

**ADDICTION COUNSELOR (LAC)  
LICENSURE APPLICATION BY LBSW**

***Instructions***

Please read all instructions and review the statutes and regulations, before beginning to complete the application. The statutes and regulations can be found on our website, [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov).

1. **Application:** Answer all questions completely and accurately. The burden of proof in satisfying the Board that you are eligible for licensure is upon you. Thus, if you have been convicted of a felony or if there have been other past or current events that potentially raise questions about your ability to merit the public trust, you will be required to provide additional information and you may be required to appear before the Board to explain these matters.
2. **Fee:** The \$50.00 application fee must accompany your application. Make check or money order payable to "Behavioral Sciences Regulatory Board" or "BSRB". Credit card or cash, for the exact amount, are also accepted. **ALL FEES ARE NON-REFUNDABLE.**
3. **If you are currently licensed, by the Kansas Behavioral Sciences Regulatory Board (BSRB), at the master's or doctoral levels please use the appropriate application.**
4. **Academic Background form:** You must complete the Academic Background form and submit with your completed application.
5. **Practicum Review form:** You must complete the Practicum Review form and submit with your completed application. This form must be completed by the program director that was the academic supervisor for your practicum experience. The completed form should be returned to you in a sealed envelope with their signature across the seal. **(see example on second page of instructions)**
6. **Professional References:** Three references are required as part of your complete application packet. The professional reference form included in the application packet will need to be copied.
  - a) Each reference should return the completed form to you in a sealed envelope with their signature across the seal. The three reference forms will need to be included when the application is submitted to the Board office. NOTE: It is very important that references sign across the seal of the envelope to assure the Board of the confidentiality and integrity of the referencing process. **(see example on second page of instructions)**
  - b) One of the references must be from the **on-site supervisor** from your current or most recently completed addiction counseling practicum. If this person is unavailable, the director of the field education program or a designated person who has knowledge of your practicum based on your program records shall complete the form.
  - c) The additional two references must be authorized by law to practice addiction counseling or to practice in a related field.
7. **Transcript:** As part of the application process, an official transcript mailed or emailed directly from the Registrar's office is required. **Only transcripts received directly from the university can be accepted.**

- 8. Review:** It is extremely important for you to understand that the Board cannot determine whether you are eligible to sit for the examination until all of the application materials have been received and approved by the Board office.

Please allow 30 days for review of your application. Please **check the status of your application on our website** [www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov), under "Applicants."

**When you submit your application to the Board office the following items should be included:**

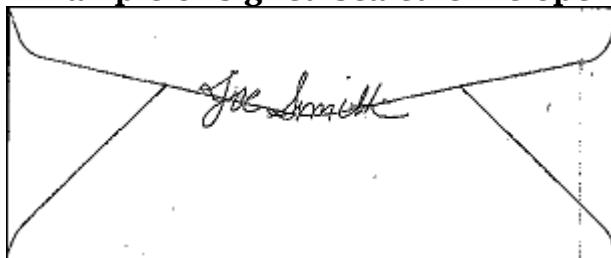
- The completed application form;
- The application fee of \$50.00 made payable to BSRB by cash, check, money order, or credit card;
- Transcript showing required Addiction Counseling coursework;
- Academic Background form;
- Practicum Review form;
- Three (3) completed Professional Reference Forms in their signed sealed envelopes.

**Please submit a complete application so that your application will not have to be returned.**

**These additional items need to be sent directly to the Board office by the appropriate institutions:**

- Upon graduation, or if you have already graduated, you must request an official transcript that shows the degree earned and the date the degree was conferred from your university;

**Example of signed sealed envelope:**



Behavioral Sciences Regulatory Board  
700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929  
Max L. Foster, Jr., Executive Director



Phone: 785-296-3240  
Fax: 785-296-3112  
[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)  
Laura Kelly, Governor

