

## SOCIAL WORK LICENSURE APPLICATION LBSW or LMSW

### *Instructions*

*Applications may not be submitted until you are within four months of receiving your degree.*

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](http://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](http://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. **Student Applicant:** If you have not received your degree, but are within four months of graduation, you are required to submit the Verification of Academic Requirements form. This form attests to the expected completion of academic requirements leading to conferral of the social work degree. The program director should return the completed form to you in a sealed envelope with their signature or school stamp across the seal. **Once your social work degree is conferred, an official transcript must be submitted to the Board office as outlined in the above paragraph. The school does not request the transcript on your behalf.**
7. **Professional References:** Three references are required as part of your complete application packet.
  - A. Each reference should return the completed form to you in a sealed envelope with their signature across the seal. The three reference forms will need to be included when the application is submitted to the Board office. **NOTE:** The references must sign across the seal of the envelope to assure the Board of the confidentiality and integrity of the referencing process.
  - B. One of the references must be from the **on-site supervisor**, of the final field education program (practicum), from the current or most recently completed social work degree. If this person is unavailable, the director of the field education program or a designated person who has knowledge of the applicant's field education based on the applicant's program records may provide the reference.
  - C. The additional two references must be from social workers licensed (or licensable) **at or above** the intended level of licensure. For example, an LBSW applicant must have references from an LBSW or a person who holds a BSW degree. In addition, the professional references cannot be related to the applicant and must be familiar with the applicant's social work skills.

**6. Examination:** Once your application has been reviewed and approved, you will receive an email regarding eligibility to sit for the examination. The exam is given through the Association of Social Work Boards. You will register for the exam with ASWB. Examination information is available for download at [www.aswb.org](http://www.aswb.org) The forms necessary to arrange for special accommodations are found on the ASWB website. You will need to contact the Board office to request the forms needed for ESL arrangements.

**7. 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.** *NOTE: The Board must have your official transcript, with the degree posted, on file before a temporary license can be issued.*

**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.** *NOTE: The Board must have your official transcript, with the degree posted, on file before a Community-Based License can be issued.*

*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.*

**8. License Verification:** If you are or have ever held a professional license, registration, or certification in another state, the Licensure Verification form must be completed by the other state(s). This form needs to be returned directly to the Board office. **Only forms received directly from the other state(s) will be accepted.**

**9. Review:** The Board cannot determine eligibility to sit for the examination until all the application materials have been received and approved by the Board office.

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](http://www.ksbsrb.ks.gov), under “Services.”

**Submit your application to the Board office. The following items should be included:**

- The completed application form;
- The application fee of \$50.00; See Appendix A
- Verification of Academic Requirements form if you are currently a student and within four months of graduation; Do not submit this form if you have already graduated.
- The three (3) completed Professional Reference Forms in their signed sealed envelopes.

**Submit a complete application so that your application will not have to be returned.**

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

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

**SOCIAL WORK LICENSURE APPLICATION LBSW or LMSW**

*Application*

**Application Fee: \$50.00 please see Appendix A**

What level of license are you applying for (circle one) **LBSW** **LMSW**

**I. General information: (Type or print clearly in ink)**

Are you seeking temporary licensure? (See #7 in the instructions) **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

OR

Are you seeking a community-based license? (See #7 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 Name:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Suite Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip+4:** \_\_\_\_\_

**II. Application/Licensure Information: (Please circle yes or no)**

**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 professional certificate, registration in another state or jurisdiction?**  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If "yes", please answer the following questions:**

For which credential: \_\_\_\_\_ In which state or jurisdiction: \_\_\_\_\_

1. Under what name: \_\_\_\_\_

2. Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (please attach additional sheet if needed)

**If you currently hold, or have ever held a professional certificate, registration, or license in another state or jurisdiction, you will need to have the former state Board(s) complete the License Verification Form.**

**III. Educational Information:**

**A.** List below either the under-graduate school where you received your BSW (if applying for the LBSW license), or the graduate school where you received your MSW (if applying for the LMSW), their locations, the date of the degree(s) and the degree(s) granted. If you are still in school, but have submitted a Verification of Academic Requirement form, list the date the degree will be conferred under the "Date of Degree".

1. Name of School: \_\_\_\_\_

2. Location of School: \_\_\_\_\_

3. Degree Received: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

**B. Practicum Information:**

1. Dates of Practicum: \_\_\_\_\_

2. Practicum Agency: \_\_\_\_\_

3. Practicum Agency Address: \_\_\_\_\_

4. Name of Supervisor: \_\_\_\_\_

**C. Transcript:** You are required to provide an official transcript (with the degree posted) 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. **The board can not accept transcripts sent directly from the applicant.**

**D. Student Applicants:** If you are presently a student within 4 months of graduation you are required to submit the Verification of Academic Requirements form with the application. You will need to have an official transcript sent to the board once your degree is conferred and posted on your transcript. The board will not issue a temporary, community-based, or permanent license until your transcript is received.

