

Instructions for Application Through Conversion

If you meet the following basic requirements you may be eligible for the LMA through conversion:

- Hold an active LAC as of **7/1/16; and**
- Have earned a master's degree in a related field, approved by the board. The master's degree must be conferred on or before **7/1/16**.
 - o You are required to provide an official transcript from the college or university where your master's degree was granted. Please direct the school to send the transcript directly to the Board office. **The board cannot accept transcripts sent directly from the applicant.** *This requirement does not apply to any applicant who is dually licensed by the Board.*
- Complete 6 hours of continuing education in diagnosis and treatment of substance use disorders within three years of the conversion application for LMAC.
 - o You are required to provide a copy of the CEU certificate of attendance. We cannot process your application without the verification of completed CEUs.

If you feel you meet the above requirements and wish to pursue a license as a master's addiction counselor, complete the attached application form and submit to the board office. **There is no fee for the conversion application.**

**APPLICATION FOR CONVERSION
FROM
ADDICTION COUNSELOR LICENSURE
TO
MASTER'S ADDICTION COUNSELOR LICENSURE**

1. Submitted by: _____ / _____
Last Name First Name Middle Initial LAC Number and Expiration Date

2. Current Mailing Address: _____

Email Address: _____ Phone Number: _____

3. Answer the following questions regarding the college or university where your master's degree in a related field was conferred:

- Name of School: _____
- Location of School: _____
- Degree Received: _____

4. **Transcript:** You are required to provide an official transcript from the college or university where your master's degree was granted. Please direct the school to send the transcript directly to the Board office. **The board cannot accept transcripts sent directly from the applicant. This requirement does not apply to any applicant who holds a master's level license by the Board.**

5. Have you completed 6 hours of continuing education in diagnosis and treatment of substance use disorders within three years of this application ____ Yes ____ No

6. Title of continuing education course(s) and number of hours awarded:

7. **CEU Certificates:** You are required to provide a copy of the CEU certificate of attendance. We cannot process your application without the verification of completed CEUs.

8. **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.**

I also understand that I am required to abide by the statutes and regulations governing addiction counselors in the State of Kansas.

Signature: _____ Date: _____