

**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](http://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.ksbsrb.org](http://www.ksbsrb.org) for further information.

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**BEHAVIORAL SCIENCES REGULATORY BOARD**

**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 \_\_\_\_\_ Email Address \_\_\_\_\_  
(Optional)

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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\_\_\_\_\_



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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 \_\_\_\_\_