

**KATHLEEN SEBELIUS**  
Governor

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Executive Director



712 S. Kansas Ave.  
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(785) 296-3240  
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[www.ksbsrb.org](http://www.ksbsrb.org)

## Information for Reinstatement of Masters Level Psychology and Clinical Psychotherapist Licenses

If an LMLP or LCP license is allowed to lapse through 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 who allow their license to lapse are required to submit documentation of continuing education totaling 50 hours within the 2 years prior to applying for reinstatement of license. This documentation must include 3 hours of training in professional ethics, and after January 1, 2002, 6 hours of diagnosis and treatment for the clinical level license. This continuing education must meet all current definitions of continuing education, and focus on masters level psychology 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.

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 LMLP or LCP license
- Fees for LMLP \$300.00 which includes \$150.00 for late renewal, and \$150.00 for reinstatement of license. Fees for LCP \$350.00 which includes \$175.00 for late renewal, and \$175.00 for reinstatement of license.
- This fee must be submitted at the time of application for reinstatement, and is payable by check or money order made out to Behavioral Sciences Regulatory Board, credit card or cash.
- The completed and signed Continuing Education Report Form with the **original certificates** of all supporting documentation.

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at [www.ksbsrb.org](http://www.ksbsrb.org) for further information.



## **Section I – Reinstatement Background Information:**

1. Have you been convicted of a felony since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
2. Have you been accused of unethical behavior or unprofessional conduct since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
3. Has your employment been terminated or suspended for any form of misfeasance, malfeasance, or nonfeasance since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
4. Have you been rejected for membership in a professional organization since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
5. Has your membership in a professional organization been revoked since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
6. Have you been censured by a professional organization of which you were a member since your last renewal? Yes \_\_\_\_ No \_\_\_\_ If yes, give details on a separate sheet and attach.
7. Has your license, granted by this state or any other state for the practice of masters level psychology 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 \_\_\_\_ If yes, give details on a separate sheet and attach.
8. Are you currently offering masters level psychology services in Kansas under supervision? Yes \_\_\_\_ No \_\_\_\_
9. Are you currently offering service in private practice in Kansas without supervision? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.
10. Since your license expired, have you represented yourself in Kansas as a master's level psychologist? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.
11. Since your masters level psychologist license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for masters level psychology or related services you provided in Kansas? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details on a separate sheet and attach.

## **Section II – Reinstatement Applicant's Attestation:**

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of masters level psychology and the Continuing Education guidelines for the State of Kansas. Yes \_\_\_\_ No \_\_\_\_

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as a masters level psychologist accordingly. I understand that failure to do so can result in a disciplinary action taken against my license in accordance with the Kansas Administrative Procedures Act. Yes \_\_\_\_ No \_\_\_\_

I attest that to the best of my knowledge the information provided herein and on the other submitted reinstatement materials is true and correct. I understand that making a materially false statement or failing to disclose a material fact in conjunction with an application for licensure, including reinstatement, may result in adverse board action against the license. Yes \_\_\_\_ No \_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**BEHAVIORAL SCIENCES REGULATORY BOARD**

Name: \_\_\_\_\_ License number and Level: \_\_\_\_\_ Expiration: \_\_\_\_\_

This form is to be submitted by all licensees who have requested an reinstatement. Please return the completed and signed form along with the **ORIGINALS** of all continuing education documentation, to the board office.

Copies of this form may be made if necessary if you run out of room for documenting your continuing education hours.

As part of the continuing education hours required for each renewal cycle, each applicant shall complete 3 hours of continuing education on professional ethics focusing on ethical issues of their profession.

Additionally, each applicant, except RAODAC and LBSW, shall complete 6 hours of continuing education on diagnosis and treatment of mental disorders.

Title of course / workshop Or other CE activity: Claimed	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours
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Professional Ethics:

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Diagnosis and Treatment:

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Title of course / workshop Or other CE activity: Claimed	Date(s) of attendance	Type of activity workshop/college course	Presenter	Hours
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Other Continuing Education:

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Other Continuing Education Continued.....



