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

Laura Kelly, Governor

David B. Fye, JD, Executive Director

# Temporary Permit Application For Out-Of-State Independent Clinical Master's Level Psychologists Instructions

### Applications should be submitted at least one week prior to the date needed.

This application should be used by Out-of-State Licensed Independent Clinical Master's Level Psychologists, whose license allows for the independent clinical practice of master's level psychology, who wish to provide services in the State of Kansas or for the residents of Kansas, for a limited amount of time.

The Temporary Permit for Out-of-State Independent Clinical Master's Level Psychologists (Temporary Permit) will be active for one year and authorizes 30 days of practice in the state of Kansas. This practice includes both in-state practice as well as teletherapy to clients located in the state of Kansas when the services are provided.

**Extension of Temporary Permit.** Under emergency circumstances, the Board may extend the Temporary Out-of-State Permit for **not more than one additional year**, which would entitle the Temporary Permit-holder to practice for an additional year and receive 30 additional days of practice for a \$200 fee. If you wish to continue to practice in the state of Kansas after this time period, you will need to apply for a full license.

**Quarterly Reports.** Anyone who holds a Temporary Permit must submit quarterly reports to the Board on the number of days you have practiced in Kansas. Please see the form in this application packet.

The Permit-holder must meet the following requirements:

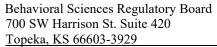
- A. Hold a license which allows the independent clinical practice of professional counseling.
  - The board is unable to issue a Temporary Permit to any applicant whose license requires that the person practice under supervision; and
- B. Have two years of clinical practice in independent master's level psychology in your home state during the two-years immediately preceding application for a Temporary Out-of-State Permit.

**Verification.** The Board staff will attempt to verify your license(s) on-line. If this service is not available on your state's licensing board's website, you will need to request a verification of your license(s) be sent directly to the BSRB office. The verification must show that your license is active and in good standing in order to be eligible for this Temporary Permit.

Please submit your signed application with the \$200 application fee by mail or email to:

Behavioral Sciences Regulatory Board 700 S.W. Harrison St., Ste. 420 Topeka, KS 66603

bsrb@ks.gov



Kansas

Behavioral Sciences

Regulatory Board

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## Temporary Permit Application For Out-Of-State Independent Clinical Master's Level Psychologists

Application Fee: \$200.00 check, money order, or credit card payable to BSRB

I. <u>Identifying information:</u>	(Please type or print clearly in i	nk)		
Legal Name: Last	First		Middle	
Maiden/Other names used:		Gender:		
social security number is re	Social Security Number: equired pursuant to 42 U.S.C.S. § 666 support enforcement purposes or prov	(a)(13), K.S.A. 74-148 a	nd K.S.A. 74	4-139,
Preferred E-Mail Address:				
Preferred Mailing: Home Busi	ness			
Home Phone:	Cell Phone (option	al):		
Home Address:		Apartment Nun	nber:	
City:	State:	Zip+4:		
Business Phone:	Business Name: _			
Business Address:		Suite Num	nber:	
eity:	State:	Zip+4:		
additional sheet for all oth	wing information: (If you hold mo er licenses with answers to question	ons A-F for each one.)	ease attach	า an
	Issue Date:			
C. Is this an independent clinical le			Yes	
Have you practiced independen for a temporary permit?	t master's level psychology for the two		eding this a	

Ε.	State from which above listed license was issued:		
	<ul> <li>Does the above listed state provide the service</li> </ul>	e of on-line license verification at no cost? <b>Yes</b>	No
	■ If "No" you will need to have your state board	send verification of your license(s) directly to the b	ooard office.
F.	Is this license in good standing?	Yes	No
G.	I understand that if a Temporary Permit is issued to me the jurisdiction of the board and shall be bound by the psychotherapy / master's level psychology in the State	statutes and regulations that govern the practice o	
		Yes	No
III.	Applicant's attestation.		
	nderstand in signing this document I attest that, to the b I correct. I further understand that it is unlawful to attem		
	SIGNATURE	DATE	

You may email the application and fee to <u>bsrb@ks.gov</u>

Revised 2021



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# Temporary Permit Quarterly Report of Dates of Practice in Kansas

(Circle the Appropriate Calendar Year Quarter) 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

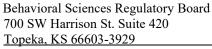
Provide the dates you practiced in Kansas during this quarter, either through in-person services or by providing teletherapy services to clients who were physically located in the state of Kansas. (*Reminder*: Your temporary permit entitles you to no more than 30 days of in-state and teletherapy practice combined during the year it is authorized.)

### **Dates of Practice in Kansas this Quarter**

1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.

#### **Applicant's Attestation**

attest that the information provided herein is true and correct.			
Printed Name:	Temporary Permit #:		
Signature:	Date:		





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

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Amount of Purchase: \$

### **Credit Card Payment Form**

Only complete when paying by credit card.

The credit cards accepted are American Express, Discover, MasterCard and Visa.

Credit Card:	American Express MasterCard	Discover Visa	
Credit Card Aco	ct. #		
Credit Card Exp	piration Date/		
Name as it appe	ears on the card	· · · · · · · · · · · · · · · · · · ·	
Signature:		Date	
For Office Use Only:			
Receipt Number	Date		