

Information for Reinstatement of Professional Counselor Licenses

If a professional counselor license is allowed to lapse through lack of renewal, the license must be reinstated, regardless of the amount of time that has elapsed since the license expired.

As required in statute and regulation, all professional counselors who allow their license to lapse are required to submit documentation of continuing education totaling 30 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and 6 hours of Diagnosis and Treatment for all levels of licenses. This continuing education must meet all current definitions of continuing education, and focus on professional counseling skills, values, practice or knowledge.

The reinstatement process may NOT be circumvented by applying for a new license with a request for waiver of the examination.

In order to reinstate your license, you must submit the following materials to the Board office for review:

- The completed and signed Application for Reinstatement of Professional Counselors license
- Fees for LPC \$200.00, which includes \$100.00 for late renewal, and \$100.00 for reinstatement of license.
- Fees for LCPC \$250.00, which includes \$125.00 for late renewal, and \$125.00 for reinstatement of license.
- This fee must be submitted at the time of application for reinstatement, and is payable by check or money order made out to Behavioral Sciences Regulatory Board, credit card or cash.
- The completed and signed Continuing Education Report Form with **original certificates of attendance** and all other supporting documentation for continuing education. **If you would like your original certificates returned, please include a self-addressed stamped envelope.**

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at www.ksbsrb.ks.gov for further information.



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

David B. Fye, JD, Executive Director

Laura Kelly, Governor

APPLICATION FOR REINSTATEMENT OF LPC AND LCPC LICENSE

Reinstatement fees are as followed:

LPC	\$200.00	\$100.00 for late renewal, and \$100.00 for reinstatement of license
LCPC	\$250.00	\$125.00 for late renewal, and \$125.00 for reinstatement of license

DO NOT WRITE IN THIS AREA – FOR BOARD USE ONLY

CE Hours Approved: _____ CE Requirements Met: _____
CE Hours Short: _____ Initials _____

PLEASE TYPE OR PRINT

Last Name: _____ First Name: _____ Middle: _____

Name under which license was issued: _____

License Number: _____ Expiration Date: _____

SSN: _____ DOB: _____

Preferred mailing address? Home _____ Business _____ Preferred E-mail address: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone #: () _____ Cell phone #: () _____

Business Name / Agency _____

Address Street: _____ Suite #: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone #: () _____ Fax #: () _____

Address of Record: *(Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)*

Address of Record: _____
Street Apt # City State Zip+4

Length of Employment _____ Have you been continuously employed? _____

In your current job, do you participate in the delivery of professional counseling services? Yes _____ No _____

If yes, name of supervisor _____

Please explain why you allowed your professional counselor license to expire:

Are you licensed to practice in a State other than Kansas? _____

If yes, provide State, license type and number _____

Section I – Reinstatement Background Information:

-- If you answer yes to any of the following questions, YOU MUST GIVE DETAILS ON A SEPARATE SHEET OF PAPER AND SUBMIT WITH YOUR REINSTATEMENT.

1. Have you been convicted of a felony since your last renewal? Yes ___ No ___
2. Have you been accused of unethical behavior or unprofessional conduct since your last renewal? Yes ___ No ___
3. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal? Yes ___ No ___ If yes, give details on a separate sheet and attach.
4. Have you been rejected for membership in a professional organization since your last renewal? Yes ___ No ___ If yes, give details on a separate sheet and attach.
5. Has your membership in a professional organization been revoked since your last renewal? Yes ___ No ___ If yes, give details on a separate sheet and attach.
6. Have you been censured by a professional organization of which you were a member since your last renewal? Yes ___ No ___ If yes, give details on a separate sheet and attach.
7. Has your license, granted by this state or any other state for the practice of professional counseling or practice in any of the behavioral sciences been limited, restricted, suspended, revoked or subjected to other disciplinary action since your last renewal? Yes ___ No ___ If yes, give details on a separate sheet and attach.
8. Are you currently offering professional counseling services in private practice in Kansas under supervision? Yes ___ No ___ If yes, please give details on a separate sheet and attach.
9. Are you currently offering services in private practice in Kansas without supervision? Yes ___ No ___ If yes, please give details on a separate sheet and attach.
10. Since your professional counseling license expired, have you practiced in Kansas as a professional counselor? Yes ___ No ___ If yes, please give details on a separate sheet and attach.
11. Since your license expired, have you represented yourself in Kansas as a professional counselor? Yes ___ No ___ If yes, please give details on a separate sheet and attach.
12. Since your professional counseling license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for professional counseling or related services you provided in Kansas? Yes ___ No ___ If yes, please give details on a separate sheet and attach.

Section II – Reinstatement Applicant's Attestation:

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of professional counseling and the Continuing Education Guidelines for the State of Kansas.
Yes ___ No ___

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as a professional counselor does accordingly. I understand that failure to do so can result in a disciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act. Yes ___ No ___

I attest that, to the best of my knowledge, the information provided herein and on the other submitted reinstatement materials is true and correct. I understand that making a materially false statement or failing to disclose a material fact in conjunction with an application for licensure, including reinstatement, may result in adverse board action against the license. Yes ___ No ___

Date _____ Signature _____

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Name: _____ License number and Level: _____ Expiration: _____

This form is to be submitted by all licensees who have requested their licenses be reinstated. Please return the completed and signed form along with the **ORIGINALS** of all continuing education documentation, to the board office.

Copies of this form may be made if necessary if you run out of room for documenting your continuing education hours.

As part of the continuing education hours required for each renewal cycle, each applicant shall complete 3 hours of continuing education on professional ethics focusing on ethical issues of their profession.

Additionally, each applicant, except LAC and LBSW, shall complete 6 hours of continuing education on diagnosis and treatment of mental disorders or if LCAC diagnosis and treatment of a substance abuse disorder.

Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed
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Professional Ethics:

Diagnosis and Treatment:

Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed
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Other Continuing Education:

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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:

Approval Number _____ Date _____