

**Behavioral Sciences Regulatory Board**

**LAC Advisory Committee**

**Agenda**

**September 24, 2021**

**11-1**

**Meeting via Zoom: BSRB staff have sent the link separately**

**Call to Order and roll call**

**Approval of June minutes**

**Executive Director report**

**New business:**

**Applicants for Advisory Committee – review**

**Synching expiration dates for dual licensure (pros and cons)**

**Old business:**

**Final recommendations to Board re:**

**Records from deceased practitioners**

**Diversity, Equity and Inclusion training – required?**

**“In residence” – should we relax this?**

**Allowing individuals who qualify for LMAC to be LAC’s**

**Adjourn**

**DRAFT**  
**Behavioral Sciences Regulatory Board**  
**Addiction Counselor Advisory Committee**  
**June 18, 2021, Minutes**

**Call to Order.** The meeting was called to order by Chair Deb Stidham at 10:00 a.m.

**Advisory Committee Members.** Advisory Committee members who participated by Zoom were Jacqueline Lightcap, Christina Boyd, Michael James, Dulcinea Rakestraw, Sohna Shook, and Deb Stidham. Kendall Carswell was in attendance at the BSRB office.

**Staff:** Staff from the BSRB who participated by Zoom were Executive Director David Fye, Assistant Director and Licensing Manager Leslie Allen, and Ashley VanBuskirk.

**Guests.** None.

**Announcements:** Deb Stidham, Chair of the Advisory Committee, noted that Justin Spiehs has resigned from the Advisory Committee and the Chair thanked him for his service. The Chair recognized Kendal Carswell for having served on the Advisory Committee since the Advisory Committee began and she wished him well as he transitions off of the Advisory Committee. David Fye, Executive Director for the BSRB, also thanked Kendal for his years of service and presented a certificate of appreciation to him.

**Approval of March Minutes:** Dulcinea Rakestraw moved to approve draft minutes from the Advisory Committee meeting on March 5, 2021. Jacqueline Lightcap seconded. The motion passed.

**Executive Director's Report:** The Executive Director for the BSRB reported on the following items:

- **State of Emergency has Ended in Kansas.** On June 15, 2021, the state of emergency related to the COVID-19 pandemic ended in Kansas.
- **Return to Enforcing Expiration of Licenses After May 28, 2021.** During the state of emergency, the Governor had issued Executive Orders delaying the enforcement of expiration of licenses that had expired during the pandemic. However, flexible language was added in a March Executive Order to allow regulatory bodies to return to enforcing expiration of licenses. At the Board meeting on May 10, the Board voted to return to enforcing expiration of license after May 28, 2021. Information on this decision was sent to licensees with an expired license and posted to the Board's website.
- **HB 2208.** The BSRB had requested legislation including several changes to licensing and other provisions of licensure under the agency. A final version of the bill was enacted with the contents of a few other bills. At a recent ceremonial signing, several members of the Legislature noted this was one of the best pieces of legislation for mental health in the last few years. When the bill passed, we sent a message to licensees and posted a message on the BSRB website regarding the change. Since that time, staff has been answering questions from practitioners. The Executive Director summarized the items in the bill relating to the BSRB.
- **HB 2066.** The Legislature passed HB 2066 which requires an expedited timeframe for processing reciprocity applications for military members, military spouses, and other specific individuals. The implementation date for the bill is expected to be July 1, 2021. Due to the additional requirements in the bill, the BSRB received expenditure authority to hire a 0.5 Full-Time Equivalent (FTE) licensing specialist position in FY 2022. Due to a technical error, the funding was not added by the

Legislation for FY 2023, however the BSRB will be requesting the position continue into FY 2023 when the agency's budget is submitted in September.