**ADDICTION COUNSELOR LICENSURE APPLICATION LAC BY CURRENT LBSW**  
***Application***

**Application Fee: \$50.00 cash, credit card, check, or money order payable to BSRB**

**I. Identifying information: (Please type or print clearly in ink)**

**Legal Name:** \_\_\_\_\_  
Last First Middle

**Maiden/Other names used:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ (Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

**Ethnic Information:** African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian Indian \_\_\_\_\_ Asian-Other \_\_\_\_\_  
(Optional) Hispanic \_\_\_\_\_ Pacific Islander \_\_\_\_\_ White – Non Hispanic \_\_\_\_\_ Other \_\_\_\_\_  
(Please Specify)

**Languages that you speak:** English \_\_\_\_\_ Spanish \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_  
(Optional) (Please Specify)

**Preferred E-Mail Address:** \_\_\_\_\_ **Preferred Mailing:** Home \_\_\_\_\_ Business \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone (optional):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apartment Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Suite Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**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.)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**\*\*Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP)\*\***

Are you willing to be included on a registry of potential volunteers to provide your professional services during an emergency? **Please check all that apply.**

Within your county of residence: \_\_\_\_\_ Within 75 miles of your residence: \_\_\_\_\_  
Anywhere in the State of Kansas: \_\_\_\_\_ Outside of the State of Kansas: \_\_\_\_\_

**II. Application/Licensure Information:** (Please circle yes or no)

**A.** Do you currently hold an active LBSW in the state Kansas?

**Yes      No      If "yes", please answer the following questions:**

1. License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Under what name: \_\_\_\_\_

**III. Educational Information:**

**A.** List below the school where you received your baccalaureate degree, as well as any schools where you completed any addiction counselor coursework, their locations, the date of the degree(s) and the degree(s) granted. For additional education information please attach a separate sheet.

1. Name of School: \_\_\_\_\_

2. Location of School: \_\_\_\_\_

3. Degree Received: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

4. Degree Concentration: \_\_\_\_\_

5. Name of School: \_\_\_\_\_

6. Location of School: \_\_\_\_\_

7. Degree Received: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

**B.** List other name(s) under which your coursework was taken or your degree was conferred, if different from the name you use now:

\_\_\_\_\_

**C. Practicum Information:**

1. Dates of Practicum: \_\_\_\_\_

2. Practicum Agency: \_\_\_\_\_

3. Practicum Agency Address: \_\_\_\_\_

4. Name of Supervisor: \_\_\_\_\_

5. Supervisor Address: \_\_\_\_\_

**E. Academic Background form:** You must complete the Academic Background form and submit with your completed application.

**F. Practicum Review form:** You must complete the Practicum Review form and submit with your complete application. This form must be completed by the program director who was the academic supervisor for your addiction counseling practicum experience. The completed form should be returned to you in a sealed envelope with their signature across the seal.

**G. Transcript:** You are required to provide an official transcript from the Registrar's office of the college or university where your degree was granted. A transcript is also required from any college or university where additional addiction counseling coursework was completed. Please have the school send the transcript directly to the Board office. **The board can not accept transcripts sent directly from the applicant.**

**IV. References' Requirements:**

- A. Include with your application, the three completed professional reference forms, in their **unopened envelope that has been signed across the seal**. Your references should meet the guidelines as specified below:
1. You must submit one professional reference from your on-site practicum supervisor (please see instructions for further detail) **and**, two professional references from professionals who are authorized to engage in the practice of addiction counseling or a related field. References should be familiar with your professional conduct and competence and may not be related.

**B. REFERENCES: Please print the requested information below for each of your references.**

Names	Credentials	Agency and Address	Phone #
Practicum Supervisor			

**V. Background History:**

Please **circle** either "yes" or "no" to the following questions. **If you answer "yes,"** please attach a written explanation.

