The following regulations have been adopted and published in the Kansas Register. They will become effective on the final date listed in the history section that follows each regulation. Regulations become effective 15 days after publication in the Kansas Register unless a later effective date is given in the body of the regulation.

State of Kansas
Behavioral Sciences Regulatory Board
Permanent Administrative Regulations

Article 1.—CERTIFICATION OF PSYCHOLOGISTS

102-1-1. Definitions. Each of the following terms, as used in this article of the board’s regulations, shall have the meaning specified in this regulation:

(a) “Academically eligible” means having a doctoral degree in psychology from an institution of higher education that meets the standards in K.A.R. 102-1-12.
(b) “Client” and “patient” mean a person who meets either of the following criteria:
   (1) Is a recipient of direct psychological services within a relationship that is initiated either by mutual consent of the person and a psychologist or according to law; or
   (2) is a recipient of a psychological assessment or diagnosis for a third party.
(c) “Clinical psychological services” means the application by persons trained in psychology of established principles of learning, motivation, perception, thinking, and emotional relationships to problems of behavior adjustment, group relations, and behavior modification when those principles are applied through either or both of the following activities:
   (1) Providing psychological assessment and therapeutic treatment to individuals or groups with the intent of modifying attitudes, emotions, and behaviors that are intellectually, physically, socially, or emotionally maladaptive; or
   (2) performing any other clinical applications of psychological principles as approved by the board.
(d) “Consultation” means the provision of professional guidance, information, or advice without administrative or professional authority over or responsibility for the professional functioning of the recipient.
(e) “Continuing education” means programs or activities designed to enhance the psychologist’s level of knowledge, skill, and ability to practice psychology. These programs and activities shall have content clearly related to the enhancement of psychology practice, values, and knowledge. Continuing education credits shall not be used as a substitute for basic professional education preparation as defined in K.A.R. 102-1-12.
(f) “Direct client contact” means the provision of psychological services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.
(g) “Extenuating circumstances” means any condition or situation caused by events beyond a person’s control that is sufficiently extreme in nature to result in either of the following:
   (1) The person’s inability to comply with the requirements of this regulation; or
   (2) the inadvisability of requiring the person to comply with the requirements of this regulation.
(h) “Harmful dual relationship” means a professional relationship between a psychologist and a client, patient, student, or supervisee in which the objectivity or competency of the psychologist is impaired or compromised because of any of the following present or previous relationships:
   (1) Familial;
   (2) sexual;
   (3) social;
   (4) emotional;
   (5) financial;
   (6) supervisory; or
   (7) administrative.
(i) “Intern” and “resident” mean a person who is actively enrolled in a program as defined by K.A.R. 102-1-12 and who is attaining the predoctoral supervised experience necessary for licensure as a psychologist.
(j) “Nonclinical, general psychological services” means the application by persons trained in psychology of established principles of learning, motivation, perception, thinking, and emotional relationships to problems of behavior adjustment, group relations, and behavior modification when those principles are applied through the following activities:
   (1) Conducting applied research on problems relating to human behavior or program evaluation;
   (2) providing consultation or psychological supervision;
   (3) providing instruction in areas of psychology pertinent to the clinical practice of psychology;
   (4) measuring and testing personality, intelligence, aptitudes, public opinion, attitudes, and skills; and
   (5) other applications of nonclinical, general psychological principles as approved by the board.
(k) “Psychological assessment” means the use, in any manner, of established psychological tests, procedures, and techniques with the intent of diagnosing adjustment, functional, mental, vocational, or emotional problems or recommending treatment methods for persons having these problems.
(l) “Quarter credit hour” means two-thirds of a semester hour. Quarter credit hours shall be rounded as follows:
   (1) One quarter credit hour equals .7 semester hours.
   (2) Two quarter credit hours equal 1.3 semester hours.
   (3) Three quarter credit hours equal 2.0 semester hours.
   (4) Four quarter credit hours equal 2.7 semester hours.
   (5) Five quarter credit hours equal 3.3 semester hours.
(m) “Supervision” means the formal relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, appropriate attitudes, and ethical standards in the practice of
psychology. Supervision shall include both general training supervision and individual clinical supervision, as follows:

(1) “General training supervision” means supervision of any of the following areas of practice:
   - Consultation;
   - Psychological supervision of other mental health service providers;
   - Applied research or program evaluation;
   - Instruction in areas of psychology pertinent to the clinical practice of psychology; or
   - Other applications of psychological principles as approved by the board.

(2) “Individual clinical supervision” means supervision of the following areas of practice:
   - Psychological assessment; and
   - Therapeutic treatment for individuals or groups with the intent of modifying attitudes, emotions, and behaviors that are intellectually, physically, socially, or emotionally maladaptive.

