

KATHLEEN SEBELIUS
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

APPLICATION FOR REINSTATEMENT OF RAODAC REGISTRATION

Required Fee \$200.00

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: _____

Registration 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 alcohol and other drug abuse counseling services?

No _____ Yes _____ If yes, name of supervisor _____

Please explain why you allowed your professional counselor 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 Has your membership in a professional organization been revoked since your last renewal?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 registration, granted by this state or any other state for the practice substance abuse 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 alcohol and other drug abuse counseling services in private practice in Kansas under supervision? Yes____ No ____ If yes, give details on a separate sheet and attach.
9. Since your RAODAC registration expired, have you practiced alcohol and other drug abuse counseling in Kansas? Yes____ No____ (If yes, please give details on a separate sheet and attach)
10. Since your registration expired, have you represented yourself in Kansas as a RAODAC counselor? Yes____ No____ If yes, please give details on a separate sheet and attach.
11. Since your RAODAC registration expired, have you or your employer billed any individual or any insurance, including Medicare or Medicaid, for substance abuse 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 alcohol and other drug abuse 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 an alcohol and other drug abuse 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 a 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** _____