

INSTRUCTIONS FOR MASTER'S LEVEL PSYCHOLOGIST LICENSURE LMLP

1. Prior to completing the application read all instructions and review the statutes and regulations relevant information. The statutes and regulations can be found on our website, www.ksbsrb.ks.gov.
2. **Criminal Conviction/s** - You are required to report the following convictions:
 - A. Conviction of any felony
 - B. Conviction of any misdemeanor crime against a person

Either of the above listed convictions will require you to complete the Conviction Packet. You may click on this link to download the: [Conviction Packet](#) or you may find this packet on our website, www.ksbsrb.ks.gov under forms. You must return the required documentation with your application packet. **Your application will not be reviewed without this information.** Your application will require a determination from the full Board on eligibility for licensure. **Please allow extra time for a decision regarding your application.**

3. **Email:** The BSRB requires you to provide an email address. Email is the Board's primary method of communication. If you change your email address, update your information with the Board office right away.
4. **Fee:** Instructions for paying the \$50.00 application fee may be found on **Appendix A. FEES ARE NON-REFUNDABLE.**
5. **Transcript:** As part of the application process, an official transcript (paper or electronic) with your degree posted sent directly from the Registrar's office is required. Transcripts must be sent directly from the university to the BSRB. **Note: Transcripts must have the degree posted. Do not have a transcript sent to the BSRB until the degree has been posted.**
6. **Professional References:** As part of your completed application packet you are required to submit three (3) completed Professional Reference Forms. After completing Section 1, mail these forms directly to each of the three individuals that will serve as your professional references.
 - a) Each of your references should complete the reference form and return it to you. You will then include these reference forms with your application and any other required material to the BSRB. NOTE: The individuals referencing you should seal the envelopes and then sign the back of the sealed envelopes so that the Board is assured of the confidentiality and integrity of the referencing process. **The Board will NOT accept references that are not in sealed, signed envelopes.**
 - b) By regulation, your references must be from individuals that are licensed or authorized by law to practice psychology or a related behavioral science field. The professional references shall be familiar with your work as a psychologist and not related to you.
 - c) One of the references must be from the individual that provided direct clinical supervision of your on-site graduate program practicum. If this person is unavailable, the graduate program director or any person with knowledge of the applicant's practicum experience on the basis of the applicant's practicum records shall submit the reference.
7. **License Verification Form:** If you are or have ever been licensed, registered, or certified as a master's level psychologist in another state, please have License Verification form completed by your former state board. You will need to send the License Verification form to the state(s) where you were licensed, registered, or certified as a master's level psychologist. They should return this form directly to us.
8. **Examination:** Once your application has been reviewed and approved, you will receive an email regarding eligibility to sit for the examination. You will be provided information about scheduling for the exam.

- 9. Temporary License:** If all the requirements for licensure have been met, except passage of the examination, a temporary license may be requested. A temporary license will expire upon receipt of the permanent license or 24 months from the date of issuance. **A temporary license may not be renewed or extended and will not be issued again on any subsequent applications at the same licensure level.**

OR

Community-Based License: A Community-Based License is an alternative to a traditional temporary license and is only an option if you have met all requirements for licensure, except passage of the examination **and** you are employed by a community mental health center as defined in K.S.A. 39-2002, a federally qualified health center as defined in K.S.A. 65-7402, a psychiatric residential treatment facility as defined in K.S.A. 39-2002, or a private treatment facility as defined in K.S.A. 59-29b46. In order to obtain a Community-Based License you will need to complete the [Community-Based License form](#) by clicking on the link or the form may be found at <https://ksbsrb.ks.gov/forms> under General Forms.

A Community-Based License will expire upon receipt of the permanent license or 24 months from the date of issuance. **A Community-Based License may not be renewed or extended and will not be issued again on any subsequent applications at the same licensure level.**

If you qualify, you will be issued only one of the two license types listed above (temporary license OR Community-Based License). If you obtain a temporary license, you cannot obtain a Community-Based License. If you obtain a Community-Based License, you cannot obtain a temporary license.

Your completed application packet shall be submitted to the BSRB and should include ALL of the following:

- The completed application form
- The application fee of \$50.00; See Appendix A
- The three (3) completed Professional Reference Forms
- The Verification of Master's Degree Practicum Form
- The Academic Background Form

These additional items need to be sent directly to the Board office by the appropriate institutions:

- An official transcript with your degree posted. Mail to: BSRB, 700 SW Harrison St., Ste. 420, Topeka, KS 66603. For electronic transcripts, the email address is bsrb@ks.gov
- A License Verification Form, if ever licensed in another state;
- Exam scores, if applicable.