(n) “Termination,” for purposes of unprofessional conduct, means the end of the professional psychologist-client relationship or treatment for any of the following reasons:
   - The mutual consent of the psychologist and the client or clients;
   - The completion of treatment;
   - Dismissal of the psychologist or discontinuation of the relationship by the client or clients;
   - Dismissal of the client or clients by the psychologist; or
   - The referral or transfer of the client to another professional with the belief that treatment will continue.

(o) “Trimester credit hour” means a unit of academic credit earned under an academic year consisting of three terms. A trimester credit hour is equivalent to a semester credit hour.

(p) “Undue influence” means the misuse of one’s professional position of confidence, trust, or authority over a client or supervisee or the taking advantage of a client’s vulnerability, weakness, infirmity, or distress, for either of the following purposes:
   - To improperly influence or change a client’s or supervisee’s actions or decisions; or
   - To exploit a client or supervisee for the financial gain, personal gratification, or advantage of the psychologist or a third party.

(q) “Unlicensed assistant” means a person who is employed by a person, association, partnership, or corporation furnishing psychological services to assist a licensed psychologist in providing psychological services and who is under the licensed psychologist’s direct supervision.


102-1.5a. Supervised experience and supervisor qualifications. (a) Supervised experience. Each applicant for licensure as a psychologist shall demonstrate satisfactory completion of two years of supervised experience in the practice of psychology, one year of which may be predoctoral supervised experience and at least one year of which shall be postdoctoral supervised experience, unless the applicant meets the requirements in paragraph (b)(2).

(b) Predoctoral supervised experience.

(1) The year of predoctoral supervised experience shall meet the internship requirements specified in K.A.R. 102-1-12(b)(11).

(2) This year of predoctoral supervised experience may be completed on a postdoctoral basis if the applicant completes the predoctoral supervision while successfully completing a program that meets both of the following requirements:

(A) Prepares the applicant to practice in an area of emphasis that is different from the area of emphasis that the applicant originally completed when the applicant received the doctoral degree; and

(B) Substantially complies with the program requirements of K.A.R. 102-1-12.

(c) Postdoctoral supervised experience. The postdoctoral supervised experience shall meet the following requirements:

(1) The supervised experience shall be attained in a public or private setting, institution, or organization that provides the supervisee with contact with other disciplines, the opportunity to utilize a variety of theories, and the opportunity to work with a broad range of populations and techniques.

(2) At least 900 hours of supervised experience each year shall be spent providing clinical psychological services.

(3) At least 180 hours of supervised experience each year shall be spent providing general or nonclinical psychological services.

(4) The supervised clinical experience shall be consistent with the supervisee’s educational background and with the area of emphasis in which the applicant intends to offer services to the public. At least one-half of the supervisee’s general training experience shall be relevant to the supervisee’s emphasis area, which may include clinical psychology, counseling psychology, school psychology, industrial psychology, or organizational psychology.

(d) Supervisor qualifications. Each supervisor of a person who is obtaining the supervised experience required to become licensed as a psychologist shall meet the following requirements:

(1) If providing general training supervision, be a licensed or certified provider of a health-related service when the supervision occurred or, if the experience occurs in a state or jurisdiction without a provision for licensing or certifying that health-related profession, have attained the appropriate degree or training in the topic area in which supervision is provided;

(2) If providing supervision for the predoctoral supervised experience, be licensed at the doctoral level in psy-
psychology;
(3) if providing supervision for the postdoctoral supervised experience, have at least two years of experience that includes the clinical practice of psychology after the date of licensure at the doctoral level in psychology;
(4) meet at least one of the following conditions:
   (i) Be a staff member of the practice setting or have an understanding of the practice setting’s organization and administrative policies and procedures; or
   (ii) be vested by the agency with authority over the supervisee’s professional contacts with each of the supervisee’s clients or patients. This authority shall be focused on the supervisee’s skills as well as the welfare of those clients or patients whose treatment the supervisor is reviewing;
(5) if the supervisor is not employed by the public or private institution or agency that employs the supervisee, ensure that the scope of the supervisor’s own responsibility and authority in that practice setting has been clearly defined;
(6) not have a familial or harmful dual relationship with the supervisee;
(7) not be under sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor; and
(8) use forms supplied by the board and submit information that is sufficiently detailed regarding the supervisee’s application for psychology licensure to enable the board to evaluate the extent and quality of the supervisee’s supervised experience.
(e) Supervised experience requirements.
(1) For predoctoral psychology experience settings, the supervisor shall provide one hour of individual clinical supervision for every 10 hours during which the supervisee has direct patient or client contact.
(2) For postdoctoral supervised experience settings, the supervisor shall provide one hour of individual clinical supervision for every 20 hours during which the supervisee has direct patient or client contact.
(3) The supervisor, in addition to meeting the requirements listed in subsection (d), shall perform the following:
   (A) Provide individual face-to-face supervision by meeting in person or, if confidentiality is technologically protected, by televideo, with the supervisee. The means of supervision shall have the ability to include discussion, observation, and review of documentation. When meeting face-to-face is not practical due to extenuating circumstances approved by the board, telephonic supervision may be approved by the board;
   (B) be available to the supervisee at the points of decision making regarding the diagnosis and treatment of clients or patients;
   (C) conduct supervision as a process that is distinct from providing personal therapy, didactic instruction, or consultation;
   (D) in conjunction with the supervisee, review and evaluate the psychological services delivered and procedures used;
   (E) ensure that each client or patient knows that the supervisee is practicing psychology under supervision;
   (F) be available to the supervisee for emergency consultation and intervention; and
   (G) maintain documentation of the supervision that details each type of the psychological services and procedures in which the supervisee engages and the supervisee’s competence in each.
(f) Supervisee requirements. Each person attaining the supervised experience necessary for licensure as a psychologist shall meet the following requirements:
   (1) Fully participate in the supervisory process in a responsible manner; and
   (2) inform, in writing, each client or patient for whom the supervisee is practicing psychology of the name of and the means to contact the supervisor. (Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 74-5310 and K.S.A. 74-5317; effective Oct. 27, 2000; amended March 10, 2006; amended Dec. 16, 2022.)

