

KATHLEEN SEBELIUS
Governor



712 S. Kansas Ave.
Topeka, Kansas 66603-3817

PHYLLIS GILMORE
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(785) 296-3240
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Information for Reinstatement of Professional Counselor Licenses

If a professional counselor 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 professional counselors who allow their license to lapse are required to submit documentation of continuing education totaling 30 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 all levels of licenses. This continuing education must meet all current definitions of continuing education, and focus on professional counseling 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 professional Counselors license
- Fees for LPC \$300.00, which includes \$150.00 for late renewal, and \$150.00 for reinstatement of license, Fees for LCPC \$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 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 professional counseling 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 professional counseling services in private practice in Kansas under supervision? Yes ___ No ___ If yes, give details on a separate sheet and attach.
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 professional counseling license expired, have you practiced in Kansas as a professional counselor? Yes ___ No ___ If yes, please give details on a separate sheet and attach.
11. Since your license expired, have you represented yourself in Kansas as a professional counselor? Yes ___ No ___ If yes, please give details on a separate sheet and attach.
12. Since your professional counseling license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for professional counseling 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 professional counseling 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 professional counselor 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 their licenses be reinstated. 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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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** _____