Please allow 30 days for review of your complete application. You may **check the status of your application on our website** www.ksbsrb.ks.gov, under "Services."

APPLICATION FOR LICENSURE AS A MASTER'S LEVEL PSYCHOLOGIST: LMLP

Application Fee: \$50.00 please see Appendix A

I. General Information: (Please type or print clearly in ink)

Are you seeking temporary licensure? (See #9 in the instructions) Yes _____ No _____
OR

Are you seeking a community-based license? (See #9 in the instructions) Yes _____ No _____

Legal Name: _____
Last First Middle

Maiden/Other names used: _____ Gender: _____

Date of Birth: _____ Social Security Number: _____ (Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

Ethnic Information: African American _____ Native American _____ Asian Indian _____ Asian-Other _____
(Optional) Hispanic _____ Pacific Islander _____ White – Non Hispanic _____ Other _____
(Please Specify)

Languages that you speak: English _____ Spanish _____ Sign _____ Other _____
(Optional) (Please Specify)

Preferred E-Mail Address: _____ Preferred Mailing: Home _____ Business _____

Home Phone: _____ Cell Phone (optional): _____

Home Address: _____ Apartment Number: _____

City: _____ State: _____ Zip+4: _____

Business Phone: _____ Business Name: _____

Business Address: _____ Suite Number: _____

City: _____ State: _____ Zip+4: _____

II. Application/Licensure Information:

A. Have you ever filed any application for licensure or registration in Kansas? Yes _____ No _____
If "yes", please answer the following questions:

1. When: _____ For which credential: _____

2. Under what name: _____

B. Do you currently hold, or have you ever held a certificate, registration or license to practice in one of the behavioral or health sciences in another state or jurisdiction? Yes _____ No _____
If "yes", please answer the following questions:

1. When: _____ For which credential: _____

2. Under what name: _____

3. In which state or jurisdiction: _____

4. Issue Date: _____ Expiration Date: _____ (please attach additional sheet if needed)

If you currently hold, or have ever held a certificate, registration, or license to practice in one of the behavioral or health sciences in another state or jurisdiction, you will need to have the former state Board(s) complete the Out-of-State Clearance Form. Upon completion, they should send the form directly to us.

I. Merit of the Public Trust:

A. Please answer the following questions. **Note: If the answer to any of the items 1 through 9 in this section is "Yes", submit as part of your application a signed, dated type-written explanation that gives specific details including disposition of the matter.**

1. Have you ever been convicted of a felony? Yes___No___
If yes, submit the [Conviction Packet](#).
2. Have you ever been convicted of a misdemeanor crime against persons? Yes___No___
If yes, submit the [Conviction Packet](#).
3. Have you ever had a complaint filed with a professional association or a psychology certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes___No___
4. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes___No___
5. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes___No___
6. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years? Yes___No___
7. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes___No___
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes___No___
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes___No___
10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes___No___

- B. At the time of application, submit the completed Professional Reference Forms in their unopened envelopes that have been signed across the seal by each reference. These references must be from three (3) individuals that are licensed or authorized by law to practice psychology or a related behavioral sciences field, are not related to you, and that can attest to your professional competency and character.
- C. If you completed a graduate practicum, your on-site practicum supervisor needs to complete a Professional Reference Form. If this person is unavailable, the graduate program director or any person with knowledge of the applicant's practicum experience on the basis of the applicant's practicum records shall submit the reference.
- D. Provide the names and mailing addresses of the three individuals that completed the Professional Reference Forms on your behalf. **Please place an asterisk/star (*) next to the person(s) that provided the direct supervision of your on-site graduate practicum.**

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

IV. Educational Qualifications:

- A. **Transcript(s):** As part of the application process, each applicant is required to provide an official transcript from the Registrar's office of the college or university where your degree was granted. Please direct the school to send the transcript directly to the Board office. We will not accept transcripts sent directly from the applicant.

B. List all accredited colleges or universities you have attended at the graduate level:

INSTITUTION	DATES OF ATTENDANCE		MAJOR AND/OR CONCENTRATION	DEGREE RECEIVED	DATE DEGREE CONFERRED
	FROM	TO			

C. Give other name(s) under which your coursework was taken or your degree was conferred, if different from the name you use now:

D. Submit at the time of application the completed Academic Background Form.

V. 750 Clock Hours Practicum:

A. Did you, as part of the degree requirements for a master's degree in psychology or a master's degree in clinical psychology, complete at least a 750 clock hour practicum? Yes ___ No ___
If "yes", complete the remaining items in this section and then proceed to the next section (Section VI).

