

Behavioral Sciences Regulatory Board Mailing Lists and Label Order Form

To order please submit this form, the Open Records Request form and payment by fax or mail to:

Behavioral Sciences Regulatory Board
712 S. Kansas Avenue
Topeka, KS 66603-3817
Fax – (785) 296-3112

Company/Organization																																			
Name																																			
Street address																																			
City	State	Zip code																																	
Phone	Fax	Email address																																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;">Please check the list(s) you are requesting.</th> <th style="text-align: center; width: 15%;">Printed</th> <th style="text-align: center; width: 15%;">Labels</th> <th style="text-align: center; width: 20%;">Disk / Email</th> </tr> </thead> <tbody> <tr> <td>Psychologist – LP</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Social Workers – LASW, LBSW, LMSW, LSCSW</td> <td style="text-align: center;">\$50.00_____</td> <td style="text-align: center;">\$100.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Professional Counselor – LPC, LCPC</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Masters Level Psychologists – LMLP, LCP</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Marriage and Family Therapists – LMFT, LCMFT</td> <td style="text-align: center;">\$12.00_____</td> <td style="text-align: center;">\$25.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>Registered Alcohol and Other Drug Abuse Counselors - RAODAC</td> <td style="text-align: center;">\$5.00_____</td> <td style="text-align: center;">\$10.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> <tr> <td>All Six Professions Combined</td> <td style="text-align: center;">\$75.00_____</td> <td style="text-align: center;">\$150.00_____</td> <td style="text-align: center;">\$10.00_____</td> </tr> </tbody> </table>				Please check the list(s) you are requesting.	Printed	Labels	Disk / Email	Psychologist – LP	\$12.00_____	\$25.00_____	\$10.00_____	Social Workers – LASW, LBSW, LMSW, LSCSW	\$50.00_____	\$100.00_____	\$10.00_____	Professional Counselor – LPC, LCPC	\$12.00_____	\$25.00_____	\$10.00_____	Masters Level Psychologists – LMLP, LCP	\$12.00_____	\$25.00_____	\$10.00_____	Marriage and Family Therapists – LMFT, LCMFT	\$12.00_____	\$25.00_____	\$10.00_____	Registered Alcohol and Other Drug Abuse Counselors - RAODAC	\$5.00_____	\$10.00_____	\$10.00_____	All Six Professions Combined	\$75.00_____	\$150.00_____	\$10.00_____
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SPECIAL REQUESTS: There is an additional \$5.00 fee for special requests. <input type="checkbox"/> Only licensees residing in Kansas <input type="checkbox"/> Certain Levels of License Please list _____ <input type="checkbox"/> Specific County (only available for Kansas Counties) Indicate name of County _____		Sort Order: Please select one. <input type="checkbox"/> Alphabetical <input type="checkbox"/> Zip Code <input type="checkbox"/> License Type <input type="checkbox"/> County																																	

If you have any questions please contact
Ashley Blake (785) 296-3240 or
ashley.blake@bsrb.state.ks.us

Please note this order can not be processed with out the Open Records Request form

Revised 01/19/06

**CERTIFICATION OF USE OF PUBLIC RECORDS
REQUESTED UNDER THE OPEN RECORDS ACT**

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- (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person who resides at any address listed; or

- (B) Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records of information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed,

Except for those purposes set forth and authorized under K.S.A. 21-3914. I certify that I am an authorized representative and agent of either

An organization of persons who practice a profession or vocation and the list requested is for membership, informational, or other purposes related to the practice of the profession or vocation and the list is solely of those persons licensed, registered or issued certification to practice that profession or vocation, or

an organization that provides professional or vocational educational materials or courses to persons applying for examinations for licenses, registrations, certificates or permits to practice a profession or vocation and the sole purpose of the list is to provide such applicants with information relating to the availability of such materials or courses.

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Please complete and return with order form.

SAM BROWNBACK
Governor

TOM HAWK, Ph.D.
Executive Director



712 S. Kansas Ave.
Topeka, Kansas 66603-3817
(785) 296-3240
FAX (785) 296-3112
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BEHAVIORAL SCIENCES REGULATORY BOARD

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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 _____
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Name as it appears on the card _____

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Date _____