

STUDENT TEMPORARY ADDICTION COUNSELOR LICENSURE APPLICATION

Instructions

In order to apply for a Student Temporary Addiction Counselor License, you must show that you have completed at least 60 semester credit hours, or the academic equivalent, of coursework from an institution of higher education with an emphasis in addiction counseling or a related field. Related Field is defined in [K.A.R. 102-7-1 \(v\)](#). Only applicants who intend to pursue addiction counselor license in the state of Kansas may apply for a student temporary addiction counselor license.

- 1. Application:** Please answer all questions on the application completely and accurately.
- 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

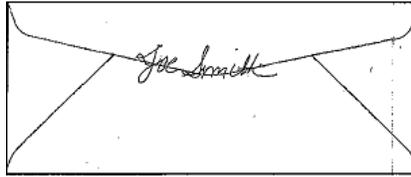
Either of the above listed convictions will require you to complete the Conviction Packet. You may click on this link to download the: [Conviction Packet](#) or you may find this packet on our website, www.ksbsrb.ks.gov under forms. You must return the required documentation with your application packet. **Your application will not be reviewed without this information.** Your application will require a determination from the full Board on eligibility for licensure if you answer yes to any of the questions in section V of the application. **Please allow extra time for a decision to be made on your application.**

- 3. Email.** The BSRB requires you 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.** Instructions for paying the \$50.00 application fee may be found on **Appendix A. FEES ARE NON-REFUNDABLE.**
- 5. Attachment A - Prospective Employer Attestation and Supervision Plan:** You must have your prospective employer complete section A - Intent to Offer Employment section of this form. Your proposed supervisor will complete section B - Supervision Plan. You will submit this form with your application.
- 6. Attachment B – Academic Background form:** If you have already completed any of the required coursework, you will complete the Academic Background. We may request a syllabus for the courses you have taken.
- 7. Education Plan:** An education plan must be created by your college or university. This must be signed by an official of the institution of higher education and must include steps you will take to obtain coursework necessary to receive an addiction counselor license. Please see K.A.R. 102-7-3 for program and coursework requirements. You will submit this plan with your application.
- 8. Professional References:** Two professional references are required as part of your complete application packet. The professional reference form included in the application packet will need to be copied.

Each reference should return the completed form to you in a sealed envelope with their signature across the seal. The two professional reference forms will need to be included when the application is submitted

to the Board office. NOTE: It is very important that references sign across the seal of the envelope to assure the Board of the confidentiality and integrity of the referencing process.

Example of signed sealed envelope:



- 9. Transcript:** An official transcript must be sent directly from the Registrar's office to the Board office from each college or university where you have taken coursework. **Only transcripts received directly from the university can be accepted.**
- 10. Licensure in Another State:** If you hold or have ever held a professional license, registration, or certification in another state, the Licensure Verification form will need to 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) by postal mail or email to bsrb@ks.gov can be accepted.**
- 11. Review:** It is important for you to understand that the Board cannot determine whether you are eligible to receive the student temporary license until all the application materials have been received and approved by the Board office.

Please allow 30 days for review of your complete application. Please **check the status of your application on our website www.ksbsrb.ks.gov**, under "Services."

When you submit your application to the Board office the following items should be included:

- The application form;
- The application fee of \$50.00; See Appendix A;**
- Attachment A – Intent to Offer Employment and Supervision Plan;
- Attachment B - Academic Background form;
- Education Plan;
- Two completed Professional Reference Forms in their signed, sealed envelopes.

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

- You must request an official transcript that shows the coursework you have completed. If you have received a degree the degree earned and the date the degree was conferred from your university;
- A Licensure Verification form, if you have ever held a professional license in another state.

Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929
David B. Fye, JD, Executive Director



Phone: 785-296-3240
Fax: 785-296-3112
www.ksbsrb.ks.gov
Laura Kelly, Governor

STUDENT TEMPORARY ADDICTION COUNSELOR LICENSURE APPLICATION

Application

Application Fee: \$50.00 please see Appendix A

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

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: _____

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

A. Have you ever filed **any** application for licensure, certification, 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 or license in another state or jurisdiction?

Yes No If "yes", please answer the following questions:

1. For which credential: _____ In which state or jurisdiction: _____

2. Under what name: _____

3. 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) send a verification of license directly to the board office.