If you answered "no" to the above question, then proceed directly to Section VI.

B. List the name and mailing address of each agency where your university-approved master's level psychology practicum was served:

Name:

Address:

C. Dates of Practicum: _____

D. Number of hours worked per week: _____ Total number of practicum hours completed: _____

E. Names of On-site Practicum Supervisors:

F. At the time of application, submit in the unopened envelope that has been signed or stamped across the seal by the graduate program director, the completed Verification of Master's Degree Psychology Practicum Form. Note: This form must be completed by the psychology program director from the college or university that academically supervised the master's degree psychology practicum experience.

VI. Examination:

A. If you have not previously taken the Examination for Professional Practice of Psychology (EPPP) developed and achieved a score of at least 60%, you will be notified in writing if you are eligible to register and sit for the examination. Applicants must first satisfy the educational requirements in order to be authorized by Behavioral Sciences Regulatory Board (BSRB) to register for the examination.

B. Have you previously taken and passed the EPPP examination? Yes ___ No ___
If "yes", complete the remaining items in this section before proceeding to the next section.

If you answered "no" to the above question, proceed directly to Section VIII.

C. Location and date exam was taken: _____

D. Arrange for the Board's receipt of the official test scores by requesting that the Professional Examination Service or the out-of-state credentialing board.

VIII. Applicant's Attestation:

- A. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes ___ No ___
- B. I have completed the application materials and procedures honestly and in good faith. Yes ___ No ___
- C. I understand that the members and staff of BSRB are compelled by law to uphold, implement and enforce the licensure statutes and regulations as written. Yes ___ No ___
- D. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but any such research will not personally identify the applicants or licensees, either directly or indirectly. Yes ___ No ___
- E. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or licensure renewal. Yes ___ No ___
- F. I understand that if the Board licenses me, I am required to read, be familiar with, and abide by the statutes and regulations governing the practice of master's level psychology in Kansas. Yes ___ No ___

Signature: _____ Date: _____

NAME or ADDRESS CHANGE: It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process.



APPLICATION FOR LICENSURE AS A MASTER'S LEVEL PSYCHOLOGIST: LMLP

Verification of Master's Degree Practicum Form

Instructions: Section 1 is to be completed by the applicant and then sent to the Dean, Director or Chairperson of the Master's Psychology Program for completion. Please include a self-addressed stamped envelope. Additional copies of this form may be made and used as needed by the applicant. The applicant shall submit the completed Verification of Master's Degree Practicum Form in the unopened envelope that has been signed or stamped across the seal by the graduate program director at the time of application. Section 2 is to be completed by the Master's Psychology Program Dean, Director or Chairperson, signed across the sealed envelope and then returned to the applicant.

I. SECTION 1: This section is to be completed by the applicant:

- A. Name: _____
- B. College/University: _____ Graduation Date: _____

I am applying for licensure as a master's level psychologist in the State of Kansas and I am required to provide information to support that application. This form, bearing my signature, gives my consent and authorization to release any and all information and/or documents that may be material to an evaluation of the practicum I completed as part of the requirements for my master's degree in psychology.

Please complete Section 2 of this form on my behalf, and then mail the completed form directly to me in the self-addressed stamped envelope enclosed herein. Please be certain to seal the envelope and sign over the seal. I am responsible for submitting to the Behavioral Sciences Regulatory Board (BSRB) the completed form in its sealed envelope as part of my application packet.

Signature of Applicant: _____ Date: _____

II. SECTION 2: This section is to be completed by the Dean, Director or Chairperson of the Master's Degree Psychology Program completed by the applicant. The completed form should be sealed in the enclosed envelope, signed over the seal, and then returned to the applicant.