1. Have you ever been convicted of a felony?  
**Yes No**
2. Have you ever been convicted of a misdemeanor crime against persons?  
**Yes No**
3. Have you ever been found guilty of or liable for fraud or deceit in connection with services rendered as an addiction counseling service provider by a civil or criminal court of law or board of a professional organization?  
**Yes No**
4. Have you ever knowingly aided or abetted a person, not a licensed addiction counselor, in representing him/her as a licensed addiction counselor?  
**Yes No**
5. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years?  
**Yes No**
6. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years?  
**Yes No**
7. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years?  
**Yes No**

8. Have you ever been found to be in violation of a professional association's code of ethics or of a state licensing board's rules and regulations or statutes regarding professional conduct?  
**Yes No**
9. Have you ever paid a judgment or settlement in a negligence action that concerned your addiction counselor profession?  
**Yes No**
10. Have you ever resigned from a professional association, withdrawn from an undergraduate or graduate program or surrendered your license to a state licensure board while an ethical complaint was pending against you?  
**Yes No**
11. Have you ever identified yourself as an addiction counselor in Kansas (excluding student work)?  
**Yes No**
12. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?  
**Yes No**

**VI. Applicant's Attestation:**

Please **circle** either "yes" or "no" to the following questions.

1. I have reviewed the licensure eligibility requirements prior to submitting this application.  
**Yes No**
2. I have completed the application materials and procedures honestly and in good faith.  
**Yes No**
3. I understand that the members and staff of the BSRB are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written.  
**Yes No**
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly.  
**Yes No**
5. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or renewal.  
**Yes No**
6. I **have read** and am familiar with the statutes and regulations that govern the practice of addiction counseling in the state of Kansas.  
**Yes No**
7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of addiction counseling in Kansas.**  
**Yes No**

**I hereby affirm that to the best of my knowledge all my answers to the foregoing are correct. I further agree that all state records pertaining to my application and licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.**

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SIGNATURE OF APPLICANT

DATE OF APPLICATION

**NAME or ADDRESS CHANGE:** It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process.



**APPLICATION FOR LICENSURE AS A LICENSED ADDICTION COUNSELOR BY CURRENT LBSW**

**Academic Background Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

In order to establish educational eligibility related to K.S.A. 65-6610 as defined in K.A.R. 102-7-3, applicants are required to provide the following information, as it relates to their academic background.

Please indicate the courses you completed that meet these requirements. Courses cannot be duplicated. If the relationship between the courses(s) you took and the course content category is not readily apparent, please attach course syllabus or the university's course catalog to this form.

The following activities shall **NOT** be reported, substituted for or counted toward the academic coursework requirements:

1. academic coursework that has a failing or incomplete grade;
2. academic coursework that was audited;
3. continuing education, in-service, or on-the-job training;
4. nonacademic coursework or training;

Note: A maximum of three semester credit hours or academic equivalent may be completed in independent study. If your college or university awarded quarter or trimester credit hours rather than semester hours, please indicate by putting a Q (for quarter hours) or a T (for trimester hours) adjacent to the reported number of credit hours throughout the form.

1. **Introduction to Addiction:** (Minimum of 3 semester credit hours required.) Which shall include the study of the nature of addiction and other substance use-related problems; models, theories, philosophies, principles, implications for medical and mental health conditions that coexist with addiction, and evidence-based strategies of addiction prevention, treatment, relapse prevention, continuing care, and recovery; and the impact of addiction on the individual, family, and society.

Course #	Course Title	Credit Hrs	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. **Addiction Pharmacology** (Minimum of 3 semester credit hours required.) Which shall include the study of the nature of psychoactive chemicals; the behavioral, psychological, physiological, and social effects of psychoactive substance use; symptoms of intoxication, withdrawal, and toxicity; toxicity screen options, limitations, and legal implications; and the use of pharmacotherapy for treatment of addiction.

Course #	Course Title	Credit Hrs	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **Practicum** (Minimum of 6 semester credit hours required.) Your baccalaureate practicum courses that you have completed. The practicum must include a minimum of 400 clock hours practice and 1 hour of supervision per 10 hours of practice.