Article 2.—LICENSING OF SOCIAL WORKERS
102-2-1a. Definitions. Each of the following terms, as used in this article of the board’s regulations, shall have the meaning specified in this regulation:
(a) “Approved-provider status” means that the provider has been approved by the board to provide any continuing education program. Approved-provider status may be granted for a one-year probationary period to new applicants. After completion of the probationary year, any approved provider may reapply for approval every three years.
(b) “Client” means an individual, a family, or a group that receives social work services.
(c) “Client-therapist relationship” means a professional relationship in which an LMSW or LSCSW is engaged in the diagnosis and treatment of a mental disorder of the client.
(d) “Clinical practicum” means a formal component of the academic curriculum in a graduate-level social work educational program that engages the student in supervised clinical social work practice including direct client contact and that provides opportunities to apply classroom learning to actual practice situations in the field setting.
(e) “Clinical social work practice” means the professional application of social work theory and methods to the treatment and prevention of psychosocial problems, disability, or impairment, including emotional and mental disorders. Clinical social work practice shall include the following:
   (1) Assessment;
   (2) diagnosis;
   (3) treatment, including psychotherapy and counseling;
   (4) client-centered advocacy;
   (5) consultation;
   (6) evaluation; and
   (7) interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues.
(f) “Clinical supervision training plan” means a formal, written contract between a supervisor and a supervisee that establishes the supervisory framework for postgraduate clinical experience and the expectations and respon-
sibilities of the supervisor and the supervisee.

(g) “Consult,” as used in K.S.A. 65-6306 and K.S.A. 65-6319, and amendments thereto, means a contact made by the licensee with the appropriate medical professional for the purpose of promoting a collaborative approach to the client’s care and informing the medical professional of the client’s symptoms, but not for the purpose of confirming the diagnosis. The timing of any consult by the licensee shall be managed in a way that enhances the progress of assessment, diagnosis, and treatment, and shall not be required to be completed in the initial session of service delivery.

(h) “Continuing education” means a formally organized learning experience that has education as its explicit, principal intent and that is oriented toward the enhancement of social work practice, values, skills, knowledge, and ethics.

(i) “Direct client contact” means the provision of social work services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

(j) “Dual relationship” means a professional relationship with a client, student, or supervisee in which the objectivity of the licensee is impaired or compromised because of any of the following present or previous relationships:
(1) Familial;
(2) sexual;
(3) social;
(4) emotional;
(5) financial;
(6) supervisory; or
(7) administrative.

(k) “Extenuating circumstances” means any condition or situation caused by events beyond a person’s control that is sufficiently extreme in nature to result in either of the following:
(1) The person’s inability to comply with the requirements of this regulation; or
(2) the inadvisability of requiring the person to comply with the requirements of this regulation.

(l) “LBSW” means a licensed baccalaureate social worker.

(m) “LMSW” means a licensed master social worker.

(n) “LSCSW” means a licensed specialist clinical social worker.

(o) “Malfeasance” means the performance of an act that a licensee should not perform.

(p) “Merits the public trust” means that an applicant or licensee possesses the high standard of good moral character and fitness required to practice social work as demonstrated by the following personal qualities:
(1) Good judgement;
(2) integrity;
(3) honesty;
(4) fairness;
(5) credibility;

(6) reliability;
(7) respect for others;
(8) respect for the laws of the state and the nation;
(9) self-discipline;
(10) self-evaluation;
(11) initiative; and
(12) commitment to the social work profession values and ethics.

