

APPLICATION INSTRUCTIONS FOR LICENSURE THROUGH RECIPROCITY *Licensed Bachelor Social Worker or Licensed Master Social Worker*

1. To apply for the Kansas LBSW OR LMSW through reciprocity, you must hold, in another state, an active social work license at the level you are applying for in Kansas.
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 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 to be made on your application.**

3. **Email.** The BSRB requires that you 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. Requirements for Licensure Through Reciprocity

There are two options for meeting the reciprocity requirements:

- A. Standards of your state's requirements are substantially equivalent to the Kansas requirements for licensure as a bachelor or master social worker. Kansas requirements are:
 - i. A BSW or MSW degree from a CSWE accredited program, or a program that meets the regulatory requirements found in K.A.R. 102-2-6.

And

 - ii. Passed the ASWB exam at the Bachelor's or Master's level or above.

OR

- B. You have been licensed and practicing social work for the four years immediately prior to the date you submit this application for reciprocity.

5. **Verification of License:** The Board must receive a verification of license from every state or jurisdiction in which you hold, or have held a license, certificate, or registration. This verification must be sent from the other state board directly to the BSRB. Exceptions are made when the other state agencies will not send written verifications. Please include a note letting us know if your state does not send written verifications. Within the reciprocity application packet, you will find a License Verification form for your use. If the BSRB does not receive information regarding your education and passing of the ASWB exam, you will be required to have the following documents sent directly to the Board office.

A. An official transcript sent directly from your college or university to the Board office.

B. An official score report sent directly from the ASWB to the Board office.

These documents will not be accepted if submitted by the applicant rather than the issuing institutions.

6. Fees:

A. **Application Fee.** Instructions for paying the \$50.00 application fee may be found on **Appendix A. Fees Are Non-Refundable.**

B. **Original Licensure Fee.** You will be required to pay an Original License fee before your license will be issued. The fee for the original license, will be requested when you have been approved for licensure. *Do not send the license fee with your application.*

You will receive an email conformation when your application has been received and entered in our system. Included in this email is a user ID number that will be used to create an account in the system. This will allow you to follow your application online and see which documents have been received and what is still needed.

Applications are reviewed in the order in which they were received. We are unable to expedite any applications. **(except military)**

A completed application means: All documents required for your application have been received in the BSRB office.

- ___ Application
- ___ Application fee (See Appendix A)
- ___ Verification of license/s
- ___ Education information/Transcript
- ___ Examination information/ASWB score report
- ___ Attachment A if practicing for four years.

Allow 30 days for review of your completed application packet.

You may check the status of your application on our website www.ksbsrb.ks.gov, under “Services / Application Status Check.” Or click this link: [HTTPS://KSBSRB.KS.GOV/SERVICES/ONLINE-APPLICATION-STATUS-CHECK](https://ksbsrb.ks.gov/services/online-application-status-check)

David B. Fye, JD., Executive Director

Laura Kelly, Governor

LICENSURE APPLICATION THROUGH RECIPROCITY (LBSW/LMSW)

Application Fee Required: \$50 please see Appendix A

This application is only for applicants who are licensed, registered, or certified in another state to practice social work and are applying under the reciprocity statute.

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

What level are you applying for (circle one) LBSW or LMSW

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:** _____

- A.** Are you a military servicemember (a current member of any branch of the United States armed services, United States military reserves or national guard of any state, or a former member with an honorable discharge) Yes _____ No _____
(If yes, please provide a copy of your military ID, a copy of your DD-214, or other proof of military service.)
- B.** Are you a military spouse (the spouse of a military servicemember)? Yes _____ No _____
(If yes, please provide a copy of your military ID, DD-214, or other proof of military service.)
- C.** Have you established residency in the State of Kansas? Yes _____ No _____
- D.** If no, do you intend to establish residency in the State Kansas? Yes _____ No _____
If "Yes" please explain: _____

II. Information on Previous Licensure

Do you currently hold a certificate, registration, or license to practice social work in another state or jurisdiction? Yes _____ No _____

If "NO", you are not eligible to apply for the LBSW or LMSW through reciprocity. Please contact the Board office for other options to obtain a license.

If "YES" Please answer the following questions for each state where you hold/held a license, certificate, or registration. Attach a separate sheet, if necessary.

- A.** Under what name: _____
- B.** State: _____ License Type: _____ License Number: _____
- C.** Date Issued: _____ Expiration Date: _____ Were there breaks in licensure? _____
- D.** If this license was not continuous, what dates where you NOT licensed: _____

We must receive Verification of Licensure, from every state in which you hold, or have held, a professional license, certification, or registration. This is not limited to social work.