- **SB 170.** The Legislature passed legislation for Kansas to join a multi-state compact for licensed Psychologists called PSYPACT. The implementation date for the bill is January 1, 2022.
- **Kansas Fights Addiction Grant Review Board.** Legislation passed HB 2079 which authorized the creation of the Kansas Fights Addiction Act, creating the Kansas Fights Addiction Grant Review Board under the Attorney General's office. The BSRB is named as a member of the Board, so at the Board meeting in July, the Board will be asked to name a representative to attend meetings for this group.
- **Overdose Fatality Review Board.** The Kansas Department of Health and Environment (KDHE) received grant funding from the Centers for Disease Control (CDC) to create a group to review fatality cases relating to overdoses. Legislation was introduced during the 2021 Legislative session, but those bills did not pass. However, due to receiving the grant, KDHE create the group and begin meeting without legislation and they will be meeting to discuss introductory matters. The Executive Director noted that he will be attending their first meeting on behalf of the BSRB.
- **BSRB Employees Returned to the Office on June 14.** During the pandemic, employees for the BSRB have been working from home, but about a month ago, the Governor directed employees to return to working in state offices full-time on June 14. Most employees for the BSRB are back in the office full-time, though the agency applied for and received authorization to implement an official telework pilot program through the end of the year. The agency will be collecting data on the effectiveness of this pilot program with the potential to expand the program to other employees.
- **BSRB Budget.** The state fiscal year ends on June 30. The Executive Director noted that he has been working on end-of-the-year fiscal reports as the fiscal year is ending soon.

## **New Business**

**A. Records from Deceased Practitioners.** Leslie Allen, the Assistant Director and Licensing Manager for the BSRB, noted that there was a recent situation where a private practitioner passed away without a person to assume the custodianship of their records and there was an issue regarding who would hold the records and who would respond to request for patient access to those records. The Executive Director noted the Attorney General's office has a division that can temporarily seize records, and records of a certain age can be turned over to the Historical Society, however there is not a general provision in statute for records for BSRB practitioners in the scenario mentioned. It was discussed that some professional associations have guidelines on practices for custodianship of records. Committee members noted the benefit of adding this topic under professional conduct regulations for practitioners. The Assistant Director noted that another state asks practitioners for a plan for their records at the time of licensure renewal. Another jurisdiction asks for practitioners to complete something similar to a professional will. Complications and benefits of electronic records were also noted. The Executive Director noted that other Advisory Committees discussed the concept of verifying a records custodian as part of the audit process. The Advisory Committee was supportive of changes being made concerning the professional conduct regulations and ensuring that a custodian was named, though no official recommendation was made.

**B. Diversity, Equity and Including Training.** The Executive Director reported that the Licensed Psychology Advisory Committee and the Social Work Advisory Committee received requests that continuing education requirements for practitioners be modified to include training in Diversity, Equity, and Inclusion (DEI). Representatives speaking to the Licensed Psychology Advisory Committee requested 3 hours in DEI every two years. Other BSRB Advisory Committees have discussed the option

of requiring three hours in DEI and reducing from 6 hours to 3 hours the continuing education requirement for hours in diagnosis and treatment, so the total hours required in those two areas would total six hours each licensure period. The Executive Director noted a change to continuing education requirements would require a statute change so it would not be able to go into effect until next year at the earliest. The Executive Director also noted that the BSRB does not currently allow “double counting,” by which licensees could count the same hours to satisfy two categories of requirements (such as both ethics and diagnosis and treatment), but a change to that practice could be recommended, if that was the desire of the Advisory Committee. Advisory Committee members noted they did not support allowing double counting of hours. Advisory Committee members discussed concern about requiring too many specific categories, as that could limit the freedom of licensees to choose which hours to take. Committee members discussed the benefit of training in DEI and discussed whether the hours currently required in diagnosis and treatment needed to remain at 6 hours. It was also noted that not all levels of licensure require 6 hours in diagnosis and treatment continuing education, such as for LACs. The Advisory Committee did not vote on a specific recommendation, though statements were made in support of continuing education hours in DEI.