Course #	Course Title	Credit Hrs	University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





**APPLICATION FOR LICENSURE AS A LICENSED ADDICTION COUNSELOR: LAC**

**Practicum Review Form**

**Instructions for Applicant:** Please complete **Section I** and submit to the Program Director of the Addiction Counseling or Related Field Program for completion. Include a self-addressed, stamped envelope. Additional copies of this form may be made and used as needed by the applicant.

**Instructions for the Program Director:** Please complete **Section II** and return the completed form to the applicant in a sealed envelope with your signature across the seal.

**I. Section 1: To be completed by the Applicant:**

- A. Applicant's Name: \_\_\_\_\_
- B. Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_
- C. Degree and Graduation Date: \_\_\_\_\_
- D. Applicant's Mailing Address: \_\_\_\_\_
- E. Program Director: \_\_\_\_\_
- F. Educational Institution: \_\_\_\_\_
- G. Mailing Address: \_\_\_\_\_

**II. Section 2: To be completed by Program Director and returned to the Applicant in a sealed envelope signed across the seal:**

The above named applicant has applied to the Kansas Behavioral Sciences Regulatory Board for licensure as an addiction counselor. In order for the Board to make a determination as to whether the applicant meets educational qualifications pursuant to K.S.A. 65-6610 as defined in K.A.R. 102-7-3, ***the items listed below need to be completed by the program director and returned to the applicant for submission in the application packet.*** Please return this form to the applicant in an envelope, sealed, with your signature/stamp across the seal.

- A. Please state the regional accreditation held by the university awarding the baccalaureate degree completed by the applicant:  
\_\_\_\_\_
- B. Please state the professional accreditation (if any) held by the baccalaureate program completed by the applicant:  
\_\_\_\_\_
- C. As part of the applicant's degree program, please verify that the applicant satisfactorily completed an addiction counseling experience or its equivalent as follows:
  - 1. Consisted of at least 400 hours: Yes\_\_\_\_ No\_\_\_\_
  - 2. Supervision was provided by the program's faculty and agency supervisors at a rate of at least one hour of supervision for every 10 hours of practice; at least one of whom was licensed at the clinical level. Yes\_\_\_\_ No\_\_\_\_

D. If you answered "No" to any of the above items, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby affirm that to the best of my knowledge all answers to the above items are true and correct.**

(Print): \_\_\_\_\_  
Program Dean or Director

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Signature): \_\_\_\_\_ Date: \_\_\_\_\_  
Program Dean or Director



**APPLICATION FOR ADDICTION COUNSELOR LICENSURE: LAC**

***Professional Reference Form***

**Instructions for the applicant:** Please complete **Section I** and submit to the referencing individuals for completion. Additional copies of this form may be made and used as needed. Completed Professional Reference forms shall be submitted **in the unopened sealed envelopes** as part of your complete application packet.

**Instructions for the reference:** Please complete **Section II** and return the complete reference form in an envelope, **signed across the seal** and return to the applicant.

**Section I: This section is to be completed by the applicant.**

**To:** (Name of reference-please print) \_\_\_\_\_

**From:** (Name of Applicant-please print) \_\_\_\_\_

I am applying for licensure as an addiction counselor in the State of Kansas and I am required to provide information to support that application. This form, bearing my signature, gives my consent and authorization to release any and all information and/or documents that may be material to an evaluation of my merit of the public trust. I authorize the Behavioral Sciences Regulatory Board (BSRB) and its representatives to consult with you regarding my professional competence, character, ethical qualifications, health status, ability to work cooperatively with others and other qualifications for licensure.

I release from liability any and all individuals, institutions and organizations that provided information to the BSRB or its representatives, in substantial good faith and without malice, concerning my merit of the public trust and my qualifications for licensure. I consent to the inspection by the BSRB and its representatives of all documents that may be material to an evaluation of my qualifications and competence. I understand that this consent for release of information will be in effect for a period of one year from the date of consent.

