

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](http://www.ksbsrb.ks.gov)

**Max L. Foster, Jr.**, Executive Director

**Laura Kelly**, Governor

Thank you for your interest in our continuing education pre-approved provider status.

The Behavioral Sciences Regulatory Board has established a pre-approval continuing education provider status. There are two options for this status. One is for general provider status, the other is a single-program provider status.

The pre-approval provider/single program status is optional. The Board has re-established this process at the request of licensees. However, it does not mean that pre-approved credit is all that will be granted. Since licensees appear to have considerable anxiety regarding the lack of pre-approved programs, we anticipate that they will prefer attending workshops with such status. Although, they will be able to receive other appropriate continuing education credit as well.

If you apply and are approved for the general provider status, you will receive a provider number and the attendees at your workshops are guaranteed acceptance of the ceu's they submit for having attended. If the single-program provider status is sought and granted, licensees attending that program are guaranteed acceptance of the ceu's they submit for that program. Please note that requests for single-program approval must be submitted 30 days prior to the scheduled continuing education activity.

If you are interested in becoming a pre-approved continuing education provider, please complete the enclosed application with attachments and submit it to the Behavioral Sciences Regulatory Board for review. Please be sure to review the enclosed instruction sheet. The board staff will review your application and notify you of your provider status. When approved, you will receive your provider number and the expiration date of your status.

If you have any question regarding this matter, please contact the board office.

Sincerely,

Max L. Foster, Jr.  
Executive Director

## SOCIAL WORK CONTINUING EDUCATION APPROVED PROVIDER INSTRUCTION SHEET

1. To become a continuing education provider each applicant must:
  - A. Complete and submit a Kansas Social Work Continuing Education Provider Application form and an initial application fee of \$100 which may be paid by a check or money order made payable to "Behavioral Sciences Regulatory Board", or by credit card at least **three** months prior to the first scheduled program. If you are approved, you will be issued a provider number. The initial application is provisional for one year. At the end of the initial year, documentation must be submitted for review. If approved, providers will then be issued a 3 year renewal for a fee of \$250.
  - B. Submit an organizational plan that includes a written statement of purpose documenting that social work practice, values, skills, and knowledge are the bases for the provider's educational goals and objectives and administrative procedures.
  - C. Submit the name of the licensed social worker or person eligible for licensure to be responsible for the development of the program.
  - D. Develop and submit the following systems with your application:
    - (a) a system for maintaining records for a period of at least three years; and
    - (b) a system for selection and evaluation of instructors, participant performance requirements, and provision of accessible and adequate space.
    - (c) a system to record and verify attendance.
  - E. Submit with your application how you will maintain a summary of each individual program offered for a period of at least three years that documents the following information:
    - (a) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;
    - (b) the learning objectives for the program and the relationship between the program content and the objectives;
    - (c) the licensing levels for which the program is designed and any program prerequisites;
    - (d) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;  
(please be sure to include how the content will be presented to the participants, lecture, video, etc.)
    - (e) the qualifications of the instructor(s) in the subject matter;
    - (f) the means of program evaluation;
    - (g) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks, and
    - (h) the dates the program was given.
  - F. Create a Certificate of Attendance or Completion that reflects the "participant's name, provider's name, provider number, title and date of the program and the number of continuing education hours. (*submit an example*)
2. Single Program applications must include answers to letters E and F listed above and submit with their application.
3. Provider approval may be withdrawn, by the board, if the provider violates this regulation or if quality programs are not maintained to the board's satisfaction.
4. Summary of fees: *(Payment can be made by check, money order or credit card)*

|          |   |
|----------|---|
| \$100.00 | Initial application fee and provisional initial one year approved provider. |
| \$250.00 | Three year approved provider renewal.                                       |
| \$ 50.00 | Single program approval application.  |
5. Complete application and submit with attachments and fee to the BSRB office for review.

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## KANSAS BEHAVIORAL SCIENCES REGULATORY BOARD SOCIAL WORK CONTINUING EDUCATION PROVIDER APPLICATION

Official Name of Provider \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address ( Include Street, City, State, ZIP Code, and County) \_\_\_\_\_

Name of Person(s) Responsible for developing Continuing Education Program(s) \_\_\_\_\_ Title/License Number(s) \_\_\_\_\_

Address ( Include Street, City, State, and ZIP Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Type of Provider :  Approved Provider  Single Program

### For Single Program Application:

\_\_\_\_\_  
Name of workshop

*Please attach a detailed description of the workshop(s) you will be presenting. Be sure to include the content areas that clearly relate to the social work profession.*

DOES YOUR ORGANIZATION AGREE TO PERIODIC MONITORING OF YOUR PROGRAMS BY THE BEHAVIORAL SCIENCES REGULATORY BOARD?  YES  NO

\_\_\_\_\_  
Signature of Person Submitting Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Person Submitting Application

\_\_\_\_\_  
Date

Submit application with attachments and fee for review to: **Kansas Behavioral Sciences Regulatory Board**  
**700 S.W. Harrison St, Ste 420**  
**Topeka, KS 66603-3929**

### For Official Use Only

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Provider Number Issued: \_\_\_\_\_

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

Comments \_\_\_\_\_

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