**C. “In Residence” Requirements.** The Chair noted the Board has been considering whether to change “in residence” requirements for licensure programs. Earlier this spring, the Executive Director sent a message on behalf of the Board to representatives from educational institutions in the state, asking for feedback on whether any changes should be made to these requirements. The Chair noted that while the feedback was mixed, the majority of individuals who responded were in favor of some relaxation, though it was noted that some feedback was strongly against relaxing these requirements. The Advisory Committee discussed the challenges of conducting certain testing online, rather than in-person. It noted that online programs have evolved over time and are able to reach more individuals, especially individuals who live in areas where there is not an in-person option to receive this type of education. The Assistant Director noted difficulty in evaluating the standards for online programs. There is also a distinction between programs being regionally accredited versus programs being national accredited. It was noted that the Addiction Counselor profession has a different definition for “in residence,” than the other professions under the BSRB, so the requirements are more open than some of the other professions. The Advisory Committee requested to see the exact language of the regulations at the next Advisory Committee meeting to evaluate whether changes should be made to the regulations.

**D. Qualifying for a Licensed Addiction Counselor License through Testing.** The Chair noted that the statutes currently allow a practitioner with a master’s level license under the BSRB to seek a LMAC through testing, but language does not exist to allow these same practitioners to test into a lower level of licensure, such as the LAC. The Advisory Committee discussed workforce issues and that some individuals may not be good test takers, though these individuals would be able to provide helpful services if licensed. The Advisory Committee recommended that language be added in statute to allow master’s level practitioners to be able to test into a LAC. As the statutes will need to be changed for this modification to occur, the Advisory Committee recommended the Board consider this item when the Board discusses matters to be included in legislation.

**BSRB Chair Elections at Board Meeting.** The Chair of the Advisory Committee noted she is stepping down as Chair of the Board, so the Board will be holding elections for a new Board Chair and a new Vice-Chair.

**Adjournment.** The next Advisory Committee meeting is scheduled for September 24 at 11:00 a.m. Kendall Carswell moved to adjourn. Christina Boyd seconded. The motion passed.

## **Advisory Committees for the Behavioral Sciences Regulatory Board (BSRB)**

**Purpose:** A BSRB Advisory Committee, as a creation of the Board, has the purpose of supporting the Board in carrying out its mission to protect the public. Members serve at the pleasure of the Board. Actions pertaining to informing, licensing, and disciplining of those persons regulated by the Board are the methods for accomplishing the mission. The Board has created an Advisory Committee for each of the seven professions under the BSRB.

**Process:** An Advisory Committee fulfills its purpose by addressing issues referred to it by the Board through the Advisory Committee Chairperson or the Executive Director. The members of the Advisory Committee may suggest issues it believes the Board should consider by referring those topics through the Chairperson of the Advisory Committee.

**Structure of the Advisory Committee:** The Chairperson of the Advisory Committee will be a Board member licensed in the relevant discipline of the Advisory Committee. A public member of the Board will also be a member. There will be a minimum of three additional members appointed. The Executive Director will be a non-voting, ex officio member. The Licensing Manager and the Assistant Attorney General representing the Board are encouraged to attend. Former BSRB Board members may serve on the Advisory Committee.

**Terms.** Terms for Advisory Committee members will be two years and members will serve no more than four terms. Appointments to the Advisory Committee should be staggered. The policies and procedures under which the BSRB Board Members are expected to operate will apply also to the Advisory Committee Members.

**Selection:** Members of the Advisory Committee may be nominated by anyone, including the public, Advisory Committee members, members of a professional organization – either the discipline’s own or other’s – or through self-nomination. In reviewing nominations, the Advisory Committee should work to ensure that there is representation based on geographical, gender, and public vs. private settings. The members shall provide representation of the levels of licensing for that discipline. It is suggested that those members be selected from among public and private practitioners and educators.

The Advisory Committee as a whole discusses nominations. The nominee’s resume, a letter stating the reasons why he or she desires to be appointed, and a copy of the Board’s mission and goals to which the nominee has indicated agreement, are reviewed. The Chairperson of the Advisory Committee will submit the names of the nominee(s) to the BSRB Board Chairperson at a Board meeting. The Chairperson will review the nominations and may request input before making a decision, which will be announced at the next Board meeting. The Chairperson of the BSRB adds members to Advisory Committees and may remove members from Advisory Committees.

**Notification.** After the appointment has been approved, the Executive Director will inform the Advisory Committee appointee by letter. The Executive Director may assist the new member by providing information, which will help orient the new member to both the Board’s and Advisory Committee’s roles and functions.

