

SAM BROWNBACK
Governor

TOM HAWK, Ph.D.
Executive Director



712 S. Kansas Ave.
Topeka, Kansas 66603-3817
(785) 296-3240
FAX (785) 296-3112
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.

You are required to submit documentation of continuing education totaling 50 hours within the 2 years immediately prior to applying for reinstatement of your 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 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.

Please note: if you would like your original CEU certificates returned, you must enclose a self addressed, stamped envelope. Otherwise, the certificates will be destroyed.

If you have questions about the reinstatement process, please feel free to contact the Board office, or visit the website at www.ksbsrb.org for further information.

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APPLICATION FOR REINSTATEMENT OF MASTERS LEVEL PSYCHOLOGY OR CLINICAL PSYCHOTHERAPY LICENSE

Reinstatement fees are as followed.

LMLP \$300.00 \$150.00 for late renewal, and \$150.00 for reinstatement of license.
LCP \$350.00 \$175.00 for late renewal, and \$175.00 for reinstatement of license.

DO NOT WRITE IN THIS AREA – FOR BOARD USE ONLY

CE Hours Approved: _____ **CE Requirements Met:** _____
CE Hours Short: _____ **Initials** _____

PLEASE TYPE OR PRINT

Name: _____

Name under which license was issued: _____

License Number: _____ SSN: _____

DOB: _____

Preferred Mailing Address Business Home

HOME ADDRESS

Street _____ City _____ State _____ Zip+4 _____

Phone _____

BUSINESS ADDRESS

Street _____ City _____ State _____ Zip+4 _____

Phone _____

Address of Record: *(Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)*

Address of Record: _____
Street Apt # City State Zip+4

Length of Employment _____ Have you been continuously employed? _____

In your current job, do you participate in the delivery of masters level psychology services? Yes ___ No ___

If yes, name of supervisor _____

Please explain why you allowed your masters level psychology license to expire:

Are you licensed to practice in a State other than Kansas? _____ If yes, provide State, license type and number _____

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:

Diagnosis and Treatment:

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:

Other Continuing Education Continued.....

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BEHAVIORAL SCIENCES REGULATORY BOARD

Credit Card Payment Form
Only complete when paying by credit card.

The credit cards accepted are American Express, Discover, MasterCard and Visa.

Amount of Purchase: \$ _____

Credit Card: American Express _____ Discover _____
MasterCard _____ Visa _____

Credit Card Acct. # _____

Credit Card Expiration Date ____ / ____

Name as it appears on the card _____

Signature: _____ Date _____

For Office Use Only:

Approval Number _____ Date _____