

Behavioral Sciences Regulatory Board
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Community-Based License form Employment and Supervision

A Community-Based License is an alternative to a traditional temporary license and is only an option if you have met all requirements for licensure, except passage of the examination **and** you are employed by one of the following:

- community mental health center as defined in K.S.A. 39-2002
- federally qualified health center as defined in K.S.A. 65-7402
- psychiatric residential treatment facility as defined in K.S.A. 39-2002,
- private treatment facility as defined in K.S.A. 59-29b46.

Note: If you obtain a Community-Based License, you cannot obtain a temporary license. If you have held a temporary license at this level of license, you cannot obtain a Community-Based License.

If your employment ends at the employment site listed below, you are required to notify the Board. You may not begin working at a new site without completing a separate form with the new worksite and receiving approval from the Board.

Your employer will complete and sign the Employment section and return the form to you. You will submit this form with your complete application packet.

Employment

Applicant Name _____

Employer/Facility Name _____ Phone _____

Employer Address _____

City _____ State _____ Zip _____

Name and Title of Person Completing form _____

Email of Person Completing the form _____

1. Do you attest that this person will only provide services using their community-based license while under the supervision of a person licensed by the Behavioral Sciences Regulatory Board to practice at the independent level?

Yes _____ No _____

2. Please check which of the following applies to this worksite:

_____ community mental health center as defined in K.S.A. 39-2002

_____ federally qualified health center as defined in K.S.A. 65-7402

_____ psychiatric residential treatment facility as defined in K.S.A. 39-2002

_____ private treatment facility as defined in K.S.A. 59-29b46

3. Do you agree to notify the Board if this employee leaves your employment?

Yes _____ No _____

Employer's Signature _____ Date _____