**102-7-3. Educational requirements.** (a)(1) “Core faculty member” means an individual who is part of the teaching staff of a program covered by this regulation and who meets the following conditions:

(A) Has education, training, and experience consistent with the individual's role within the program and consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) has primary professional employment at the institution in which the program is housed; and

(C) is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) “In residence,” when used to describe a student, means that the student is present at the physical location of the institution or at any other location approved by the board for the purpose of completing coursework, during which the student and one or more core faculty members, adjunct faculty members, or agency internship supervisors are in face-to-face contact.

(3) “Primary professional employment” means at least 20 hours each week of instruction, research, or any other service to the institution in the course of employment, and related administrative work.

(4) “Skill-based coursework” means those courses that allow students to work on basic helping skills including open-ended questions, clarification, interpretation, response to feelings, and summarization.

(b) To qualify for licensure as an addiction counselor with a baccalaureate degree in addiction counseling or a baccalaureate degree in a related field that included all coursework requirements, the applicant shall hold one of the following:

(1) A baccalaureate degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the baccalaureate degree is conferred on or before June 1, 2012, from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) a baccalaureate degree in addiction counseling or a related field, if the applicant began the program on or before June 30, 2012, from a program that included at least 30 semester hours, or the academic equivalent, in coursework on substance use disorders and that meets the coursework requirements in subsection (c).

(c) Each applicant for licensure as an addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, two of the following courses shall be completed while the student is in residence: methods of individual counseling, methods of group counseling, practicum one, or practicum two. A maximum of three semester hours, or the academic equivalent, may be completed in independent study. Except for the required courses in a practicum or its equivalent, there shall be at least three discrete and unduplicated semester hours, or the academic equivalent, in each of the following content areas:

(1) Introduction to addiction, which shall include the study of the nature of addiction and other substance use related problems; models, theories, philosophies, principles, implications for medical and mental health conditions that coexist with addiction, and evidence-based strategies of addiction prevention, treatment, relapse prevention, continuing care, and recovery; and the impact of addiction on the individual, family, and society;

(2) methods of individual counseling, which shall include the study of culturally informed, ethical, evidence based models and approaches to individual counseling; methods for establishing effective therapeutic relationships, developing realistic and achievable treatment goals, and

assessing client substance use, functioning, motivation, and progress; and strategies for crisis prevention and intervention;

(3) methods of group counseling, which shall include the study of culturally informed, ethical, evidence-based models and approaches to group counseling; group facilitation and counseling skills; and methods for establishing group goals and treatment outcomes;

(4) addiction pharmacology, which shall include the study of the nature of psychoactive chemicals; the behavioral, psychological, physiological, and social effects of psychoactive substance use; symptoms of intoxication, withdrawal, and toxicity; toxicity screen options, limitations, and legal implications; and the use of pharmacotherapy for treatment of addiction;

(5) co-occurring disorders, which shall include the study of the symptoms of mental health and other disorders prevalent in individuals with substance use disorders, screening and assessment tools used to detect and evaluate the presence and severity of co-occurring disorders, and evidence-based strategies for managing risks associated with treating individuals who have co-occurring disorders;

(6) addiction services coordination, which shall include the study of administrative, clinical, evaluative, and referral activities used to connect clients with treatment services and other community resources; navigation and coordination across multiple systems; and case management and advocacy skills used to assist clients in achieving their treatment and recovery goals;

(7) legal and ethical issues, which shall include the study of established codes of ethical conduct, standards of professional behavior and scope of practice; client rights, responsibilities, and informed consent; and confidentiality and other legal considerations in counseling;

(8) family and community studies, which shall include the study of family, social, and community systems; the impact of addiction on the family and society; and the development of culturally informed skills utilized in the treatment and recovery process;

(9) at least six semester credit hours, or the academic equivalent, of practicum or its equivalent, which shall include the following:

(A) An experience that integrates didactic learning that is related to substance use disorders with face-to-face, direct counseling experience that includes intake and assessment, counseling, treatment planning, discharge planning, documentation, and case management activities;

(B) at least 400 clock-hours of practice; and

(C) at least one hour of supervision for every 10 hours of practice. Supervision shall be provided by the educational program's faculty and agency staff, at least one of whom shall be licensed in the behavioral sciences; and

(10) for applicants who graduate on and after July 1, 2012, at least three discrete and unduplicated semester hours, or the academic equivalent, in the study of research, which shall include the study of basic research design and methodology; critical evaluation and interpretation of professional research reports; introduction to data collection, performance measurement, and outcome evaluation; and the application of research results in a treatment setting.

