

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

SOCIAL WORK LICENSURE APPLICATION LBSW or LMSW

*Instructions*

**Applications may not be submitted until you are within four months of receiving your degree.**

Please read all instructions and review the statutes and regulations, before beginning to complete the application. The statutes and regulations can be found on our website, [www.ksbsrb.org](http://www.ksbsrb.org).

1. **Application:** Please answer all questions on the application completely and accurately. If there have been any convictions of a felony or other past or current events that potentially raise questions about your ability to merit the public trust, additional information will be requested.
2. **Fee:** The \$100.00 application fee must accompany your application. Make checks or money orders payable to "Behavioral Sciences Regulatory Board" or "BSRB". Credit cards are also accepted. **ALL FEES ARE NON-REFUNDABLE.**
3. **Transcript:** As part of the application process, an official transcript mailed directly from the Registrar's office is required. **Only transcripts received directly from the university can be accepted.**
4. **Student Applicant:** If you have not received your degree, but are within four months of graduation, you are required to submit the Verification of Academic Requirements form. This form attests to the expected completion of academic requirements leading to conferral of the social work degree. The program director should return the completed form to you in a sealed envelope with their signature or school stamp across the seal. **Once your social work degree is conferred, an official transcript must be submitted to the Board office as outlined in the above paragraph.**
5. **Professional References:** Three references are required as part of your complete application packet. The professional reference form included in the application packet will need to be copied.
  - a) Each reference should return the completed form to you in a sealed envelope with their signature across the seal. The three reference forms will need to be included when the application is submitted to the Board office. NOTE: It is very important that references sign across the seal of the envelope to assure the Board of the confidentiality and integrity of the referencing process.
  - b) One of the references must be from the **on-site supervisor**, of the final field education program (practicum), from the current or most recently completed social work degree. If this person is unavailable the director of the field education program or a designated person who has knowledge of the applicant's field education based on the applicant's program records.
  - c) The additional two references must be from social workers licensed (or licensable) **at or above** the intended level of licensure. For example an LBSW applicant must have references from another LBSW or a person who holds a BSW degree. In addition, the professional references can not be related to the applicant and must be familiar with the applicant's social work skills.
6. **Examination:** Once your application has been reviewed and approved, you will receive written notice regarding eligibility to sit for the examination and an ASWB Candidate Handbook, which includes information about the examination, scheduling, how to contact the examination center for questions and other useful information.
7. **Temporary Licensure:** If all the requirements for licensure have been met, except passage of the examination, a temporary license may be requested. A temporary license will expire upon receipt of my permanent license or six months from the date of issuance. **A temporary license may not be renewed or extended and will not be issued again on any subsequent applications at the same licensure level.** NOTE: The Board must have your official transcript on file before a temporary license can be issued.

- 8. Special accommodations:** The forms necessary to arrange for special accommodations are included in the ASWB Candidate Handbook that you receive when approved to sit for the examination. The completed forms need to be returned to the Board office, who will then provide the ASWB with the necessary information. **ESL** forms need to be requested from the Board office, as they are not included in the ASWB Candidate Handbook.
- 9. Out-of-State Verification:** If you are or have ever been licensed, registered, or certified in one of the behavioral or health sciences in another state, the Out-of-State Verification Form will need to be completed by the other state(s). This form needs to be returned directly to the Board office. **Only forms received directly from the other state(s) can be accepted.**
- 10. Review:** It is extremely important for you to understand that the Board cannot determine whether you are eligible to sit for the examination until all of the application materials have been received and approved by the Board office.

Please allow 30 days for review of your application. You may now **check the status of your application on our website** [www.ksbsrb.org](http://www.ksbsrb.org), under “*What you can do.*”

**When you submit your application to the Board office the following items should be included:**

- The completed application form;
- The application fee of \$100.00 made payable to BSRB by check, money order, or credit card;
- Verification of Academic Requirements form if you are currently a student and within four months of graduation;
- The three (3) completed Professional Reference Forms in their signed sealed envelopes.

