

MARK PARKINSON
Governor

PHYLLIS GILMORE
Executive Director



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

Behavioral Sciences Regulatory Board
Psychology Continuing Education Reporting Form

Licensee Name: _____ License number _____ Date License issued _____

Total # of CE hours required: (Please circle one) 50 34 17 0

<u>Date of Original Licensure</u>	<u>Hours Required</u>
07/01/00 – 12/31/00	50 Hours
01/01/01 – 06/30/01	34 Hours
07/01/01 – 12/31/01	17 Hours
01/01/2002 – 06/30/2002	0

The information below is a general guideline. Please refer to K.A.R. 102-1-15.

Total Hours

Workshop, Seminar, etc.	
Academic Course	
Presentations and Preparation First Time – 15 hrs max	
Supervision provided – 15 hrs max	
Supervision received – 15 hrs max	
Publications and Professional Presentation of Publication – 45 hrs max	
Self-Instruction- 12 hrs Max	
Self-Study with post test – 40 hrs max	
Preparation for Special Exam- 25 hrs Max	
Participation Quality Care Activities (diagnosis review, staffings, peer review, consultations) -15 hrs Max	
Participation in Professional Organizations (holding office, or serving on committee) - 12 hrs Max	
Receiving Personal Psychotherapy as a part of a designated training program - 20 hrs Max	
Was Ethics CEU requirement completed in above ceus? (minimum 3 hours) Yes No	
Was Diagnosis and Treatment CEU requirement completed in above ceus? (minimum 6 hours) Yes No	

Total Hours Claimed _____

I understand that in signing this document, I am attesting that I have completed the requisite minimum hours of psychology continuing education during the period indicated, and that I possess the necessary documentation. I further understand that upon proof of fraud, deceit, or any other act of unprofessional conduct in relationship to my licensure renewal application, the Board may suspend, limit, revoke or refuse to renew my license.

Signature _____ Date _____

For Staff Use Only

AUDIT COMMENTS:

Number of CE Hours Completed _____

Renewal Application Approved _____

Staff Initials _____