**IV. References' Requirements:**

**A.** The applicant must submit the completed reference forms, in their **sealed (signed across the seal)** envelopes, at the time of application. Your references must meet the guidelines as specified below:

You must submit one professional reference from your on-site practicum supervisor **and** two references from social workers who are licensed or licensable at or above the level of license you are applying for, this may include professors. References should be familiar with your professional conduct and competence and may not be related to you.

**B. REFERENCES: Please print the information below for each of your references.**

Name	Credentials	Agency and Address	Phone #
On-Site Practicum Supervisor			

**V. Background History:**

Answer "yes" or "no" to the following questions. **If you answer "yes"** attach a detailed written explanation.

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 been found guilty of or liable for fraud or deceit in connection with services rendered as a social work service provider by a civil or criminal court of law or board of a professional organization?  
**Yes No**
4. Have you ever knowingly aided or abetted a person, not a licensed social worker, in representing him/her as a licensed social worker?  
**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. Have you ever been found to be in violation of a professional association's code of ethics or of a state licensing board's rules and regulations or statutes regarding professional conduct?  
**Yes No**
9. Have you ever paid a judgment or settlement in a negligence action that concerned your social work profession?  
**Yes No**
10. Have you ever resigned from a professional association, withdrawn from an undergraduate or graduate program or surrendered your license to a state licensure board while an ethical complaint was pending against you?  
**Yes No**
11. Have you ever identified yourself as a social worker in Kansas (excluding student work)?  
**Yes No**
12. 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**

**VI. Examination Information:**

- A. If you have not previously taken the national examination developed by the Association of Social Work Boards (ASWB) and achieved a passing score, you will be notified in writing if you are eligible to register and sit for the examination. Applicants must first satisfy the educational requirements to be authorized by the Behavioral Sciences Regulatory Board (BSRB) to register for the examination.
- B. Have you previously received a passing score for the ASWB examination for the licensure level for which you are applying? (Please **circle** yes or no)

**Yes No** **If "yes", complete the remaining items in this section before proceeding to section VII.**

1. Location and date exam was taken: \_\_\_\_\_ Score: \_\_\_\_\_

2. Exam level: (circle one) **Bachelors Masters Clinical Advanced**

3. Arrange for the Board's receipt of the official test scores by requesting that ASWB (or the other state licensing board) send the scores directly to us.

**VII. Applicant's Attestation:**

Please **circle** either "yes" or "no" to the following questions.

1. I have reviewed the licensure eligibility requirements prior to submitting this application.  
**Yes    No**
2. I have completed the application materials and procedures honestly and in good faith.  
**Yes    No**
3. I understand that the members and staff of the BSRB are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written.  
**Yes    No**
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly.  
**Yes    No**
5. 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 renewal.  
**Yes    No**
6. I **have read** and am familiar with the statutes and regulations that govern the practice of social work in the state of Kansas.  
**Yes    No**
7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of social work in Kansas.**  
**Yes    No**

**I hereby affirm that to the best of my knowledge all my answers to the foregoing are correct. I further agree that all state records pertaining to my application and licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.**

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SIGNATURE OF APPLICANT

DATE OF APPLICATION

**NAME or ADDRESS CHANGE:** It is the applicant's responsibility to notify the Board in writing of any name, postal address or email address change that might occur during the application process. Information may be submitted to [bsrb@ks.gov](mailto:bsrb@ks.gov)



**APPLICATION FOR SOCIAL WORK LICENSURE: LBSW OR LMSW**

***Verification of Academic Requirements***

This form is to be used only for students who have not yet graduated

**Instructions for Applicant:** Please complete **Section I** and submit to your school. Once your school has completed the form, they should return it to you in a sealed envelope with their signature or school stamp across the seal.

**Instructions for the School:** Please complete **Section II** and return the completed form to the student. Please make certain that you return this form in a **sealed envelope with your signature/school stamp across the seal.**

**SECTION I: STATEMENT OF STUDENT**

I, \_\_\_\_\_, understand that if my college or university transcript is not immediately available through the Registrar's Office, because I have not yet completed the degree requirements, I may submit this form, **signed by the Dean or Director of the school's social work program**, to the Behavioral Sciences Regulatory Board (BSRB). This document certifies that I have met the academic requirements for being awarded a degree. This certification will be reviewed with my application in order for the Board to determine my eligibility to be seated for the exam. I further understand that the official transcript from the registrar's office must be received by the Board before I can be issued a license. It is my responsibility to request the official transcript. Failure to do so will result in the expiration of the current application for licensure.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

**SECTION II: STATEMENT OF DEAN OR DIRECTOR OF SOCIAL WORK PROGRAM**

I, \_\_\_\_\_, \_\_\_\_\_ of the Social Work  
Title

Program at \_\_\_\_\_, in \_\_\_\_\_, State  
College or University City

certify that \_\_\_\_\_ is in the final stages of completion and is  
Students Name

expected to graduate in \_\_\_\_\_, \_\_\_\_\_ with a: (please check appropriate box)  
Month Year

- Baccalaureate Degree from a CSWE accredited social work program (BSW).
- Masters Degree from a CSWE accredited social work program (MSW).