**Please submit a complete application so that your application will not have to be returned.**

**These additional items need to be sent directly to the Board office by the appropriate institutions:**

- Upon graduation, or if you have already graduated, you must request an official transcript that shows the degree earned and the date the degree was conferred from your university;
- An Out-of-State Verification Form, if ever licensed in another state;
- Exam scores, if applicable, can be accepted from the original state where the exam was taken or from the ASWB.

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BEHAVIORAL SCIENCES REGULATORY BOARD

SOCIAL WORK LICENSURE APPLICATION LBSW or LMSW

*Application*

Application Fee: \$100.00 check or money order payable to BSRB

What level of license are you applying for (please circle) LBSW LMSW

I. Identifying information: (Please type or print clearly in ink)

Legal Name: \_\_\_\_\_  
Last First Middle

Name to appear on license: \_\_\_\_\_

Maiden/Other names used: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

Ethnic Information: African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian Indian \_\_\_\_\_ Asian-Other \_\_\_\_\_  
(Optional) Hispanic \_\_\_\_\_ Pacific Islander \_\_\_\_\_ White – Non Hispanic \_\_\_\_\_ Other \_\_\_\_\_  
(Please Specify)

Languages that you speak: English \_\_\_\_\_ Spanish \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_  
(Optional) (Please Specify)

Preferred E-Mail Address: \_\_\_\_\_ Preferred Mailing: Home \_\_\_\_\_ Business \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

Home Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

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.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

**\*\*Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP)\*\***

Are you willing to be included on a registry of potential volunteers to provide your professional services during an emergency? **Please check all that apply.**

Within your county of residence: \_\_\_\_\_ Within 75 miles of your residence: \_\_\_\_\_  
Anywhere in the State of Kansas: \_\_\_\_\_ Outside of the State of Kansas: \_\_\_\_\_

**II. Application/Licensure Information:** (Please circle yes or no)

**A.** Have you ever filed **any** application for licensure or registration in Kansas?  
**Yes      No      If "yes", please answer the following questions:**

- 1. When: \_\_\_\_\_ For which credential: \_\_\_\_\_
- 2. Under what name: \_\_\_\_\_

**B.** Do you currently hold, or have you ever held a certificate, registration or license to practice in one of the behavioral or health sciences in another state or jurisdiction?  
**Yes      No      If "yes", please answer the following questions:**

- 1. For which credential: \_\_\_\_\_ In which state or jurisdiction: \_\_\_\_\_
- 2. Under what name: \_\_\_\_\_
- 3. Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (please attach additional sheet if needed)

**If you currently hold, or have ever held a certificate, registration, or license to practice in one of the behavioral or health sciences in another state or jurisdiction, you will need to have the former state Board(s) complete the Out-of-State Verification Form. Upon completion, they should send the form directly to the board office.**

**III. Educational Information:**

**A.** List below either the under-graduate school where you received your BSW (if applying for the LBSW license), or the graduate school where you received your MSW (if applying for the LMSW), their locations, the date of the degree(s) and the degree(s) granted. If you are still in school, but have submitted a Verification of Academics form, please list the date the degree will be conferred under the "Date of Degree".

- 1. Name of School: \_\_\_\_\_
- 2. Location of School: \_\_\_\_\_
- 3. Degree Received: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

**B. Practicum Information:**

- 1. Dates of Practicum: \_\_\_\_\_
- 2. Practicum Agency: \_\_\_\_\_
- 3. Practicum Agency Address: \_\_\_\_\_
- 4. Name of Supervisor: \_\_\_\_\_
- 5. Supervisor Address: \_\_\_\_\_

**C. Transcript:** You are required to provide an official transcript from the Registrar's office of the college or university where your degree was granted. Please direct the school to send the transcript directly to the Board office. **The board can not accept transcripts sent directly from the applicant.**

**D. Student Applicants:** If you are presently a student within 4 months of graduation you are required to submit the Verification of Academic Requirements form with the application. You will need to have an official transcript sent to the board once your degree is conferred and posted on your transcript. The board is not able to issue a license prior to your transcript being received.

**IV. References' Requirements:**

**A.** The applicant should submit the completed reference forms, in their **sealed (signed across the seal)** envelopes, at the time of application. Your references should meet the guidelines as specified below:

1. You must submit one professional reference from your on-site practicum supervisor (please see instructions for further detail) **and**, two references from social workers that are licensed or licensable at or above the level of license you are applying for, this may include professors. References should be familiar with your professional conduct and competence and may not be related.