(q) “Misfeasance” means the improper performance of a lawful act by a licensee.

(r) “Nonfeasance” means the omission of an act that a licensee should perform.

(s) “Practice setting” means the public or private social work delivery system within which social work is practiced or social work services are delivered.

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(u) “Practice setting” means the public or private social work delivery system within which social work is practiced or social work services are delivered.

(v) “Prior-approved continuing education” means any of the following forms of continuing education:
(1) Any single-program material that has been submitted by a provider to the board, approved by the board, and assigned a continuing education number;
(2) any program offered by a provider with approved-provider status; or
(3) academic social work courses audited or taken for credit.

(w) “Private, independent practice of social work” means the unsupervised provision of social work services as a self-employed person, a member of a partnership, a member of a professional corporation, or a member of a group, and not as a salaried employee of a person or a public or private agency, organization, institution, or other entity.

(x) “Retroactively approved continuing education” means material submitted for continuing education credit by the licensee after attending the workshop, conference, or other offering and that is reviewed and subsequently approved by the board.

(y) “Single-program provider status” means that the provider has been granted approval to offer a specific continuing education program.

(z) “Social work consultation” means a voluntary professional relationship in which the consultant offers advice and expertise that the consultee can either accept or reject and in which the objectives and requirements of social work supervision as defined in subsection (bb) and K.A.R. 102-2-8 are lacking. Social work consultation shall not be substituted for supervision.

(aa) “Social work practice specialty” means a postgraduate practice with emphasis upon a specific, identifiable field of practice.

(bb) “Social work supervision” means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of social work.
(cc) “Termination of a client relationship” means the end of the professional relationship resulting from any of the following:
(1) The mutual consent of the social worker and the client;
(2) the completion of therapeutic or casework services;
(3) dismissal of the social worker by the client;
(4) dismissal of the client by the social worker; or
(5) the transfer of the client to another professional for active therapy or casework services with the belief that services will continue.

(dd) (1) “Under direction” means the formal relationship between the individual providing direction and the licensee in which both of the following conditions are met:
(A) The directing individual provides the licensee, commensurate with the welfare of the client and the education, training, and experience of the licensee with the following:
(i) Professional monitoring and oversight of the social work services provided by the licensee;
(ii) regular and periodic evaluation of treatment provided to clients by the licensee; and
(iii) verification that direction was provided to the licensee.
(B) The licensee receiving direction provides the following to the board, with each license renewal:
(i) The name, identifying information, and type of licensee of the directing individual;
(ii) a description of the work setting and the social work services provided under direction; and
(iii) documentation that direction was provided, including dates, location, and length of time as verified by the directing individual.

(2) A licensed master social worker who is practicing clinical social work under supervision as specified in K.A.R. 102-2-8(d) shall be deemed to be practicing under direction.

(ee) “Undue influence” means the misuse of one’s professional position of confidence, trust, or authority or the taking advantage of the vulnerability, weakness, infirmity, or distress of a client, supervisee, or student for either of the following purposes:
(1) To improperly influence or change the actions or decisions of a client, supervisee, or student; or
(2) to exploit a client, supervisee, or student for the financial gain, personal gratification, or advantage of the social worker or a third party. (Authorized by and implementing K.S.A. 74-7507; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended April 3, 1989; amended Feb. 25, 1991; amended Aug. 4, 2000; amended Dec. 16, 2022.)

102-2-8. Supervision. (a) Supervision of nonlicensed social work service providers who participate in the delivery of social work services.

(1) Social work consultation shall not meet the supervision requirements for any nonlicensed social work service provider.

(2) Each licensee supervising one or more nonlicensed individuals who participate in the delivery of social work services shall specifically delineate the duties of each nonlicensed individual and provide a level of supervision that is consistent with the training and ability of the nonlicensed social work service provider.

(3) Each licensee supervising one or more nonlicensed persons who participate in the delivery of social work services shall develop a written agreement. The agreement shall consist of specific goals and objectives, the means to attain the goals, and the manner in which the goals relate to the overall objective for supervision of the nonlicensed social work service provider. The licensee shall maintain the following documentation associated with the written agreement:
(A) A copy of the written agreement signed by both the licensee and the nonlicensed person;
(B) a summary of the types of clients and situations dealt with at each supervisory session;
(C) a written explanation of the relationship of the goals and objectives of supervision to each supervisory session; and
(D) the length of time spent in each supervisory session.

(4) The supervisor shall provide no fewer than four hours of supervision per month for each supervisee.

(5) The supervisor shall not have a dual relationship with the supervisee.

(b) Supervision of nonlicensed student social work service providers.

(1) Social work consultation shall not meet the supervision requirements for any nonlicensed student social work service provider.

