

**ADDICTION COUNSELOR (LAC)  
LICENSURE APPLICATION BY CURRENT KANSAS MASTERS or CLINICAL LEVEL LICENSE  
(LP, LMSW, LCSW, LPC, LCPC, LMLP, LCP, LMFT, LCMFT)**

## *Instructions*

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

1. **Application:** Please 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 may be required to provide additional information and you may be required to appear before the Board to explain these matters.
2. **Fee:** Instructions for paying the \$50.00 application fee may be found on **Appendix A. FEES ARE NON-REFUNDABLE.**
3. **Professional References:** Two 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 two 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.  
  
The two references must be authorized by law to practice addiction counseling or to practice in a related field.
4. **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 the application materials have been received and approved by the Board office.
5. **Examination:** Once your application has been reviewed and approved, you will receive written notice regarding eligibility to sit for the examination. You will be provided information about scheduling for the NCAC II examination.

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

**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; See Appendix A**
- Two (2) completed Professional Reference Forms in their signed sealed envelopes.

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

**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.

**ADDICTION COUNSELOR (LAC)  
LICENSURE APPLICATION BY CURRENT KANSAS LICENSE  
(LP, LMSW, LSCSW, LPC, LCPC, LMLP, LCP, LMFT, LCMFT)**

*Application*

**Application Fee: \$50.00 please see Appendix A**

**I. Identifying information: (Please type or print clearly in black or blue 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. Examination:**

- A. If you have not previously taken the National Certified Addiction Counselor, Level II examination (NCAC II) developed by the National Association for Alcoholism and Drug Abuse Counselors (NAADC) and achieved a passing score, you will be notified in writing if you are eligible to register and sit for the examination.
- B. Have you previously taken and passed the NCAC II or an equivalent examination? Yes \_\_\_ No \_\_\_

If “yes”, complete the remaining items in this section before proceeding to the next section.

1. Location and date exam was taken: \_\_\_\_\_

- C. Arrange for the Board's receipt of the official test scores by requesting that the National Board of Certified Counselors (or the out-of-state credentialing board) send the scores directly to the Board.

**III. License Information**

- A. List any licenses you currently hold with the BSRB at the Masters or Clinical level:

1. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

2. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**IV. Reference Requirements:**

- A. Include with your application, the two completed professional reference forms 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.

References must be received in **unopened envelopes that have been signed across the seal.**

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

Names	Credentials	Agency and Address	Phone #

**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



**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.

**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:** \_\_\_\_\_

## **Appendix A**

### ***Payment Instructions***

1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:

- a. visit the BSRB website at [ksbsrb.ks.gov](http://ksbsrb.ks.gov)
- b. select the “SERVICES” drop-down tab from the top of the home screen, and
- c. 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.