

## 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%;"><b>Please check the list(s) you are requesting.</b></th> <th style="text-align: center; width: 15%;"><b>Printed</b></th> <th style="text-align: center; width: 15%;"><b>Labels</b></th> <th style="text-align: center; width: 20%;"><b>Disk / Email</b></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>				<b>Please check the list(s) you are requesting.</b>	<b>Printed</b>	<b>Labels</b>	<b>Disk / Email</b>	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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<b>SPECIAL REQUESTS:</b> <b>There is an additional \$5.00 fee for special requests.</b>  <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 _____		<b>Sort Order:</b> <b>Please select one.</b>  <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](mailto:ashley.blake@bsrb.state.ks.us)

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

Revised 08/20/09

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

I hereby certify that as a requester of public records under the Open Records Act that I do not intend to and will not

- (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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SIGNATURE

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PRINT NAME AND TITLE

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STREET ADDRESS

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CITY

STATE

ZIP

**Please complete and return with order form.**

**MARK PARKINSON**  
Governor

**PHYLLIS GILMORE**  
Executive Director



712 S. Kansas Ave.  
Topeka, Kansas 66603-3817  
(785) 296-3240  
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[www.ksbrb.org](http://www.ksbrb.org)

**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** \_\_\_\_\_