(2) Each licensee supervising one or more nonlicensed students in the delivery of social work services shall specifically delineate each student’s duties and provide a level of supervision consistent with the training and ability of each student.

(3) Each licensee supervising one or more nonlicensed students who participate in the delivery of social work services shall develop a written agreement for each student that is consistent with the requirements of the student’s academic social work program.

(4) The supervisor shall not have a dual relationship with the supervisee.

(c) Supervision of holders of temporary social work licenses.

(1) Social work consultation shall not meet the supervision requirements for any holder of a temporary social work license.

(2) Each licensee supervising one or more individuals who hold a temporary social work license shall specifically delineate the duties of each temporary license holder and provide a level of supervision consistent with the training and ability of each individual.

(3) Each licensee supervising a temporary social work license holder and that individual shall develop a written agreement. This agreement shall consist of specific goals and objectives, the means to attain the goals, and the manner in which the goals relate to the overall objective for supervision of that person. The licensee shall maintain the following documentation associated with the written agreement:
(A) A copy of the written agreement signed by both the licensee and the temporary social work license holder;
(B) a summary of the types of clients and situations
dealt with at each supervisory session;  
(C) a written explanation of the relationship of the goals and objectives of supervision to each supervisory session; and  
(D) the length of time spent in each supervisory session.  
(4) At least one hour of supervision shall be provided for each 40 hours of service delivery.  
(5) The supervisor shall not have a dual relationship with the supervisee.  
(d) Supervision of persons engaged in private practice or persons seeking licensure as a specialist clinical social worker.  
(1) A licensed specialist clinical social worker shall supervise the practice or delivery of social work services by the following persons:  
(A) Any licensee who is attaining the two years of supervised experience required for licensure as a specialist clinical social worker; and  
(B) any licensee who is not a licensed specialist clinical social worker and who is engaged in private clinical practice.  
(2) Any person attaining the supervised experience required for licensure as a specialist clinical social worker may be supervised by a social worker who is licensed as a clinical social worker authorized to engage in the private, independent practice of social work in another state and who is otherwise qualified.  
(3) To qualify as a supervisor, a licensed specialist clinical social worker shall meet these requirements:  
(A) Have practiced as a specialist clinical social worker, in a position that included assessment, diagnoses, and psychotherapy, for two years beyond the date of clinical licensure. This requirement shall apply to each individual commencing a new supervisory relationship on or after April 15, 2009;  
(B) have, in full or in part, professional responsibility for the supervisee’s practice of social work or delivery of social work services;  
(C) not have a dual relationship with the supervisee;  
(D) not be under sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;  
(E) have knowledge of and experience with the supervisee’s client population;  
(F) have knowledge of and experience with the methods of practice that the supervisee employs;  
(G) have an understanding of the organization and administrative policies and procedures of the supervisee’s practice setting; and  
(H) be a member of the staff for that practice setting or meet the requirements of paragraph (d)(4).  
(4) If a qualified supervisor is not available from among staff in the supervisee’s practice setting, the supervisee may secure an otherwise qualified supervisor outside of the practice setting if all of the following conditions are met:  
(A) The supervisor has a complete understanding of the practice setting’s mission, policy, and procedures.  
(B) The extent of the supervisor’s responsibility for the supervisee is clearly defined with respect to client cases to be supervised, the supervisor’s role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.  
(C) The responsibility for payment for supervision is clearly defined.  
(D) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.  
(E) The parameters of client confidentiality are clearly defined and agreed to by the client.  
(5) Each social work practice supervisor shall perform these duties:  
(A) Meet according to K.A.R. 102-2-12(c)(4) with the supervisee for clinical supervision throughout the postgraduate supervised professional experience for at least one hour of clinical supervision for every 15 hours of direct client contact;  
(B) meet with not more than six supervisees at a time in the supervisory meetings;  
(C) provide oversight, guidance, and direction of the supervisee’s practice of social work or delivery of social work services by assessing and evaluating the supervisee’s performance;  
(D) conduct supervision as a process distinct from personal therapy, didactic instruction, or social work consultation;  
(E) ensure that the scope of the supervisor’s own responsibility and authority in the practice setting has been clearly defined;  
(F) provide documentation of supervisory qualifications to the supervisee;  
(G) periodically evaluate the supervisee’s role, use of a theoretical base, and use of social work principles;  
(H) provide supervision in accordance with the written clinical supervision training plan;  
(I) maintain documentation of supervision;  
(J) provide the documentation required by the board upon a supervisee’s application for licensure in sufficient detail to enable the board to evaluate the extent and quality of the supervisee’s supervised experience;  
(K) provide a level of supervision that is consistent with the education, training, experience, and ability of the supervisee; and  
(L) ensure that each client knows that the supervisee is practicing social work or participating in the delivery of social work services under supervision.  
(6) Each supervisor and supervisee shall develop and cosign a written clinical supervision training plan at the beginning of the supervisory relationship. The supervisee shall submit an official position description and the training plan to the board and shall receive board approval of the plan before any supervised professional experience hours for clinical licensure can begin to accrue. This plan shall clearly define and delineate the following items:  
(A) The supervisory context, which shall include the purpose of supervision;  
(B) a summary of the types of clients with whom and the situations in which the supervisee will typically work, as evidenced by the supervisee’s official position description;  
(C) a plan that describes the supervision goals and objectives, the means to attain and evaluate progress to-
wards the goals, and the manner in which the goals relate to the overall objective of supervision;
(D) the format and schedule for supervision;
(E) the supervisor’s responsibilities;
(F) the supervisee’s responsibilities;
(G) the plans for both the supervisee’s and the supervisor’s documentation of the date, length, method, content, and format of each supervisory meeting and the supervisee’s progress toward the learning goals;
(H) the plans for documenting the 3,000 hours of post-graduate supervised clinical social work experience, which shall include specifically documenting the 1,500 hours of direct client contact providing psychotherapy and assessment;
(I) the plan for notifying clients of the following information:
(i) The fact that the supervisee is practicing social work or participating in the delivery of social work services under supervision;
(ii) the limits of client confidentiality within the supervisory process; and
(iii) the name, address, and telephone number of the supervisor or other person with administrative authority over the supervisee;
(J) a plan to address and remedy circumstances in which there is a conflict between the supervisor and the supervisee;
(K) the date on which the supervisor and supervisee entered into the clinical supervision training plan, the time frame that the plan is intended to encompass, and the process for termination of the supervisory relationship by either party;
(L) the steps for amending or renegotiating the clinical supervision training plan, if warranted, including submitting written notification of these changes to the board office as specified in paragraph (d)(7); and
(M) a statement identifying the person who is responsible for payment, the terms of payment, and the mutual obligations and rights of each party with respect to compensation, if there is any compensation for supervisory services.

