

MAIL LIST ORDER FORM

Please submit this form and the Certification of Use of Public Records form by email to bsrb@ks.gov or by fax 785-296-3112, or mail to BSRB, 700 SW Harrison St., Ste. 420, Topeka, KS 66603-3929.

Company / Organization		
Name		
Street Address		
City	State	ZIP Code
Telephone	Fax	Email Address
Please check the list(s) you are requesting.		Emailed List
All Seven (7) Professions Combined		_____
Addiction Counselors: LAC, LMAC LCAC		_____
Behavior Analysts: LaBA, LBA		_____
Marriage and Family Therapists: LMFT, LCMFT		_____
Master's Level Psychologists: LMLP, LCP		_____
Professional Counselor: LPC, LCPC		_____
Psychologists: LP		_____
Social Workers: LASW, LBSW, LMSW, LSCSW		_____
If you are currently licensed and seeking a list of Board-Approved Clinical Supervisors, please indicate which profession you desire. LCPC _____ LCMFT _____	If you are seeking a clinical supervisor, please indicate which profession you desire. BSRB cannot determine if these professionals provide supervision. Please contact the individual to obtain this information. LSCSW _____ LCP _____ LCAC _____	
Special Requests _____ Only licensees residing in Kansas _____ Certain levels of License (please list: _____) _____ Specific County (available only in KS) (indicate name of county _____)		Sort Order: (Select only 1 field) _____ Alphabetical _____ ZIP Code _____ License Type _____ County

If you have questions, please contact BSRB at 785-296-3240 or bsrb@ks.gov

Please note: Your order cannot be processed without the attached Certification of Use of Public Records form.

**CERTIFICATION OF USE OF PUBLIC RECORDS
REQUESTED UNDER THE KANSAS OPEN RECORDS ACT**

I hereby certify that as a requester of public records under the Kansas Open Records Act that I do not intend to and will not:

- A. Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed; or
- B. Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records of information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed,

Except for those purposes set forth and authorized under K.S.A. 21-3914. I certify that I am an authorized representative and agent of either

An organization of persons who practice a profession or vocation and the list requested is for membership, informational, or other purposes related to the practice of the profession or vocation and the list is solely of those persons licensed, registered or issued certification to practice that profession or vocation, or

An organization that provides professional or vocational educational materials or courses to persons applying for examinations for licenses, registrations, certificates or permits to practice a profession or vocation and the sole purpose of the list is to provide such applicants with information relating to the availability of such materials or courses.

SIGNATURE

PRINT NAME AND TITLE

STREET ADDRESS

CITY

STATE

ZIP

Please complete and return this page with the order form.