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

David B. Fye, JD, Executive Director

Laura Kelly, Governor

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.

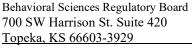
In order to reinstate your license, you must submit the following materials to the Board office for review:

- 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 <u>certificates of attendance</u> 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 for further information.

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Kansas

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APPLICATION FOR REINSTATEMENT OF LPC AND LCPC LICENSE

If your license has been expired for less than one year, reinstatement fees are as followed: \$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: _____ Middle: _____ Name under which license was issued: License Number: Expiration Date: DOB: _____ SSN: Preferred E-mail address: ______ Preferred mailing address? Home _____Business ____ Home Address: ______ Apt #: _____ ______State: _____ Zip: ____ - ____ County: _____ City: _____)_ Cell phone #: (Phone #: () _____ Business Name / Agency _____ Address Street: Suite #: ______ State: _____ Zip: ____ - ____ County: _____ City:)______ Fax #: ()______ Phone #: (Have you been continuously employed? Length of Employment 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

<u>Section I – Reinstatement Background Information:</u>

-- 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 REINSTATMENT.

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?
	YesNo
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?
	YesNo
	Has your membership in a professional organization been revoked since your last renewal?
	YesNo
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
	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
<u>Se</u>	ection II – Reinstatement Applicant's Attestation:
the	firm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing practice of professional counseling and the Continuing Education Guidelines for the State of Kansas. No No
dis	rther affirm that I agree to abide by the statutes, rules, regulations. I understand that failure to do so can result in a ciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act. No No
ma <u>cor</u>	test that, to the best of my knowledge, the information provided herein and on the other submitted reinstatement terials is true and correct. <u>I understand that making a materially false statement or failing to disclose a material fact in junction with an application for licensure, including reinstatement, may result in adverse board action against the nse. Yes No</u>
Dat	te Signature
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Reinstatement Continuing Education Reporting Form

Name:	License r	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 it	f necessary if you ru	un out of room for documenting	your continuing e	ducation hours.			
As part of the continuing education continuing education on profession				e 3 hours of			
Additionally, each applicant, excep treatment of mental disorders or if				diagnosis and			
Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed			
Professional Ethics:							
Diagnosis and Treatment:							
Title of course / workshop Or other CE activity:	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours Claimed			
Continuing Education:	atteridance	workshop/conege course	Tresenter	riours cialined			
							

Continuing Education Continued......

Title of course / workshop Or other CE activity:	Date (s) attendance	Type of activity workshop/college cours	Presenter se	Hours claimed					
									
									
									
									
									
									
									
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					