(7) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 65-6303, K.S.A. 2021 Supp. 65-6306, as amended by 2022 SB 453, sec. 3, K.S.A. 65-6308, K.S.A. 2021 Supp. 65-6309 and K.S.A. 74-7507; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended Feb. 25, 1991; amended Oct. 24, 1997; amended Aug. 4, 2000; amended Aug. 13, 2004; amended April 22, 2005; amended Feb. 13, 2009; amended Dec. 16, 2022.)

102-2-12. Licensed specialist clinical social work licensure requirements. (a) In order for an applicant who earns a degree before July 1, 2003 to qualify for licensure as a licensed specialist clinical social worker, the applicant shall meet, as a part of or in addition to the educational requirements specified in K.S.A. 65-6306 and amendments thereto, the following educational requirements:

(1) Satisfactory completion of at least three graduate academic hours in a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders classified in the diagnostic manuals commonly used as a part of accepted social work practice;
(2) satisfactory completion of a graduate-level, clinically-oriented social work practicum that meets the following requirements:

(A) Is taken after completion of the graduate-level, clinically-focused academic courses that are requisite to entering the clinical practicum;
(B) is an integrated, conceptually organized academic experience and is not an after-the-fact tabulation of clinical experience;
(C) occurs in a practice setting that, by its nature and function, clearly supports clinical social work practice and consistently provides opportunities for the supervised application of clinical social work practice knowledge, skills, values, and ethics; and
(D) provides training and close supervision in a wide range of clinical social work practice activities with a population of clients presenting a diverse set of problems and backgrounds.
(b) Each applicant for licensure as a specialist clinical social worker who earns a degree on or after July 1, 2003 shall meet the following requirements:

(1) Satisfactory completion of 15 graduate-level credit hours supporting diagnosis or treatment of mental disorders using the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-2-14. Three of the 15 credit hours shall consist of a discrete academic course whose primary and explicit focus is upon psychopathology and the diagnosis and treatment of mental disorders as classified in the “diagnostic and statistical manual of mental disorders.” The 15 graduate-level credit hours shall be from a social work program accredited by the council on social work education or a social work program in substantial compliance as prescribed in K.A.R. 102-2-6 and approved by the board; and
(2) completion of a graduate-level, supervised clinical practicum of professional experience that includes psychotherapy and assessment. The practicum shall integrate diagnosis and treatment of mental disorders with use of the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-2-14.
(c) Each applicant for licensure as a specialist clinical social worker shall meet the following requirements:

(1) Develop and consign with the supervisor a clinical supervision training plan for the postgraduate supervised clinical experience required by K.S.A. 65-6306 and amendments thereto, on forms provided by the board. The applicant shall submit this plan to the board for consideration for approval before beginning clinical supervision. The clinical supervision training plan shall comply with K.A.R. 102-2-8 (d). If changes or amendments to the plan occur after initial board approval, these changes or
amendments shall be submitted to the board for consideration for approval;