III. Educational Information:

A. List below the school/s where you completed 60 semester credit hours of coursework, with an emphasis in addiction counseling or a related field.

1. Name of School: _____
2. Location of School: _____
3. Concentration: _____
4. Did you receive a degree? _____ **If yes, degree received:** _____
5. Name of School: _____
6. Location of School: _____
7. Concentration: _____
8. Did you receive a degree? _____ **If yes, degree received:** _____

B. List other name(s) under which your coursework was taken or your degree was conferred, if different from the name you use now:

C. Education Plan: An education plan must be created by your college or university. This must be signed by an official of the institution of higher education and must include steps you will take to obtain coursework necessary to receive an addiction counselor license. Please see K.A.R. 102-7-3 for program and coursework requirements. You will submit this plan with your application.

D. Transcript: You are required to provide an official transcript from the Registrar's office of the college or university where your degree was granted and/or where you completed any coursework. Please direct the university or college to send the transcript directly to the Board office. They may send the transcript by postal mail or email to bsrb@ks.gov **The board cannot accept transcripts sent directly from the applicant.**

IV. References' Requirements:

- A.** Include with your application, two completed professional reference forms, in their **unopened envelope that has been signed across the seal.**
- B. REFERENCES:** Please print the requested information below for each of your references.

Names	Credentials	Agency and Address	Phone #

V. Background History:

Please **circle** either "yes" or "no" to the following questions. If you answer "yes", 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.

1. Have you ever been convicted of a felony?
Yes No If yes, please complete the [Conviction Packet](#)
2. Have you ever been convicted of a misdemeanor crime against persons?
Yes No If yes, please complete the [Conviction Packet](#)

3. Have you ever been found guilty of or liable for fraud or deceit in connection with services rendered as an addiction counseling 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 addiction counselor, in representing him/her as a licensed addiction counselor?
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 addiction counselor 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 an addiction counselor 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. 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 addiction counseling 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 addiction counseling 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.

I attest that I intend to pursue licensure as an addiction counselor in the state of Kansas.

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 or address change, including a change in email that might occur during the application process.



APPLICATION FOR STUDENT TEMPORARY ADDICTION COUNSELOR LICENSE
Attachment A
Intent to Offer Employment and Supervision Plan

Your potential employer will complete and sign section A. The person who will supervise you when you are employed will then complete and sign section B and return the form to you. You will submit this form with your complete application packet.

Applicant Name _____

A. Intent to Offer Employment

Name of Agency _____ Phone _____

Address of Agency _____ City _____ State _____ Zip _____

Name and Title of Person Completing form _____

Email of Person Completing the form _____

The agency listed above intends to offer employment to this applicant when the applicant receives the student temporary addiction counselor license.

Employer's Signature _____ Date _____

B. Supervision Plan: This section should be completed and signed by the person who will be providing supervision once the applicant begins employment. Please complete section B and return to the applicant.

Name of Supervisor _____

License Type _____ License Number _____

Will you provide at least four hours of supervision to the applicant per month? **Yes** ____ **No** ____

Will you provide at least two supervision sessions per month? **Yes** ____ **No** ____

Will you provide at least two hours of individual supervision per month? **Yes** ____ **No** ____

Please provide the anticipated schedule for supervision:

Supervisor's Signature _____ Date _____



APPLICATION FOR STUDENT TEMPORARY ADDICTION COUNSELOR LICENSE
Attachment B – Academic Background

In order to establish educational eligibility related to K.S.A. 65-6610 as defined in K.A.R. 102-7-3, applicants are required to provide the following information, as it relates to their academic background.

Please indicate the courses you completed that meet these requirements. Courses cannot be duplicated. If the relationship between the courses(s) you took and the course content category is not readily apparent, please attach course syllabus or the university's course catalog to this form.

The following activities shall **NOT** be reported, substituted for or counted toward the academic coursework requirements:

1. academic coursework that has a failing or incomplete grade;
2. academic coursework that was audited;
3. continuing education, in-service, or on-the-job training;
4. nonacademic coursework or training;

Please list what courses you have already completed. If you have not taken a course in the list, leave it blank. Any category that is left blank must be included in your Academic Plan. You must submit the Academic Plan created by your university with your application.