- A. Did the applicant's practicum consist of at least 750 clock hours of supervised practicum training?
Yes ___ No ___ **If "no", how many clock hours were completed:** _____
- B. Did the program provide at least 350 hours of face-to-face client contact conducting therapy and assessment with individuals, couples, families, and/or groups? Yes ___ No ___
If "no", how many hours were completed: _____
- C. Were the following supervised activities completed by the applicant during the master's degree practicum experience:
 - 1. Diagnosis? Yes ___ No ___
 - 2. Remediation techniques? Yes ___ No ___
 - 3. Psychological testing? Yes ___ No ___
 - 4. Interdisciplinary consultation and collaboration? Yes ___ No ___
 - 5. Direct practice activities with a client population presenting a diverse set of problems and backgrounds? Yes ___ No ___
- D. Was the applicant formally enrolled in the master's psychology program at the time the practicum was completed? Yes ___ No ___
- E. Had the applicant satisfactorily completed practicum prerequisite graduate coursework prior to the practicum? Yes ___ No ___
- F. Did the practicum provide the applicant with a minimum of one hour of supervision for every 10 hours of direct client contact? Yes ___ No ___
- G. Did the applicant receive on-site supervision? Yes ___ No ___

H. Was the on-site supervisor licensed, registered, or certified as a psychologist, or alternately, otherwise legally authorized to practice as a psychologist in the state where the practicum occurred? Yes___No___

If "yes", please answer the following questions:

1. Name of supervisor: _____

2. License type: _____ License #: _____ Issued: _____ Expiration Date: _____

I. Did the practicum identify students as being in training and not as staff? Yes___No___

J. Did the applicant satisfactory complete the practicum requirements? Yes___No___

K. Additional Comments:

ATTESTATION: I attest that the forgoing information I have supplied is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Official Title/Position: _____

College/University: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____



APPLICATION FOR LICENSURE AS A LICENSED MASTER'S LEVEL PSYCHOLOGIST: LMLP

Academic Background Form

INSTRUCTIONS: This form is to be completed by the applicant and submitted at the time of application. To be considered toward the educational requirements, the applicant's reported coursework must be graduate level academic coursework that has been taken for graduate level academic credit. Each course may be reported in only one category, where it most accurately fits by course content. If the course title does not clearly reflect the category where you are reporting a particular course, submit at the time of application copies of the course catalog description and syllabus for any such course(s). If you graduate on or after July 1, 2003, you will be required to have at least 60 hours of graduate coursework rather than just the specific 36 hours.

The following activities shall not be reported, substituted for or counted toward the 36 academic coursework requirements:

1. Independent studies;
2. thesis or independent research courses;
3. practicum, internship or residency courses;
4. academic coursework that was audited;
5. academic coursework that has a failing grade;
6. coursework taken for undergraduate credit;
7. nonacademic coursework or training;
8. continuing education, in-service, or on-the-job training.

Some of these can be counted towards the 60 if you are required to complete 60. See Category 5.

Name of Applicant (Print): _____

Colleges/Universities attended: _____ Degree Earned _____

Date of Graduation: _____ Total # of hours listed below: _____

Please remember that fifteen (15) graduate credit hours supporting diagnosis or treatment of mental disorders is required for the LCP license. Please indicate in the far right column which hours you will be claiming to meet the 15 hour requirement if you intend to apply for the LCP license at a later date.

Please see K.S.A. 74-5363 and K.A.R. 102-4-3a for more detail

Note: If your college or university awarded quarter or trimester credit hours rather than semester hours, please indicate by putting a Q (for quarter hours) or a T (for trimester hours) adjacent to the reported number of credit hours throughout the form.

Category 1: Psychotherapy Courses. A minimum of 6 semester hours is required in this category. Psychotherapy courses include in-depth study of the major theories, principles and clinical methods and techniques of psychotherapy with individuals, groups or families.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Note: Additional psychotherapy courses beyond the required minimum of 6 semester hours may be used toward the professional core coursework requirements in Category 4.

Category 2 Psychological Testing Courses. A minimum of 6 semester hours is required in this category. Psychological testing courses include studies in the selection, administration, scoring, and interpretation of objective and projective diagnostic tests as indicators of intelligence and scholastic abilities or as screening devices for organic pathology, learning disability, and personality disturbance.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Note: Additional psychological testing courses beyond the required minimum of 6 semester hours may be used toward the professional core coursework requirements in Category 4.

Category 3: Psychological Foundation Courses. A minimum of 12 semester hours is required in this category.
Psychological foundation courses include studies in the following subcategories:

A. Philosophy of Psychology: Includes studies that introduce the fundamental philosophic, conceptual, theoretical or applied processes of psychology, and the issues central to professional orientation, role development, ethical and legal standards, and professional responsibility.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

B. Psychology of Perception: Includes studies of memory, language, speech, sensory, motor, reasoning, decision making, problem solving and other cognitive processes.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

C. Learning Theory: Includes studies pertaining to the fundamental theoretical assumptions and applied principles of learning, conditioning, concept formation, and behavior.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

D. History of Psychology: Includes studies that trace and analyze the historical development and contemporary evolution of the concepts and theories in psychology.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

E. Motivation: Includes studies of the concepts, principles and empirical finds concerning the innate, biological and acquired factors which underlie and drive human motivation.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

F. Statistics: Includes studies in the theory, analysis, interpretation, and the manual or computer of statistical measures. (Do not include thesis or independent research courses.)

