



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 RENEWAL OF LICENSURE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

License Level: \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Information: African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian Indian \_\_\_\_\_ Asian-Other \_\_\_\_\_ Hispanic \_\_\_\_\_  
(optional)  
Pacific Islander \_\_\_\_\_ White – Non Hispanic \_\_\_\_\_ Other, please specify \_\_\_\_\_

Languages that you speak: English \_\_\_\_\_ Spanish \_\_\_\_\_ Sign \_\_\_\_\_ Other, please specify: \_\_\_\_\_  
(optional)

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 #: ( ) \_\_\_\_\_

Do you work in Kansas: \_\_\_\_\_ If yes - Total number of hours you work per week in Kansas: \_\_\_\_\_ Work Setting\*\*: \_\_\_\_\_  
(optional) **\*\* see attached sheet for work setting codes/ numbers**

Other - specify: \_\_\_\_\_ Patients seen per week: \_\_\_\_\_ Hours per week at this site: \_\_\_\_\_  
(optional)

Weeks per year at this site: \_\_\_\_\_ Percentage of hours providing care: \_\_\_\_\_ Another worksite in Kansas: \_\_\_\_\_  
(optional) **If yes please attach additional sheet**

**Address of Record:** \_\_\_\_\_ Suite #: \_\_\_\_\_

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

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

**Section I: Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP)**

Are you willing to be included on a registry of potential volunteers to provide your professional services during an emergency?  
**Please check all that apply.**

Within your county of residence: \_\_\_\_\_ Within 75 miles of your residence: \_\_\_\_\_  
Anywhere in the State of Kansas: \_\_\_\_\_ Outside of the State of Kansas: \_\_\_\_\_

**Section II: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS**

**\*\*If you answer "Yes" to any of the following five questions please include details on a separate sheet and submit with your renewal application. If you have had a complaint in Kansas please include the case number (if known).**

1. Since your last renewal, has your license in Kansas or any other state been limited, restricted, suspended, revoked or subjected to disciplinary action? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Since your last renewal, have you been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Since your last renewal, has a complaint or lawsuit been filed against you for unethical behavior, unprofessional conduct, or incompetence? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Since your last renewal, has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance? Yes \_\_\_\_\_ No \_\_\_\_\_
5. In the past 24 months have you suffered from any impairment, which might affect your ability to safely practice? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section III: PLEASE READ AND ATTEST TO THE FOLLOWING STATEMENT:**

1. I understand that all CEU's being used for this renewal must be completed prior to my renewal application being submitted to the Board. Yes \_\_\_\_\_ No \_\_\_\_\_
2. I understand that I must have proof of all CEU's being used for this renewal prior to my renewal being submitted to the Board. Yes \_\_\_\_\_ No \_\_\_\_\_
3. I further understand that failure to comply with statements one and two of this section will constitute unprofessional conduct and may result in disciplinary action against my license. Yes \_\_\_\_\_ No \_\_\_\_\_
4. I have read and agree to abide by the statutes, rules, and regulations governing the practice, for the professional license that I am renewing. Yes \_\_\_\_\_ No \_\_\_\_\_

**RENEWAL APPLICANT PLEASE READ CAREFULLY BEFORE SIGNING**

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

Signature \_\_\_\_\_ dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Checklist: Please enclose the following: Renewal Application  
Continuing Education Reporting Form  
\$150.00 Renewal fee Please see Appendix A for payment instructions**

**Renewals will not be processed prior to 90 days of expiration date.**

**\*\* Work Setting Codes**

- |   |  |   |
|---|--|---|
| 1. Administrative/regulatory agency                         | 17. Individual practitioner                        | 32. Group Home Facility   |
| 2. Ambulance company  | 18. Local health department                        | 33. Private Psychiatric Hospital                                      |
| 3. Ambulatory surgery center                                | 19. Nursing/Long Term Care Facility                | 34. Public School System  |
| 4. Assisted living facility                                 | 20. Partnership/group practice office              | 35. Residential Treatment Facility for Emotionally Disturbed Children |
| 5. Business/Industrial establishment                        | 21. Pharmacy                                       | 36. Residential Treatment Facility for Mentally Retarded Children     |
| 6. Emergency room   | 22. Radiology/Imaging Center                       | 37. Youth Detention Facility  |
| 7. Federal hospital or facility                             | 23. Rehabilitation Hospital                        | 38. Adult Detention, Jail or Prison                                   |
| 8. Federally qualified health center                        | 24. School clinic service environment              | 39. Other (specify) _____   |
| 9. Free standing clinic                                     | 25. State or community mental retardation facility |   |
| 10. General hospital  | 26. State or community mental health facility      |   |
| 11. HMO/Insurance Company                                   | 27. State governmental agency                      |   |
| 12. Home health agency                                      | 28. Teaching Hospital                              |   |
| 13. Hospital (Physician provides mainly inpatient services) | 29. University or College                          |   |
| 14. Independent laboratory                                  | 30. Community Mental Health Center                 |   |
| 15. Independent living center                               | 31. Foster Home Care Agency                        |   |
| 16. Indian Health Center                                    |  |   |

Revised: 3/8/2019

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## Psychology Continuing Education Reporting Form

Licensee Name: \_\_\_\_\_ License number: \_\_\_\_\_

**Date of Original Licensure**

**Hours Required**

On or before 12/31/20  
 01/01/21 – 06/30/21  
 07/01/21 – 12/31/21  
 01/01/22 – 06/30/22

50 Hours \*  
 33 Hours \*  
 17 Hours \*  
 0 Hours

**\* If you are required to complete continuing education during this renewal cycle, it must include three hours of ethics and six hours of diagnosis and treatment.**

The information below is a general guideline. Please refer to K.A.R. 102-1-15.

		Total Hours
Seminar, Workshop, Presentations	50 hrs Max	
First Time Preparation and Presentations	15 hrs Max	
Completion of a Self-Study Program	12 hrs Max	
Completion of a Self-Study Program <b>WITH a POST TEST</b>	40 hrs Max	
Publication and Professional Presentation (15 per each paper)	45 hrs Max	
Academic Psychology Course (1 Academic hour equals 15 CEUs)	50 hrs Max	
Providing Supervision	15 hrs Max	
Receiving Supervision	15 hrs Max	
Initial Preparation for Specialty Board Examination	25 hrs Max	
Participation in Quality Care Activities	15 hrs Max	
Participation in Professional Organizations	12 hrs Max	
Receiving Personal Psychotherapy	20 hrs Max	
<b>Did you complete a minimum of 3 hours of Ethics during this renewal cycle?</b>	Yes No Please circle	
<b>Did you complete a minimum of 6 hours of Diagnosis and Treatment during this renewal cycle?</b>	Yes No Please circle	

	<b>TOTAL NUMBER OF HOURS CLAIMED</b>	
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I understand that in signing this document, I am attesting that I have completed the requisite minimum number of psychology continuing education hours as of the date on this form, and that I possess the necessary documentation. I further understand that upon proof of fraud, deceit, or any other act of unprofessional conduct in relationship to my licensure renewal application, the Board may suspend, limit, revoke or refuse to renew my license.

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

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## *Appendix A*

### *Payment Instructions*

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

- (1) visit the BSRB website at [ksbsrb.ks.gov](http://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 you will be able to 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 payments to the BSRB office using a check-by-mail or with a money order may continue to mail payments to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603. There is no additional fee for processing checks-by-mail or money orders sent to the BSRB office.

The application fee may be paid before or after you submit your application. The application will not be processed until the fee has been received.