**B. REFERENCES: Please print the requested information below for each of your references.**

| Names                     | Credentials | Agency and Address | Phone # |
|---------------------------|-------------|--------------------|---------|
|                           |             |                    |         |
|                           |             |                    |         |
| Practicum/Work Supervisor |             |                    |         |

**V. Background History:**

Please **circle** either “yes” or “no” to the following questions. **If you answer “yes”**, please attach a written explanation.

1. Have you ever been convicted of a felony?  
**Yes No**
2. Have you ever been found guilty of or liable for fraud or deceit in connection with services rendered as a social work service provider by a civil or criminal court of law or board of a professional organization?  
**Yes No**
3. Have you ever knowingly aided or abetted a person, not a licensed social worker, in representing him/her as a licensed social worker?  
**Yes No**
4. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years?  
**Yes No**
5. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years?  
**Yes No**
6. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years?  
**Yes No**
7. Have you ever been found to be in violation of a professional association’s code of ethics or of a state licensing board’s rules and regulations or statutes regarding professional conduct?  
**Yes No**
8. Have you ever paid a judgment or settlement in a negligence action that concerned your social work profession?  
**Yes No**
9. Have you ever resigned from a professional association, withdrawn from an undergraduate or graduate program or surrendered your license to a state licensure board while an ethical complaint was pending against you?  
**Yes No**
10. Have you ever identified yourself as a social worker in Kansas (excluding student work)?  
**Yes No**
11. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?  
**Yes No**

**VI. Examination Information:**

**A.** If you have not previously taken the national examination developed by the Association of Social Work Boards (ASWB) and achieved a score of at least 70%, you will be notified in writing if you are eligible to register and sit for the examination. Applicants must first satisfy the educational requirements in order to be authorized by the Behavioral Sciences Regulatory Board (BSRB) to register for the examination.

**B.** Have you previously taken the above listed examination? (Please **circle** yes or no)  
**Yes No** If “yes”, complete the remaining items in this section before proceeding to the next section.

1. Location and date exam was taken: \_\_\_\_\_ Score Achieved: \_\_\_\_\_
2. Exam level: (Please **circle**) **Bachelors Masters Clinical Advanced**
3. **Arrange for the Board’s receipt of the official test scores by requesting that ASWB (or the out-of-state credentialing board) send the scores directly to us.**

**VII. Applicant’s Attestation:**

Please **circle** either “yes” or “no” to the following questions.

1. I have reviewed the licensure eligibility requirements prior to submitting this application.  
**Yes No**
2. I have completed the application materials and procedures honestly and in good faith.  
**Yes No**
3. I understand that the members and staff of the BSRB are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written.  
**Yes No**
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly.  
**Yes No**
5. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or renewal.  
**Yes No**
6. I **have read** and am familiar with the statutes and regulations that govern the practice of social work in the state of Kansas.  
**Yes No**
7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of social work in Kansas.**  
**Yes No**

**I hereby affirm that to the best of my knowledge all my answers to the foregoing are correct. I further agree that all state records pertaining to my application and licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

**NAME or ADDRESS CHANGE:** It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process.

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BEHAVIORAL SCIENCES REGULATORY BOARD

APPLICATION FOR SOCIAL WORK LICENSURE: LBSW OR LMSW

*Verification of Academic Requirements*

**Instructions for Applicant:** Please complete **Section I** and submit to your school. Once your school has completed the form, they should return it to you in a sealed envelope with their signature or school stamp across the seal.

