

Behavioral Sciences Regulatory Board 700 SW Harrison St. Suite 420 Topeka, KS 66603-3929

David B. Fye, JD, Executive Director

Fax: 785-296-3112 www.ksbsrb.ks.gov Laura Kelly, Governor

Phone: 785-296-3240

APPLICATION FOR RENEWAL OF LICENSURE

Last Na	me:	First Name:		Middle:						
License	Level: License	# Expiration Date/_	_/SS#	_ -	_ DOB//					
Ethnic II		n Native American A	sian Indian	_ Asian-Other _	Hispanic					
(υμιυπαι)	Pacific Islander	White – Non Hispanic	Other, please sp	ecify						
Langua (optional)		Spanish Sign	_ Other, please sp	pecify:						
Preferred Mailing Address: HomeBusiness										
Home A	Address:				Apt #:					
City:		State:	Zip:		County:					
Phone #	#: ()	Cell pho	one #: ()							
Business Name / Agency										
Address	s Street:				Suite #:					
City:		State:	Zip:		County:					
Phone #	#: ()	Fax	#: ()							
Do you work in Kansas: If yes - Total number of hours you work per week in Kansas: Work Setting**: (optional) ** see attached sheet for work setting codes/ numbers										
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Other - (optional)		Patients seen p	Der week.	riours per we	eek at triis site					
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ec	tion III: <u>EMPLOYMENT INFORMATION</u>				
	Are you working in a position that requires you to hold a BS	RB License?		Yes	No
	Are you currently working in a private practice without super	rvision?		Yes	No
yc	ou hold a clinical/Independent license skip to section IV.				
	Are you currently working under a clinical supervisory trainin If yes, please state name, license type, and number of ir	g plan? idividual providing	supervision ar	Yes nd skip to s	No ection IV.
	Name		_Туре		Lic#
	Are you conducting psychotherapy in your current mental he If yes, please state name, license type and number of in	ealth position? dividual providing	direction/super	Yesvision and	No _ skip to section IV.
	Name		Type		Lic#
	If you do $\underline{\text{NOT}}$ hold a clinical/independent license, pleas	e answer the follow	ring:		
	Name of the individual providing your direction/supervision?				
	Supervisor's Position/Title	Agency			
	Social Work - See Definitions K.A.R. 102-2-1a (cc) (1 & 2 Master Level Psychology - See Definitions K.A.R. 102-4				
С	tion IV: PLEASE READ AND ATTEST TO THE FOLL	OWING STATEMEN	IT:		
	must submit a Request for Additional Time to Complete C	'Antinuina Educati	an Houre form		
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LMFT \$100.00 LCMFT \$125.00

** Work Setting Codes

- 1. Administrative/regulatory agency
- 2. Ambulance company
- 3. Ambulatory surgery center
- 4. Assisted living facility
- 5. Business/Industrial establishment
- 6. Emergency room
- 7. Federal hospital or facility
- 8. Federally qualified health center
- 9. Free standing clinic
- 10. General hospital
- 11. HMO/Insurance Company
- 12. Home health agency
- 13. Hospital (Physician provides mainly inpatient services)
- 14. Independent laboratory
- 15. Independent living center

- 16. Indian Health Center
- 17. Individual practitioner
- 18. Local health department
- 19. Nursing/Long Term Care Facility
- 20. Partnership/group practice office
- 21. Pharmacy
- 22. Radiology/Imaging Center
- 23. Rehabilitation Hospital
- 24. Rural health clinic
- 25. School district or educational cooperative
- 26. School clinic service environment
- 27. State or community mental retardation facility
- 28. State or community mental health facility

- 29. State governmental agency
- 30. Teaching Hospital
- 31. University or College
- 32. Community Mental Health Center
- 33. Foster Home Care Agency
- 34. Group Home Facility
- 35. Private Psychiatric Hospital
- 36. Public School System
- 37. Residential Treatment Facility for Emotionally Disturbed Children
- 38. Residential Treatment Facility for Mentally Retarded Children
- 39. Youth Detention Facility
- 40. Adult Detention, Jail or Prison
- 41. Other (specify)_



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Licensee Name:

David B. Fye, JD, Executive Director

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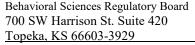
Phone: 785-296-3240

Laura Kelly, Governor

License number:

Marriage & Family Therapist Continuing Education Reporting Form

Academic Course – 1 Academic hour equals 15 CEUs Academic Course for Audit – 1 Academic hour equals 15 CEUs Academic Course for Audit – 1 Academic hour equals 15 CEUs Computerized interactive learning, telecast, video recording, audio recording or reading WITH Post-test 40 hrs Max Computerized interactive learning, telecast, video recording, audio recording or reading With OUT Post-test 10 hrs Max Cross Disciplinary Offerings (medicine, law, behavioral sciences, foreign / sign language, computer science, professional or tech. Writing skills, business or mgmt sciences) 10 hrs Max Self Directed Learning Project Preapproved by the board 10 hrs Max Supervision of Students 15 hrs Max First Time Preparation and Presentations 10 hrs Max Participation in Professional Organizations 10 hrs Max Did you complete a minimum of 3 hours of Ethics during this renewal cycle? Yes No Please circle Did you complete a minimum of 6 hours of Diagnosis and Treatment during this renewal cycle? Yes No Please circle If you are a board approved supervisor, did you complete at least 3 hours of Supervision CEUs including at least 1 hour of Ethics in Supervision? Yes No Please circle 40 hours is required each renewal cycle. TOTAL HOURS CLAIMED	The information below is a general guideline. Please refer to K.A.R. 10	Total	ils. Hours			
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Signature:Date:	n. I					





Phone: 785-296-3240 Fax: 785-296-3112 www.ksbsrb.ks.gov

David B. Fye, JD, Executive Director

Laura Kelly, Governor

Appendix A

Payment Instructions

- 1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:
 - (1) visit the BSRB website at <u>ksbsrb.ks.gov</u>
 - (2) select the "SERVICES" drop-down tab from the top of the home screen, and
 - (3) 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.