\_\_\_\_\_  
**Signature of Dean or Director**

\_\_\_\_\_  
**Date**

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**APPLICATION FOR SOCIAL WORK LICENSURE: LBSW OR LMSW**

***Professional Reference***

**Instructions for the applicant:** Please complete **Section I** and submit to the referencing individuals for completion. Additional copies of this form may be made and used as needed. Completed Professional Reference forms shall be submitted **in the unopened sealed envelopes** as part of your complete application packet.

**Instructions for the reference:** Please complete **Section II**. Place the completed reference form in an envelope, **sign across the seal** and return to the applicant.

**Section I: 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 social worker 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 of 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.

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section II:**

Please answer **all** questions to the best of your knowledge. Return this completed form to the applicant in a sealed envelope with your signature across the seal of the envelope to insure confidentiality.

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

1. Unrelated to the applicant;
2. able to address the applicant's professional conduct, competence and merit of the public trust;
3. licensed or academically eligible to be licensed as a social worker at or above the intended level of licensure; (Except for the reference from the onsite practicum supervisor)
4. one of the references must be from the individual that provided the on-site supervision of the field education or practicum. If this person is unavailable the director of the field education program or a designated person who has knowledge of the applicant's field education based on the applicant's program records, may provide a reference.

**Note:** If you do not qualify to serve as a professional reference, please alert the applicant.

**I. Professional Reference's Information:**

- A. Name: \_\_\_\_\_
- B. Business Name: \_\_\_\_\_
- C. Street Address: \_\_\_\_\_
- D. City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- E. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- F. Email: \_\_\_\_\_
- G. Educational Background: \_\_\_\_\_ Professional Title: \_\_\_\_\_
- H. Do you hold a professional license? Yes \_\_\_\_\_ No \_\_\_\_\_ **If "yes", please answer the following questions.**
  - 1. Professional License held: \_\_\_\_\_ License #: \_\_\_\_\_
  - 2. State of Issuance: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**II. Please circle yes or no to following questions.**

- A. Were you the applicant's on-site practicum supervisor?  
**Yes      No**
- B. What relationship (such as employer, supervisor, co-worker, instructor) have you had with the applicant which has aided you in forming any opinion of his/her character:  
\_\_\_\_\_
- C. Have you supervised the applicant in a work setting?  
**Yes      No      If yes please list the dates you supervised the applicant.**  
**Beginning Date:** Month \_\_\_\_\_ Year \_\_\_\_\_ **Ending Date:** Month \_\_\_\_\_ Year \_\_\_\_\_
- D. Are you related by blood or marriage to the applicant?  
**Yes      No      If yes, please state relationship to the applicant.** \_\_\_\_\_
- E. How long have you known the applicant? \_\_\_\_\_

**III. Professional Reference's Knowledge of Applicant: (Please circle yes or no)**

- A. Please consider the candidate's behavior in the following areas: good judgment, 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 social work and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as a social worker?  
**Yes      No      If your answer is "no", please elaborate in detail in an attached statement.**
- 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 social work?  
**Yes      No      If your answer is "yes", please state these facts in detail on an attached statement.**
- C. Do you recommend the applicant for licensure to practice social work in Kansas?  
**Yes      No      If not, please elaborate in detail in an attached statement.**
- D. **If you have known the applicant for less than 6 months** please list specific examples of what you have witnessed that allows you to make the above mentioned determinations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- E. Please expand or add any comments or information that you believe will aid the Behavioral Sciences Regulatory Board (BSRB) in evaluating the applicant's ability to practice social work and merit of public trust for licensure as a social worker in Kansas.

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**IV. Professional Reference's Attestation:**

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 ability to practice social work and merit of the public trust in order to be licensed as a social worker 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.

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

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## 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 social work 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 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](mailto:bsrb@ks.gov)

## *Appendix A*

### *Payment Instructions*

1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check:
  - a. visit the BSRB website at [ksbsrb.ks.gov](http://ksbsrb.ks.gov)
  - b. select the “SERVICES” drop-down tab from the top of the home screen
  - c. 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 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.