



## OUT OF STATE PROVIDER COMPLIANCE CONFIRMATION FORM: COVID 19 PANDEMIC

Those who plan to practice in Kansas without securing a license, pursuant to the provisions of House Bill 2016, must meet all requirements listed below. To register as compliant with Kansas law, please fill out this form and submit it to Board. The form is effective upon submission and remains in effect until the provider is no longer qualified, or January 26, 2021, whichever is earlier. Email completed form to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov). **Please be aware, any license that is subject to a limitation in another state is subject to the same limitations in this state. Please note that using this process does not confer a valid Kansas license to practice any profession. The Board strongly recommends that any out of state provider who wishes to practice in Kansas utilize the [temporary license process](#) if you qualify, or [apply for a permanent license by endorsement](#), both of which confer a valid Kansas license.**

### REQUIREMENTS

- Currently actively licensed and in good standing in any state or territory in the United States.
- License is not suspended or revoked in any jurisdiction.
- Not the subject of an investigation or disciplinary process related to the practice of your profession in any jurisdiction.

### PROFESSION

In the dropdown select the profession you intend to practice.

### OTHER STATE LICENSE

List the state where you are currently licensed and in good standing

State	Type of License	License Number	Issue Date MM/DD/YYYY	Expiration Date MM/DD/YYYY

### FULL LEGAL NAME/IDENTIFICATION

First Name:	Middle Name:	Last Name:	Suffix:
List all other names used, including maiden name:			
Social Security Number:	Date of Birth:	Male___	Female___

### ADDRESSES

The Board will contact you at the preferred mailing and email address.

Home Address	Street & Number:		
	City:	State:	Zip:
	Phone:	Email:	
Business Address	Street & Number:		
	City:	State:	Zip:
	Phone:	Email:	
Preferred Mailing Address: (must select one)		Home Address___	Business Address___
Preferred Email Address: (must select one)		Home Email___	Business Email___

**I swear and/or affirm that all information submitted herein is accurate, that my license is not suspended or revoked in any jurisdiction, I am not the subject of any professional discipline or investigation, and I will update the Board if and when any information or affirmations contained herein change.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date