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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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2. Methods of Individual Counseling (Minimum of 3 semester credit hours required.) Which shall include the study of culturally sensitive, ethical, evidence-based methods 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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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3. Methods of Group Counseling (Minimum of 3 semester credit hours required.) Which shall include the study of culturally sensitive, ethical, evidence-based models and approaches to group counseling; group facilitation and counseling skills; and methods for establishing group goals and treatment outcomes.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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4. Addiction Pharmacology (Minimum of 3 semester credit hours required.) 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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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5. Co-Occurring Disorders (Minimum of 3 semester credit hours required.) 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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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6. Addiction Services Coordination (Minimum of 3 semester credit hours required.) 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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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7. Legal and Ethical Issues (Minimum of 3 semester credit hours required.) 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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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8. Family and Community Studies (Minimum of 3 semester credit hours required.) Which shall include the study of family, social, and community systems; the impact of addiction on the family and society; and the development of cultural competence in the treatment and recovery process;

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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9. Practicum (Minimum of 6 semester credit hours required.) Your baccalaureate addiction practicum, courses that you have completed. Shall be 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.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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10. Research (Minimum of 3 semester credit hours required.) For applicants who graduate **on and after July 1, 2012**, which shall include the study of research that includes studies of an understanding of research methodology, critical evaluation of professional research reports, knowledge and application of current research, and an understanding of how culture and history impact research.

<i>Course #</i>	<i>Course Title</i>	<i>Credit Hrs</i>	<i>University</i>
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Please be sure to have your college or university create an Education Plan to include the coursework you have not yet completed. This must be signed by an official of the institution of higher education and must include steps you will take to obtain coursework necessary to receive an addiction counselor license. Please see K.A.R. 102-7-3 for program and coursework requirements. You will submit this plan with your application.



APPLICATION FOR STUDENT TEMPORARY ADDICTION COUNSELOR LICENSURE

Professional Reference Form

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** and return the complete reference form in an envelope, **signed 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 student temporary addiction counselor 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.

Please mail this completed form directly to me in a sealed envelope with your signature across the seal. **Please be certain to 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;

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. Educational Background: _____ Professional Title: _____
- G. 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. 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:

- B. 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 _____
- C. Are you related by blood or marriage to the applicant?
Yes No If yes, please state relationship to the applicant. _____
- D. 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 addiction counseling profession and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as an addiction counselor?
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 addiction counseling?
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 addiction counseling 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 some 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 addiction counseling and merit of public trust for licensure as a temporary student addiction counselor in Kansas.

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 addiction counseling and merit of the public trust in order to be licensed as a temporary student addiction counselor 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:** _____



APPLICATION FOR STUDENT TEMPORARY ADDICTION COUNSELOR LICENSURE

License Verification Form

Instructions for the applicant: Please complete **Section I** and submit to the out-of-state board for completion. Additional copies of this form may be made and used as needed by the applicant.

Instructions for the representative of the out-of-state board: Please complete **Section II** and return directly to the Board office at the address above.

I. Applicant Information

I, _____, am applying for addiction counseling licensure in the state of Kansas. In order to be considered for licensure in Kansas, I am required to provide official documentation related to my credential status and standing in your state. Accordingly, I am requesting that you complete Section 2 below, AND RETURN TO the Kansas Behavioral Sciences Regulatory Board (BSRB).

- A. Name under which my license was issued: _____
- B. Name under which my license was issued (if different): _____
- C. Licensure Type: _____ Licensure Number: _____
- D. Issue Date: _____ Expiration Date: _____
- E. Signature: _____ Date: _____

II. Statement from Out-Of-State Board

- A. Name appearing on license in your state: _____
- B. Licensure Type: _____ License Number: _____
- C. Date Issued: _____ Date of Expiration: _____
- D. Level of Licensure (baccalaureate, masters, clinical): _____
- E. Licensed by: Examination: _____ Reciprocity: _____ Grandfathered: _____
Other (Specify): _____

F. If Licensed by Exam:

- Name of Exam: _____
- Exam Level: _____ Date of Exam: _____
- Score Received - Raw: _____ Scaled: _____ Percent: _____ State Cutoff Score: _____

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 Revoked or Suspended? 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**

State Seal

Appendix A

Payment Instructions

1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:

- a. visit the BSRB website at ksbsrb.ks.gov
- b. select the “SERVICES” drop-down tab from the top of the home screen, and
- 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, cash, 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.