

## Information for Reinstatement of Professional Counselor Licenses

If a professional counselor license lapses due to 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 persons wishing to reinstate their license 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. This continuing education must meet all current continuing education requirements, 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.

**If you have not completed the required continuing education to reinstate your license, you may apply for a six-month reinstatement temporary license, which will allow you to practice up to six months while you complete the required continuing education for your permanent license to be reinstated. You will submit the application and pay \$25 for the reinstatement temporary license.**

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
- If you have completed all required continuing education, the completed and signed Continuing Education Report Form with **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.**

**You will be notified by email when your application has been reviewed and the reinstatement fee is due.**

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at [ksbsrb.ks.gov](http://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](http://www.ksbsrb.ks.gov)

David B. Fye, JD, Executive Director

Laura Kelly, Governor

## APPLICATION FOR REINSTATEMENT OF LPC AND LCPC LICENSE

If your license has been expired for less than one year, 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

You will be notified by email when your application has been reviewed and the reinstatement fee is due.

### 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 E-mail address: \_\_\_\_\_ Preferred mailing address? Home \_\_\_\_\_ Business \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Cell phone #: ( ) \_\_\_\_\_

Business Name / Agency \_\_\_\_\_

Address Street: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

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 in Section I, 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 \_\_\_
4. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice?  
Yes \_\_\_ No \_\_\_
5. Have you been rejected for membership in a professional organization since your last renewal?  
Yes \_\_\_ No \_\_\_
6. Has your membership in a professional organization been revoked since your last renewal?  
Yes \_\_\_ No \_\_\_
7. Have you been censured by a professional organization of which you were a member since your last renewal?  
Yes \_\_\_ No \_\_\_
8. 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 \_\_\_
9. Are you currently offering professional counseling services in private practice in Kansas under supervision?  
Yes \_\_\_ No \_\_\_
10. Are you currently offering services in private practice in Kansas without supervision?  
Yes \_\_\_ No \_\_\_
11. Since your professional counseling license expired, have you practiced in Kansas as a professional counselor?  
Yes \_\_\_ No \_\_\_
12. Since your license expired, have you represented yourself in Kansas as a professional counselor?  
Yes \_\_\_ No \_\_\_
13. 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 \_\_\_

**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. 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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## Reinstatement Continuing Education Reporting Form

Name: \_\_\_\_\_ License number and Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

This form is to be submitted by all persons who have requested their licenses be reinstated. Please return the completed and signed form along with 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:

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Diagnosis and Treatment:

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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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Continuing Education:

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**Continuing Education Continued.....**

Title of course / workshop Or other CE activity:	Date (s) attendance	Type of activity workshop/college course	Presenter	Hours claimed
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**TOTAL HOURS CLAIMED: \_\_\_\_\_**

**I understand that in signing this document I am attesting that the information is accurate. I further understand it is unlawful to attempt to obtain licensure through false statements or fraudulent misrepresentation. I understand that upon proof of fraud, deceit, or any other act of unprofessional conduct in relationship to my licensure reinstatement application the board may suspend, limit, revoke, condition, fine or refuse to renew my license.**

Applicants Signature: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.