(2) complete, in not less than two years and not more than six years, at least 3,000 hours of satisfactorily evaluated postgraduate, supervised clinical social work practice experience under the supervision of a qualified licensed specialist clinical social worker. At least 1,500 hours of the applicant’s total postgraduate, supervised clinical experience shall be direct client contact conducting psychotherapy and assessments with individuals, couples, families, or groups;

(3) complete all required practice under supervision in accordance with K.A.R. 102-2-8 (d); and

(4) participate in at least one hour of clinical supervision for each 15 hours of direct client contact to total 100 hours of clinical supervision. At least 50 hours of supervision shall be individual supervision. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing. There shall be at least two separate clinical supervision sessions per month, at least one of which shall be individual supervision. The supervision shall integrate the diagnosis and treatment of mental disorders with the use of the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-2-14.

(d) At the time of the individual’s application for licensure as a specialist clinical social worker, the applicant’s supervisor shall submit documentation that is satisfactory to the board and enables the board to evaluate the nature, quality, and quantity of the applicant’s supervised clinical social work experience. This documentation shall include the following information:

(1) A written summary of the types of clients and situations dealt with during the supervisory sessions;

(2) a written summary that addresses the degree to which the goals and objectives of supervision have been met;

(3) a written statement and supportive documentation that describes the applicant’s practice setting and provides a summary of the applicant’s practice activities and responsibilities that occurred while under supervision;

(4) a statement indicating whether or not the applicant merits the public trust; and


Article 3.—PROFESSIONAL COUNSELORS; FEES

102-3-1a. Definitions. Each of the following terms, as used in this article of the board’s regulations, shall have the meaning specified in this regulation:

(a) “Board” means behavioral sciences regulatory board.

(b) “Client” means a person who is a direct recipient of professional counseling services.

(c) “Clinical professional counselor practice” means the professional application of professional counseling theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical professional counseling shall include the following:

(1) Assessment;

(2) diagnosis of mental disorders;

(3) planning and treatment, which may include psychotherapy and counseling;

(4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues;

(5) consultation; and

(6) evaluation, referral, and collaboration.

(d) “Clinical supervision training plan” means a formal, written agreement that establishes the supervisory framework for postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and the supervisee.

(e) “Consultation” means a voluntary, professional relationship in which the consultant offers the consultant’s best advice and expertise that the consultee can either accept or reject and in which the objectives and requirements of supervision as established in K.A.R. 102-3-7a are lacking. Consultation shall not be substituted for professional counseling supervision.

(f) “Continuing education” means formally organized programs or activities that are designed to and have content intended to enhance the professional counselor’s or clinical professional counselor’s knowledge, skill, values, ethics, and ability to practice as a professional counselor or as a clinical professional counselor.

(g) “Direct client contact” means the provision of professional counseling services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

(h) “Dual relationship” means a professional relationship in which the objectivity or competency of the licensee is impaired or compromised because of any of the following present or previous relationships with the client or supervisee:

(1) Familial;

(2) sexual;

(3) emotional; or

(4) financial.

(i) “Extenuating circumstances” means any condition or situation caused by events beyond a person’s control that is sufficiently extreme in nature to result in either of the following:

(1) The person’s inability to comply with the requirements of this regulation; or

(2) the inadvisability of requiring the person to comply with the requirements of this regulation.
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(j) “Job orientation” and “on-the-job training” mean a training program or presentation of information that is so specific to a particular job or employment position that it bears no generalization to any other work setting.

(k) “Malfeasance” means doing an act that a licensee should not do.

(l) “Merits the public trust” means that an applicant or licensee possesses the high standard of good moral character and fitness that is required to practice professional counseling as demonstrated by the following personal qualities:

1. Good judgment;
2. Integrity;
3. Honesty;
4. Fairness;
5. Credibility;
6. Reliability;
7. Respect for others;
8. Respect for the laws of the state and nation;
9. Self-discipline;
10. Self-evaluation;
11. Initiative; and
12. Commitment to the professional counseling profession and its values and ethics.

(m) “Misfeasance” means the improper performance of a lawful act by a licensee.

(n) “Nonfeasance” means the omission of an act that a licensee should do.

(o) “One hour” means either of the following:

1. One period of 50-60 continuous minutes; or
2. Two periods of 25-30 continuous minutes each.

(p) “One year of professional experience” means a total of 1,500 clock-hours of postgraduate supervised experience in professional counseling.

(q) “Practice setting” means any public or private counseling service agency or delivery system within which professional counseling is practiced or professional counseling services are delivered.

