for a full license.

**Quarterly Reports.** Anyone who holds a Temporary Permit must submit quarterly reports to the Board on the number of days you have practiced in Kansas. Please see the form in this application packet.

The Permit-holder must meet the following requirements:

- A. Hold a license which allows the independent clinical practice of professional counseling.
  - The board is unable to issue a Temporary Permit to any applicant whose license requires that the person practice under supervision; and
- B. Have two years of clinical practice in social work in your home state during the two-years immediately preceding application for a Temporary Out-of-State Permit.

**Verification.** The Board staff will attempt to verify your license(s) on-line. If this service is not available on your state's licensing board's website, you will need to request a verification of your license(s) be sent directly to the BSRB office. The verification must show that your license is active and in good standing in order to be eligible for this Temporary Permit.

Please submit your signed application by mail or email to:

Behavioral Sciences Regulatory Board 700 S.W. Harrison St., Ste. 420 Topeka, KS 66603

bsrb@ks.gov

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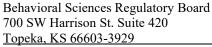
Application Fee: \$200.00 please see Appendix A

Identifying information: (Please type or print clearly in ink)						
egal Name:Last	First	BAT al all a	· · · · · · · · · · · · · · · · · · ·			
		Middle				
laiden/Other names used:		Gender:				
social security number is required and may be used for child support request.)	ocial Security Number: red pursuant to 42 U.S.C.S. § 666(a) port enforcement purposes or provide	(13), K.S.A. 74-148 and K.S. ed to the Kansas director of ta	A. 74-139,			
referred E-Mail Address:						
referred Mailing: Home Busines	s					
ome Phone:	Cell Phone (optional)	:				
ome Address:		Apartment Number:				
ity:	State:	Zip+4:				
usiness Phone:	Business Name:					
usiness Address:		Suite Number:				
ity:	State:	Zip+4:				
additional sheet for all other I	ng information: (If you hold more icenses with answers to questions	s A-F for each one.)	tach an			
A. Type of license you currently hold: _						
3. License number:	Issue Date:	Expiration Date:				
. Is this an independent clinical level	of licensure?	Yes	No			
Have you practiced clinical social w permit?	ork for the two years immediately pre	Vas				

E.	State from which above listed license was issued:		
	<ul> <li>Does the above listed state provide the set</li> </ul>	rvice of on-line license verification at no cost? Yes	No
	■ If "No" you will need to have your state bo	pard send verification of your license(s) directly to the be	oard office.
F.	Is this license in good standing?	Yes	No
G.	• • •	o me by the State of Kansas I shall be deemed to have the statutes and regulations that govern the practice of Yes	
III.	Applicant's attestation.		
	,	ne best of my knowledge, the information provided here ttempt to obtain licensure through fraudulent misrepreso	
	SIGNATURE	DATE	

You may email the application to <u>bsrb@ks.gov</u>

Revised 2021





2<sup>nd</sup> Quarter

3<sup>rd</sup> Quarter

Phone: 785-296-3240 Fax: 785-296-3112 www.ksbsrb.ks.gov

4th Quarter

Laura Kelly, Governor

David B. Fye, JD, Executive Director

Signature:

(Circle the Appropriate Calendar Year Quarter)

# Temporary Permit Quarterly Report of Dates of Practice in Kansas

1st Quarter

teletherapy services to clie	ents who were physically located in	rter, either through in-person services or by p the state of Kansas. ( <i>Reminder</i> : Your temporar practice combined during the year it is authorized.	y permit			
Dates of Practice in Kansas this Quarter						
1.	11.	21.				
2.	12.	22.				
3.	13.	23.				
4.	14.	24.				
5.	15.	25.				
6.	16.	26.				
7.	17.	27.				
8.	18.	28.				
9.	19.	29.				
10.	20.	30.				
Applicant's Attestation  I attest that the information	provided herein is true and correct.					
		_Temporary Permit #:				

Date:

Behavioral Sciences Regulatory Board 700 SW Harrison St. Suite 420 Topeka, KS 66603-3929 Kansas

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## Appendix A

#### **Payment Instructions**

- 1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:
  - (1) visit the BSRB website at <u>ksbsrb.ks.gov</u>
  - (2) select the "SERVICES" drop-down tab from the top of the home screen, and
  - (3) click on the "Make A Payment" link. From this page, you will be asked to provide information allowing us to identify the applicant, select the item you wish to pay for, and you will be able to make a payment for that item.

For use of the secure payment platform, the state of Kansas charges a 2.5 percent processing fee for credit card payments or a \$1.50 flat fee for use of an electronic check. After completing payment, you will receive a confirmation e-mail to confirm your payment.

**2.** Individuals wishing to submit payments to the BSRB office using a check-by-mail or with a money order may continue to mail payments to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603. There is no additional fee for processing checks-by-mail or money orders sent to the BSRB office.

The application fee may be paid before or after you submit your application. The application will not be processed until the fee has been received.