

## 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](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 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.** Submit the \$50.00 application fee along with your application. You may pay by check, money order, credit card, or cash. Checks and money orders should be made payable to "Behavioral Sciences Regulatory Board" or "BSRB". **All Fees Are Non-Refundable.** Applications received without the application fee will not be processed.
- 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
- 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](http://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 check, money order or credit card made payable to BSRB**

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. 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](http://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 \_\_\_\_\_

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

## 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:**

Receipt Number \_\_\_\_\_ Date \_\_\_\_\_