(d) To qualify for licensure as an addiction counselor with a baccalaureate degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:

(1) The college or university at which the applicant completed a baccalaureate degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.

(2) The applicant shall meet the coursework requirements in subsection (c).

(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).

(e) To qualify for licensure as an addiction counselor while holding a baccalaureate social work license in Kansas, the applicant shall complete the coursework specified in paragraphs (c)(1), (4), and (9).

(f) To qualify for licensure as a clinical addiction counselor with a master's degree in addiction counseling or a master's degree in a related field that included all coursework requirements, the applicant shall hold one of the following:

(1) A master's degree in addiction counseling or a related field. When the degree was granted, the program met the standards approved by the board;

(2) a master's degree in addiction counseling or a related field, if the applicant began the program on or before May 1, 2011 and the master's degree is conferred on or before June 1, 2012 from a program that was approved by the Kansas department of social and rehabilitation services, division of addiction and prevention services; or

(3) a master's degree in addiction counseling or a related field. Part of the coursework completed for the master's degree shall be at least 30 graduate semester credit hours, or the academic equivalent, supporting the diagnosis and treatment of substance use disorders and shall meet the coursework requirements in subsection (g).

(g) Each applicant for licensure as a clinical addiction counselor shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for addiction counseling theory and practice. This formal academic coursework shall be distributed across the substantive content areas specified in this subsection. For applicants who graduate on or after July 1, 2013, half of all skill-based coursework shall be completed while the student is in residence, as defined in this regulation. A maximum of three graduate semester hours, or the academic equivalent, may be completed in independent study. There shall be at least three discrete and unduplicated graduate semester hours, or the academic equivalent, in each of the following content areas:

(1) Addiction and recovery services, which shall include the study and critical analysis of philosophies and theories of addiction and scientifically supported models of prevention, intervention, treatment, and recovery for addiction and other substance-related problems;

(2) advanced methods of individual and group counseling, which shall include the study of practical skills related to evidence-based, culturally informed individual and group counseling techniques and strategies designed to facilitate therapeutic relationships and the educational and psychosocial development of clients as specifically related to their addiction;

(3) advanced pharmacology and substance use disorders, which shall include the study of the pharmacological properties and effects of psychoactive substances; physiological, behavioral, psychological, and social effects of psychoactive substances; drug interactions; medication-assisted addiction treatment; and pharmacological issues related to co-occurring disorders treated with prescription psychotropic medications;

(4) integrative treatment of co-occurring disorders, which shall include the study of the relationship between addiction and co-occurring mental or physical disorders or other conditions and evidenced-based models for the screening, assessment, and collaborative treatment of co-occurring disorders;

(5) assessment and diagnosis, which shall include the study of a comprehensive clinical assessment process that addresses age, gender, disability, and cultural issues; the signs, symptoms, and diagnostic criteria used to establish substance use-disorder diagnoses; and the relationship between diagnosis, treatment, and recovery;

(6) professional ethics and practice, which shall include the study of professional codes of ethics and ethical decision making; client privacy rights and confidentiality; legal responsibilities and liabilities of clinical supervision; and professional identity and development issues;

(7) applied research, which shall include the study of the purposes and techniques of behavioral sciences research, including qualitative and quantitative approaches, research methodology, data collection and analysis, electronic research skills, outcome evaluation, critical evaluation



and interpretation of professional research reports, and practical applications of research. A maximum of three semester hours, or the academic equivalent, may be completed in thesis or independent research courses;

(8) practicum or its equivalent, which shall meet the following requirements:

(A) Be a clinical experience that integrates didactic learning supporting the diagnosis and treatment of substance use disorders;

(B) include at least 300 hours of client contact; and

(C) provide at least one hour of supervision for every 10 hours of client contact. Supervision shall be provided by the program's faculty and agency supervisors, at least one of whom shall be licensed at the clinical level by the board; and

(9) six additional graduate semester hours of academic coursework that contributes to the development of advanced knowledge or skills in addiction counseling, supervision, or research.