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Category 4. Professional Core Courses. A minimum of 12 additional semester hours is required in this category. Professional core courses include studies in the following subcategories:

A. Psychopathology: Includes studies that examine the theories, definitions, dynamics, and differentiations in diagnostic classifications. This subcategory may also include studies in abnormal psychology or studies that examine the etiological factors, clinical course, and the clinical and psychopharmacological approaches to the treatment of mental, behavioral, and personality disorder.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

B. Personality Theories: Includes studies that seek to explain or compare and contrast the major theories of normal and abnormal personality development, functioning, adaptation and assessment.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

C. Developmental Psychology: Includes studies which may include psychological or biologically based studies that provide a comprehensive overview of the bio-psycho-social factors, determinants, and stages that pertain to human physical, emotional, intellectual and social development and adaptation from infancy through senescence.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

D. Research Methods: Includes studies in the principles, techniques and ethics of research, as well as the identification of research problems, selection of research designs, measurement strategies, sampling techniques, and methods of evaluating the results. (Do not include thesis or independent research courses.)

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

E. Social Psychology: Includes studies of the interactive and influencing effects of social, cultural, and ecological factors upon the emotions, beliefs, attitudes, expectations, roles, behaviors and interactional dynamics of individuals, families, groups, organizations and the larger society.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

F. Additional Coursework in Psychotherapy or Psychological Testing: Includes additional studies in psychotherapy or psychological testing as defined above in Categories 1 or 2.

Course #	Course Title	Credit Hrs	University	15 Hr Requirement	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No



APPLICATION FOR LICENSURE AS A MASTER'S LEVEL PSYCHOLOGIST: LMLP

Professional Reference Form

Instructions: Section 1 is to be completed by the applicant and then sent to the referencing individuals for completion. Additional copies of this form may be made and used as needed by the applicant. **Completed Professional Reference forms shall be submitted, at the time of application, in the unopened envelopes that have been signed across the seal by the reference.**

Section 2 is to be completed by the referencing individual, sealed in an envelope, signed over the seal and then returned to the applicant.

SECTION 1: This section is to be completed by the applicant:

To: (Name of Reference-please print): _____

From: (Name of Applicant-please print): _____

I am applying for licensure as a master's level psychologist in the State of Kansas and I am required to provide information to support that application. This form, bearing my signature, gives my consent and authorization to release any and all information and/or documents that may be material to an evaluation of my merit of the public trust. I authorize the Behavioral Sciences Regulatory Board (BSRB) and its representatives to consult with you regarding my professional competence, character, ethical qualifications, health status, ability to work cooperatively with others and other qualifications for licensure.

I release from liability any and all individuals, institutions and organizations that provided information to the BSRB or its representatives, in substantial good faith and without malice, concerning my merit or the public trust and my qualifications for licensure. I consent to the inspection by the BSRB and its representatives of all documents that may be material to an evaluation of my qualifications and competence. I understand that this consent for release of information will be in effect for a period of one year from the date of consent.

Please mail this completed form directly to me in a sealed envelope with your signature across the seal. **Please be certain to seal the envelope and sign over the seal.** I am responsible for submitting to BSRB the completed form in its sealed envelope with your signature across the seal as part of my application packet.

Signature of Applicant: _____ Date: _____

SECTION 2: The qualified referencing individual should answer all of the following questions to the best of their knowledge. The reference should then return this completed form to the applicant in a sealed envelope. The reference should sign his/her name over/across the seal on the envelope to insure confidentiality.

To qualify to serve as a professional reference, the referencing individual must be:

1. unrelated to the applicant;
2. authorized by law to practice psychology or in a related field;
3. able to address the applicant's professional conduct, competence and merit of the public trust;
4. one of the reference must be from the on-site practicum supervisor.

Note: If you do not qualify to serve as a professional reference, please alert the applicant. If you do qualify to serve as a professional reference, please complete the form and return it, at your earliest convenience, to the applicant as indicated above. Please be sure to sign over the seal on the back of the sealed envelope before returning it to the applicant. Thank you.