III. Information on Kansas Licensure and/or applications for licensure

A. Have you ever held a professional license in the state of Kansas? Yes ___ No ___
If "yes", please answer the following questions:

1. Under what name: _____
2. License Type: _____ Date Issued: _____ Expiration Date: _____

B. Have you ever filed any application for licensure or registration in Kansas for which you did not obtain a license?
If "yes", please answer the following questions: Yes ___ No ___

1. Under what name: _____
2. License Type: _____ Date of application: _____

IV. Education:

Provide the requested information regarding your social work degree:

- A. Institution: _____
- B. Major and or Concentration: _____ Degree Received: _____
- C. Date Degree conferred: _____ Was this a CSWE accredited Program? Yes ___ No ___

V. Examination:

A. 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 out-of-state credentialing board) send the scores directly to us.

VI. Merit of the Public Trust:

A. If you answer yes to question 1 and/or 2, regarding convictions, you are required to complete the Conviction Packet. Click on this link to download [Conviction Packet](#) or you may find this packet on our website, www.ksbsrb.ks.gov under forms. See # 2 in the instructions.

1. Have you ever been convicted of a felony? Yes ___ No ___
2. Have you ever been convicted of a misdemeanor crime against a person? Yes ___ No ___

B. If you answer "Yes" to any of the following questions, **you are required to submit as part of your application a signed, dated, type-written explanation that gives specific details including disposition of the matter.**

Your application will not be processed without this information.

3. Have you ever had a complaint filed with a professional association or a certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes ___ No ___

4. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds?
Yes____ No____
5. Have you used any alcohol, narcotic, barbiturate or 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____
4. 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____
5. 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____
6. 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____
7. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership?
Yes____ No____
8. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit?
Yes____ No____
9. 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____

VIII. Applicant's Attestation:

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 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 any 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 licensure renewal. Yes____ No____
6. I **have read** and am familiar with the appropriate statutes and regulations governing the practice of the professional license for which I am applying. Yes____ No____
7. I understand that **once the Board receives my application I am bound by, and will abide by, the statutes and regulations** governing the profession of the license for which I am applying Yes____ No____

Signature: _____ Date: _____

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APPLICATION FOR LICENSURE THROUGH RECIPROCITY

Verification of Licensure

Instructions:

Section 1 is to be completed by the applicant and sent to the state or jurisdiction in which a license, registration, or certification is held or has been held. Additional copies of this form may be made and used as needed by the applicant. Section 2 is to be completed by a representative of your licensing board and returned directly to the Behavioral Sciences Regulatory Board.

I. SECTION 1: This section is to be completed by the applicant:

- A. Name: _____
- B. Other names used: _____
- C. Social Security #: _____ Date of Birth: _____
- D. License Type: _____
- E. License Number: _____
- F. Date of Issuance : _____ Date of Expiration: : _____

II. SECTION 2: This section is to be completed by the State Board. Upon completion, please return this form to: BSRB, 700 SW Harrison St., Ste. 420, Topeka, KS 66603-3929.

- A. Type of Credential: Licensure _____ Registration _____ Certification _____
- B. License Type: _____ License Number: _____
- C. Original Issue Date: _____ Date of Expiration: _____
- D. Did license ever lapse or expire prior to date of expiration listed in letter "C"? **Yes ___ No ___**
If yes, please explain: _____
- E. Level of Lic/Reg/Cert (Baccalaureate, Masters, Doctorate): _____
- F. Does this license allow independent practice including the diagnosis and treatment of mental health disorders? **Yes ___ No ___**
- G. Is Lic/Reg/Cert in Good Standing? **Yes ___ No ___**
If "no", please state reason(s): _____

- H. Has the license ever been suspended or revoked? **Yes ___ No ___**
If "yes", please state reason(s): _____

J. Has the license ever been surrendered voluntarily in lieu of an investigation? **Yes** ___ **No** ___

If **“yes”**, please state reason(s): _____

K. Degree Information:

1. Institution: _____

2. Degree Received: _____ Date Degree conferred: _____

3. Was this degree received from a CSWE accredited Program? **Yes** ___ **No** ___

L. Examination Information:

1. Name of examination taken: _____

2. Through what state or jurisdiction: _____ Level of exam taken: _____

3. Date exam was taken: _____ Exam Passed? **Yes** ___ **No** ___

N. Additional Comments:

Signature of State Board Representative: _____ Date: _____

Printed Name: _____

Official Title/Position: _____

State or Jurisdiction: _____

Agency: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____



APPLICATION FOR LICENSURE THROUGH RECIPROCITY

Attachment A – Four Years of Social Work Practice

Please complete the following information:

Applicant Name _____

Lic/Reg/Cert Type _____ Lic/Reg/Cert # _____

I _____, attest that I have engaged in the professional practice of social work an average of at least 15 hours per week for 9 months during each of the 4 years immediately preceding the date of this application for licensure through reciprocity.

Provide the requested information for each work site where you have practiced during the four years immediately preceding the date of this application. Attach an additional sheet if necessary.

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Dates Worked at This Site _____
Start Date _____ End Date _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Dates Worked at This Site _____
Start Date _____ End Date _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Dates Worked at This Site _____
Start Date _____ End Date _____

II. Signature

I attest that the above information is true to the best of my knowledge.

Signature of Applicant _____ Date _____

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
- (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.