

## ***Temporary Permit Application For Out-Of-State Independent Clinical Professional Counselors Instructions***

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

This application should be used by Out-of-State Licensed Professional Counselors, whose license allows for the independent clinical practice of professional counseling, 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 Professional Counselors (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 professional counseling 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](mailto:bsrb@ks.gov)

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)

David B. Fye, JD, Executive Director

Laura Kelly, Governor

***Temporary Permit Application  
For Out-Of-State Independent Clinical Professional Counselors***

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

**I. Identifying information: (Please type or print clearly in ink)**

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.)

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. Please provide the following information: (If you hold more than one license, please attach an additional sheet for all other licenses with answers to questions A-F for each one.)**

A. Type of license you currently hold: \_\_\_\_\_

B. License number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

C. Is this an independent clinical level of licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

D. Have you practiced independent / clinical professional counseling for the two years immediately preceding this application for a temporary permit? Yes \_\_\_\_\_ No \_\_\_\_\_

- E. State from which above listed license was issued: \_\_\_\_\_
- Does the above listed state provide the service of on-line license verification at no cost? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
  - **If “No”** you will need to have your state board send verification of your license(s) directly to the board office.
- F. Is this license in good standing? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- G. I understand that if a Temporary Permit is issued to me by the State of Kansas I shall be deemed to have submitted to the jurisdiction of the board and shall be bound by the statutes and regulations that govern the practice of clinical professional counseling in the State of Kansas. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

III. **Applicant’s attestation.**

I understand in signing this document I attest that, to the best of my knowledge, the information provided herein is true and correct. I further understand that it is unlawful to attempt to obtain licensure through fraudulent misrepresentation.

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SIGNATURE

DATE

**You may email the application and fee to [bsrb@ks.gov](mailto:bsrb@ks.gov)**

Behavioral Sciences Regulatory Board  
700 SW Harrison St. Suite 420  
Topeka, KS 66603-3929  
David B. Fye, JD, Executive Director



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## *Temporary Permit* *Quarterly Report of Dates of Practice in Kansas*

(Circle the Appropriate Calendar Year Quarter)    1<sup>st</sup> Quarter    2<sup>nd</sup> Quarter    3<sup>rd</sup> Quarter    4<sup>th</sup> 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**

I attest that the information provided herein is true and correct.

Printed Name: \_\_\_\_\_ Temporary Permit #: \_\_\_\_\_

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

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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:**

Receipt Number \_\_\_\_\_ Date \_\_\_\_\_