**Instructions for the School:** Please complete **Section II** and return the completed form to the student. Please make certain that you return this form in **a sealed envelope with your signature/school stamp across the seal.**

**SECTION I: STATEMENT OF STUDENT**

I, \_\_\_\_\_, understand that if my college or university transcript is not immediately available through the Registrar's Office, I may submit this form, **signed by the Dean or Director of the school's social work program**, to the Behavioral Sciences Regulatory Board (BSRB). This document certifies that I have met the academic requirements for being awarded a degree. This certification will be reviewed with my application in order for the Board to determine my eligibility to be seated for the exam. I further understand that the official transcript from the registrar's office must be received by the Board before I can be issued a license. It is my responsibility to request the official transcript. Failure to do so will result in the expiration of the current application for licensure.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**SECTION II: STATEMENT OF DEAN OR DIRECTOR OF SOCIAL WORK PROGRAM**

I, \_\_\_\_\_, \_\_\_\_\_ of the Social Work  
Title

Program at \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_  
College or University City State

certify that \_\_\_\_\_ is in the final stages of completion and is  
Students Name

expected to graduate in \_\_\_\_\_, \_\_\_\_\_ with a: (please check appropriate box)  
Month Year

- Baccalaureate Degree from a CSWE accredited social work program (BSW).
- Masters Degree from a CSWE accredited social work program (MSW).

\_\_\_\_\_  
Signature of Dean or Director

\_\_\_\_\_  
Date

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BEHAVIORAL SCIENCES REGULATORY BOARD

APPLICATION FOR SOCIAL WORK LICENSURE: LBSW OR LMSW

*Professional Reference Form*

**Instructions for the applicant:** Please complete **Section I** and submit to the referencing individuals for completion. Additional copies of this form may be made and used as needed. Completed Professional Reference forms shall be submitted **in the unopened sealed envelopes** as part of your complete application packet.

**Instructions for the reference:** Please complete **Section II**. Place the completed reference form in an envelope, **sign across the seal** and return to the applicant.

**Section I: This section is to be completed by the applicant.**

**To:** (Name of reference-please print) \_\_\_\_\_

**From:** (Name of Applicant-please print) \_\_\_\_\_

I am applying for licensure as a social worker in the State of Kansas and I am required to provide information to support that application. This form, bearing my signature, gives my consent and authorization to release any and all information and/or documents that may be material to an evaluation of my merit of the public trust. I authorize the Behavioral Sciences Regulatory Board (BSRB) and its representatives to consult with you regarding my professional competence, character, ethical qualifications, health status, ability to work cooperatively with others and other qualifications for licensure.

I release from liability any and all individuals, institutions and organizations that provided information to the BSRB or its representatives, in substantial good faith and without malice, concerning my merit of the public trust and my qualifications for licensure. I consent to the inspection by the BSRB and its representatives of all documents that may be material to an evaluation of my qualifications and competence. I understand that this consent for release of information will be in effect for a period of one year from the date of consent.

Please mail this completed form directly to me in a sealed envelope with your signature across the seal. **Please be certain to seal the envelope and sign over the seal.** I am responsible for submitting to the BSRB the completed form in its sealed envelope as part of my application packet.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section II:**

Please answer **all** questions to the best of your knowledge. Return this completed form to the applicant in a sealed envelope with your signature across the seal of the envelope to insure confidentiality.

To qualify to serve as a professional reference, the referencing individual must be:

1. Unrelated to the applicant;
2. able to address the applicant's professional conduct, competence and merit of the public trust;
3. licensed or academically eligible to be licensed as a social worker at or above the intended level of licensure;
4. one of the references must be from the individual that provided the on-site supervision of the field education or practicum. If this person is unavailable the director of the field education program or a designated person who has knowledge of the applicant's field education based on the applicant's program records.

**Note:** If you do not qualify to serve as a professional reference, please alert the applicant.

**I. Professional Reference's Information:**

A. Name: \_\_\_\_\_

B. Business Name: \_\_\_\_\_

C. Street Address: \_\_\_\_\_

D. City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

F. Educational Background: \_\_\_\_\_ Professional Title: \_\_\_\_\_

G. Do you hold a professional license? Yes \_\_\_\_\_ No \_\_\_\_\_ **If "yes", please answer the following questions.**

1. Professional License held: \_\_\_\_\_ License #: \_\_\_\_\_

2. State of Issuance: \_\_\_\_\_ Issuance Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**II. Please circle yes or no to following questions.**

A. Were you the applicant's on-site practicum supervisor?  
**Yes No**

B. What relationship (such as employer, supervisor, co-worker, instructor) have you had with the applicant which has aided you in forming any opinion of his/her character:  
\_\_\_\_\_

C. Have you supervised the applicant in a work setting?  
**Yes No If yes please list the dates you supervised the applicant.**