(h) To qualify for licensure as a clinical addiction counselor with a master's degree in a related field with additional coursework in addiction counseling, the following requirements shall be met:

(1) The college or university at which the applicant completed a master's degree in a related field shall be regionally accredited with accreditation standards equivalent to those met by Kansas colleges and universities.

(2) The applicant shall meet the coursework requirements in subsection (g).

(3) The program through which the applicant obtained additional coursework in addiction counseling shall meet the standards approved by the board as specified in subsections (i) and (j).

(i) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), shall meet the following conditions:

(1) Have established program admission requirements that are based, in part or in full, on objective measures or standardized achievement tests and measures;

(2) offer education and training in addiction counseling, one goal of which is to prepare students for the practice of addiction counseling;

(3) require an established curriculum that encompasses at least one academic year of study for a baccalaureate degree or two academic years of study for a master's degree;

(4) have clear administrative authority and primary responsibility within the program for the core and specialty areas of training in addiction counseling;

(5) have an established, organized, and comprehensive sequence of study that is planned by administrators who are responsible for providing an integrated educational experience in addiction counseling;

(6) for a master's degree program, be coordinated or directed by an identifiable person who holds a graduate degree that was earned from a regionally accredited college or university upon that person's actual completion of a formal academic training program;

(7) have an identifiable, full-time core faculty member who holds an earned graduate degree in addiction counseling or a related field;

(8) have an established, identifiable body of students who are formally enrolled in the program with the goal of obtaining coursework for the concentration in the study of addiction counseling;

(9) require the student's major advisor to be a member of the program faculty;

(10) require each student to complete the institution's requirements for the number of credit hours that must be completed at that institution and to satisfactorily complete an addiction counseling practicum or its equivalent that is provided by the program from which the student completes the concentration in the study of addiction counseling. The required practicum shall meet the following requirements:

(A) Accept as practicum students only applicants enrolled in the addiction counseling or related-field program;

(B) provide the majority of supervision by an individual who is licensed at the clinical level by the board;

(C) exist as a distinct and organized program that is clearly recognizable within an institution or agency, as well as in pertinent public, official documents issued by the institution or agency, and that is clearly recognizable as a training program for addiction counselors;

(D) identify students as being in training and not as staff members; and

(E) be an integrated and formally organized training experience, not an after-the-fact tabulation of experience; and

(11) conduct an ongoing, objective review and evaluation of each student's learning and progress and report this evaluation in the official student transcripts.

(j) In order to be approved by the board, each addiction counseling program or related-field program, except the related-field degree listed in paragraphs (d)(1) and (h)(1), shall meet the following requirements:

(1) Be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities;

(2) document in official publications, including course catalogs and announcements, the program description and standards and the admission requirements for the addiction counseling or related-field education and training program;

(3) identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before conferral of the degree;

(4) clearly identify and specify in pertinent institutional catalogs the intent to educate and train addiction counselors;

(5) have clearly established the addiction counselor or related-field education program as a coherent entity within the college or university that, when the applicant's degree was conferred, met the program standards in subsection (i);

(6) have conferred the degree upon the applicant's successful completion of an established and required formal program of studies; and

(7) have a library and equipment and resources available that are adequate for the size of the student body and the scope of the program offered.

(k) The following types of study shall not be substituted for or counted toward the coursework requirements of this regulation:

(1) Academic coursework that has been audited rather than graded;

(2) academic coursework for which the applicant received an incomplete or failing grade;

(3) coursework that the board determines is not closely related to the field or practice of addiction counseling;

(4) coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections (i) and (j); and

(5) any continuing education, in-service activity, or on-the-job training.

(Authorized by K.S.A. 2013 Supp. 74-7507; implementing K.S.A. 2013 Supp. 65-6610; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended, T-102-7-16-13, July 16, 2013; amended Dec. 2, 2013.)