I. Professional Reference's Qualifications:

A. Professional Reference's Name: _____

B. Do you hold a professional license? Yes ___ No ___ **If "yes", please answer the following questions:**

1. Professional Licenses held: _____ License #: _____

2. State of Issuance: _____ Issuance Date: _____ Expiration Date: _____

C. Agency: _____

D. Agency Address: _____

E. Phone: _____ Fax: _____

- F. Professional Reference's Educational Background: _____
- G. Professional title: _____
- H. **Were you the applicant's graduate program on-site practicum supervisor?** Yes ___ No ___
- I. Are you related by blood or marriage to the applicant? Yes ___ No ___ **If "yes", state relationship:**

- J. How long have you known the applicant? _____
- K. What relationship (such as employer, supervisor, co-worker, practicum, instructor and the like) have you had with the applicant which has aided you in forming any opinion of his/her character:

II. Professional Reference's Knowledge of the Applicant:

- A. Please consider the candidate's behavior in the following areas: good judgement, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of master's level psychology and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as a master's level psychologist? Yes ___ No ___
If your answer is "no", please state these facts in detail on an attached sheet.
- B. Are you aware of any significant facts concerning the applicant's background that would reflect unfavorably on the applicant's character and fitness to practice master's level psychology? Yes ___ No ___
If "yes", please state these facts in detail on an attached sheet.
- C. Do you recommend the applicant for licensure to practice master's level psychology in Kansas? Yes ___ No ___
If not, please elaborate in detail in an attached statement.
- D. If you desire, please expand upon any of the foregoing answers or add any comments or information which you believe will aid the Behavioral Sciences Regulatory Board (BSRB) to evaluate the applicant's merit of the public trust for licensure as a master's level psychologist in Kansas. For such purpose you may supplement this Professional Reference Form by typewritten letter addressed to the Board and attached hereto.

III. Reference's Attestation:

I certify the foregoing answers and information furnished above are given in good faith with the understanding that it will be utilized for purposes of determining the applicant's merit of the public trust to be licensed and to practice as a master's level psychologist in the State of Kansas. Any response or information I have provided is true and correct to the best of my knowledge and belief. Where I have relied upon other sources of information, they are only those which I believe to be accurate and reliable.

Printed Name: _____

Signature: _____ Date: _____



Verification of Licensure

Instructions:

Section I Completed by the applicant and sent to the out-of-state board for completion. Additional copies of this form may be printed and used as needed by the applicant.

Section II Completed by a representative of the out-of-state board and returned directly to the Kansas BSRB office at the address above.

I. Applicant Information

I, _____, am applying for master's level psychology licensure in the state of Kansas. To be considered for licensure in Kansas, I am required to provide official documentation related to my license status and standing in your state. Accordingly, I am requesting that you complete Section II below, AND RETURN TO the Kansas Behavioral Sciences Regulatory Board (BSRB).

- A. Name under which my license was issued: _____
- B. Other names used: _____
- C. Last four of Social Security Number: _____
- D. License Type: _____ License Number: _____
- E. Issue Date: _____ Expiration Date: _____
- F. Applicant Signature: _____ Date: _____

II. Statement from Out-Of-State Board

- A. Name appearing on license in your state: _____
- B. License Type: _____ License Number: _____
- C. Date Issued: _____ Date of Expiration: _____
- D. Level of Licensure (bachelor, masters, clinical): _____
- E. Licensed by: Examination: _____ Reciprocity: _____ Grandfathered: _____
Other (Specify): _____

F. If Licensed by Exam:

- Name of Exam: _____
- Exam Level: _____ Date of Exam: _____
- Exam Score: _____ Result: Pass _____ Fail _____

G. Is License in good standing? Yes _____ No _____ If "No", please attach copies of all releasable information and state reason(s): _____

H. Has License been disciplined? Yes _____ No _____ If "Yes", please attach copies of all releasable information and state reason(s): _____

I. Additional comments: _____

Printed Name of State Board Representative: _____

Signature: _____ Date: _____

Official Title/Position: _____

Name of State Board: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Upon completion, please return this form directly to:

**Behavioral Sciences Regulatory Board
700 S.W. Harrison St, Ste. 420
Topeka, KS 66603-3929**

You may also send by email to: bsrb@ks.gov

STATE SEAL

Appendix A

Payment Instructions

1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check:

- (1) visit the BSRB website at ksbsrb.ks.gov
- (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 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 payment to the BSRB office by mail using a check, cash, or a money order may send the payment with their application to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603.

Please submit payment upon mailing your application if you are using the online payment portal.