

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

Information for Reinstatement of Psychology Licenses

If a psychology 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 psychologists 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 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 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 psychology license, you must submit the following materials to the Board office for review:

- The completed and signed Application for Reinstatement of Psychology license
- Fees totaling \$400.00, which includes \$200.00 for late renewal, and \$200.00 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 original certificates of attendance and all other supporting documentation for continuing education. **If you would like your original certificates returned, please include a self-addressed stamped envelope.**

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

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APPLICATION FOR REINSTATEMENT OF PSYCHOLOGY LICENSE

PLEASE TYPE OR PRINT

Name: _____

Name under which license was issued: _____

License Number: _____ Expiration Date: _____

SSN: _____ DOB: _____

Preferred Mailing Address _____ Business _____ Home _____ HOME PHONE _____

HOME ADDRESS

Street Address _____

City _____ State _____ Zip+4 _____

Cell Phone _____ (Optional) Email Address _____

BUSINESS PHONE _____ EXT. _____

BUSINESS ADDRESS

Agency/Business Name _____

Street Address _____

City _____ State _____ Zip+4 _____

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 psychology services? No _____ Yes _____

If yes, name of supervisor _____

Please explain why you allowed your 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 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 ____ Applicable ____ If yes, give details on a separate sheet and attach.
8. Are you currently offering psychology 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 psychology license expired, have you practiced in Kansas as a psychologist? Yes____ No____ If yes, please give details on a separate sheet and attach.
11. Since your psychology license expired, have you represented yourself in Kansas as a psychologist? Yes____ No____ If yes, please give details on a separate sheet and attach.
12. Since your psychology license expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for psychology work 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 Continuing Education Guidelines for Psychology Licenses. Yes____ No____

I affirm that, as part of the reinstatement process, I have read the Kansas Statutes and Rules and Regulations governing the practice of psychology in the State of Kansas. Yes____ No____

I further affirm that I agree to abide by the statutes, rules, regulations, and to practice as a psychologist does 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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Name: _____

License number and Level: _____

Expiration: _____

This form is to be submitted by all licensees who have requested their license 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:

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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 _____

<p>For Office Use Only:</p> <p>Approval Number _____ Date _____</p>
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