Please mail this completed form directly to me in a sealed envelope with your signature across the seal. **Please be certain to seal the envelope and sign over the seal.** I am responsible for submitting to the BSRB the completed form in its sealed envelope as part of my application packet.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section II:**

Please answer **all** questions to the best of your knowledge. Return this completed form to the applicant in a sealed envelope with your signature across the seal of the envelope to insure confidentiality.

To qualify to serve as a professional reference, the referencing individual must be:

1. Unrelated to the applicant;
2. Able to address the applicant's professional conduct, competence and merit of the public trust;
3. Be authorized by law to practice addiction counseling or to practice in a related field;
4. One of the references must be from the individual who provided the on-site supervision of the practicum. If this person is not available, the director of the program or a designated person who has knowledge of the applicant's practicum based on the applicant's program records may provide a reference.

**Note:** If you do not qualify to serve as a professional reference, please alert the applicant.

**I. Professional Reference's Information:**

- A. Name: \_\_\_\_\_
- B. Business Name: \_\_\_\_\_
- C. Street Address: \_\_\_\_\_
- D. City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- F. Educational Background: \_\_\_\_\_ Professional Title: \_\_\_\_\_
- G. Do you hold a professional license? Yes \_\_\_\_\_ No \_\_\_\_\_ **If "yes", please answer the following questions.**
  - 1. Professional License held: \_\_\_\_\_ License #: \_\_\_\_\_
  - 2. State of Issuance: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**II. Please circle yes or no to following questions.**

- A. Were you the applicant's on-site practicum supervisor?  
**Yes      No**
- B. What relationship (such as employer, supervisor, co-worker, instructor) have you had with the applicant which has aided you in forming any opinion of his/her character:  
\_\_\_\_\_
- C. Have you supervised the applicant in a work setting?  
**Yes      No      If yes please list the dates you supervised the applicant.**  
**Beginning Date:** Month \_\_\_\_\_ Year \_\_\_\_\_ **Ending Date:** Month \_\_\_\_\_ Year \_\_\_\_\_
- D. Are you related by blood or marriage to the applicant?  
**Yes      No      If yes, please state relationship to the applicant.** \_\_\_\_\_
- E. How long have you known the applicant? \_\_\_\_\_

**III. Professional Reference's Knowledge of Applicant: (Please circle yes or no)**

- A. Please consider the candidate's behavior in the following areas: good judgment, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the addiction counseling profession and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as an addiction counselor?  
**Yes      No      If your answer is "no", please elaborate in detail in an attached statement.**
- B. Are you aware of any significant facts concerning the applicant's background that would reflect **unfavorably** on the applicant's character and fitness to practice addiction counseling?  
**Yes      No      If your answer is "yes", please state these facts in detail on an attached statement.**
- C. Do you recommend the applicant for licensure to practice addiction counseling in Kansas?  
**Yes      No      If not, please elaborate in detail in an attached statement.**
- D. **If you have known the applicant for less than 6 months** please list some specific examples of what you have witnessed that allows you to make the above mentioned determinations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- E. Please expand or add any comments or information that you believe will aid the Behavioral Sciences Regulatory Board (BSRB) in evaluating the applicant's ability to practice addiction counseling and merit of public trust for licensure as an addiction counselor in Kansas.

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**IV. Professional Reference's Attestation:**

Reference's Attestation: I certify the foregoing answers and information furnished above are given in good faith with the understanding that it will be utilized for purposes of determining the applicant's ability to practice addiction counseling and merit of the public trust in order to be licensed as an addiction counselor in the State of Kansas. Any response or information I have provided is true and correct to the best of my knowledge and belief. Where I have relied upon other sources of information, they are only those which I believe to be accurate and reliable.

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

Behavioral Sciences Regulatory Board  
700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929  
Max L. Foster, Jr., Executive Director



Phone: 785-296-3240  
Fax: 785-296-3112  
[www.ksbsrb.ks.gov](http://www.ksbsrb.ks.gov)  
Laura Kelly, Governor

## 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 \_\_\_\_\_