**Beginning Date:** Month \_\_\_\_\_ Year \_\_\_\_\_ **Ending Date:** Month \_\_\_\_\_ Year \_\_\_\_\_

D. Are you related by blood or marriage to the applicant?  
**Yes No If yes, please state relationship to the applicant.** \_\_\_\_\_

E. How long have you known the applicant? \_\_\_\_\_

**III. Professional Reference's Knowledge of Applicant: (Please circle yes or no)**

A. Please consider the candidate's behavior in the following areas: good judgment, integrity, honesty, fairness, credibility, reliability, respect for others, respect for the laws of the state and nation, self-discipline, self-evaluation, initiative, and commitment to the profession of social work and its values and ethics. Does the candidate, in your opinion, possess the moral standards and fitness required for working as a social worker?  
**Yes No If your answer is "no", please elaborate in detail in an attached statement.**

B. Are you aware of any significant facts concerning the applicant's background that would reflect **unfavorably** on the applicant's character and fitness to practice social work?  
**Yes No If your answer is "yes", please state these facts in detail on an attached statement.**

C. Do you recommend the applicant for licensure to practice social work in Kansas?  
**Yes No If not, please elaborate in detail in an attached statement.**

D. **If you have known the applicant for less than 6 months** please list some specific examples of what you have witnessed that allows you to make the above mentioned determinations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Please expand or add any comments or information that you believe will aid the Behavioral Sciences Regulatory Board (BSRB) in evaluating the applicant's ability to practice social work and merit of public trust for licensure as a social worker in Kansas.

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**IV. Professional Reference's Attestation:**

Reference's Attestation: I certify the foregoing answers and information furnished above are given in good faith with the understanding that it will be utilized for purposes of determining the applicant's ability to practice social work and merit of the public trust in order to be licensed as a social worker in the State of Kansas. Any response or information I have provided is true and correct to the best of my knowledge and belief. Where I have relied upon other sources of information, they are only those which I believe to be accurate and reliable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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BEHAVIORAL SCIENCES REGULATORY BOARD

APPLICATION FOR SOCIAL WORK LICENSURE: LBSW OR LMSW

*Out-Of-State Verification Form*

**Instructions:**

**Section I** is to be completed by the applicant and then sent to the out-of-state board for completion. Additional copies of this form may be made and used as needed by the applicant.

**Section II** is to be completed by a representative of the out-of-state board and then returned directly to the Board office at the address above.

**I. Applicant Information**

I, \_\_\_\_\_, am applying for social work licensure in the state of Kansas. In order to be considered for licensure in Kansas, I am required to provide official documentation related to my credential status and standing in your state. Accordingly, I am requesting that you complete Section 2 below, AND RETURN TO THE Kansas Behavioral Sciences Regulatory Board (BSRB).

A. Name under which my license was issued: \_\_\_\_\_

B. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

C. Licensure Type: \_\_\_\_\_ Licensure Number: \_\_\_\_\_

D. Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Statement from Out-Of-State Board**

A. Name appearing on license in your state: \_\_\_\_\_

B. Licensure Type: \_\_\_\_\_ License Number: \_\_\_\_\_

C. Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

D. Level of Licensure (baccalaureate, masters, clinical): \_\_\_\_\_

E. Licensed by: Examination: \_\_\_\_\_ Reciprocity: \_\_\_\_\_ Grandfathered: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

**F. If Licensed by Exam:**

Name of Exam: \_\_\_\_\_

Exam Level: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Score Received - Raw: \_\_\_\_\_ Scaled: \_\_\_\_\_ Percent: \_\_\_\_\_ State Cutoff Score: \_\_\_\_\_

**G.** Is License in good standing? Yes \_\_\_\_\_ No \_\_\_\_\_ **If “No”, please attach copies of all releasable information and state reason(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**H.** Has License been Revoked or Suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ **If “Yes”, please attach copies of all releasable information and state reason(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I.** Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Printed Name of State Board Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official Title/Position:** \_\_\_\_\_

**Name of State Board:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Upon completion, please return this form directly to:**

**Behavioral Sciences Regulatory Board  
712 S. Kansas Avenue  
Topeka, KS 66603-3817**

State Seal

Revised: 8/25/08