(r) “Practicum” and “internship” mean a formal component of an academic curriculum in the professional counseling program that engages the student in supervised, professional counseling practice and provides opportunities to apply classroom learning to actual practice situations in a field setting.

(s) “Professional counseling supervision” means a formal relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of professional counseling.

(t) “Prior-approved continuing education” means any of the following forms of continuing education:

1. Any single-program material that has been submitted by a provider to the board, approved by the board, and assigned a continuing education number;
2. Any program offered by a provider with approved-provider status; or
3. Academic counseling courses audited or taken for credit.

(u) “Quarter credit hour” means two-thirds of a semester hour. Quarter credit hours shall be rounded as follows:

1. One quarter credit hour equals .7 semester hours.
2. Two quarter credit hours equal 1.3 semester hours.
3. Three quarter credit hours equal 2.0 semester hours.
4. Four quarter credit hours equal 2.7 semester hours.
5. Five quarter credit hours equal 3.3 semester hours.

(v) “Related field” means a degree program in the helping professions and may include any of the following:

1. Education;
2. Human development and family studies;
3. Marriage and family therapy;
4. Psychology;
5. Social work; or
6. Theology.

(w) “Semester hour,” as used in K.A.R. 102-3-3a, means at least 13 clock-hours of formal didactic classroom instruction that occurred over the course of an academic semester and for which the applicant received formal graduate academic credit.

(x) “Termination of the professional counseling relationship” means the end of the professional relationship resulting from any of the following:

1. The mutual consent of the counselor and the client;
2. The completion of counseling services;
3. Dismissal of the counselor by the client;
4. Dismissal of the client by the counselor; or
5. The transfer of the client to another professional for active treatment or therapy with the belief that treatment will continue.

(y) “Under direction” means the formal relationship between the individual providing direction and the licensed professional counselor in which both of the following conditions are met:

1. The directing individual provides the licensee, commensurate with the welfare of the client and the education, training, and experience of the licensee, with the following:
   (A) Professional monitoring and oversight of the professional counseling services provided by the licensee;
   (B) Regular and periodic evaluation of treatment provided to clients by the licensee; and
   (C) Verification that direction was provided to the licensee.

2. The licensee receiving direction provides the board with the following for each license renewal:
   (A) The name, identifying information, and type of license of the directing individual;
   (B) A description of the work setting and the professional counseling services conducted under direction; and
   (C) Documentation that direction was given, including dates, location, and length of time as verified by the directing individual.

(z) “Undue influence” means the misuse of one’s professional position of confidence, trust, or authority over a client or supervisee or the taking advantage of a client’s vulnerability, weakness, infirmity, or distress for either of the following reasons:

1. To improperly influence or change the actions or decisions of a client or supervisee; or
2. To exploit a client or supervisee for the counselor’s or a third party’s financial gain, personal gratification, or advantage. (Authorized by and implementing K.S.A. 74-7507; effective Dec. 19, 1997; amended Aug. 4, 2000;
102-3-3a. **Education requirements.** To qualify for licensure as a professional counselor or a clinical professional counselor, the applicant’s education shall meet the applicable requirements specified in this regulation.

(a) Each of the following terms, as used in this regulation, shall have the meaning specified in this subsection:

(1) “Core faculty member” means an individual who is part of the program’s teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual’s role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual’s name in public and departmental documents.

(2) “In residence,” when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing course work during which the student and one or more core faculty members are in face-to-face contact.

(3) “Primary professional employment” means at least 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

(b) At the time of application, each applicant shall have met the following requirements:

(1) Received either a master’s or a doctoral degree in counseling, or a related field, from a program that meets one of the following requirements:

(A) Is not below the accreditation standards of the council for the accreditation of counseling and related educational programs; or

(B) meets the requirements in subsections (f) and (g); and

(2) as a part of or in addition to the coursework completed for the graduate degree in counseling or a related field, completed at least 60 graduate semester hours, or the academic equivalent, of which at least 45 graduate semester hours, or the academic equivalent, shall clearly meet the coursework requirements in subsection (c).

(c) Each applicant shall have satisfactorily completed formal academic coursework that contributes to the development of a broad conceptual framework for counseling theory and practice as a basis for more advanced academic studies. This formal academic coursework shall consist of at least 45 graduate semester hours, or the academic equivalent, that are distributed across the substantive content areas provided in this subsection. None of these credit hours shall be earned through independent study courses. There shall be at least two discrete and unduplicated semester hours, or the academic equivalent, in each of the following substantive content areas:

(1) Counseling theory and practice, which shall include studies in the basic theories, principles, and techniques of counseling and their applications to professional settings;

(2) the helping relationship, which shall include studies in the philosophical bases of helping relationships and the application of the helping relationship to counseling practice, as well as an emphasis on the development of practitioner and client self-awareness;

(3) group dynamics, processes, and counseling approaches and techniques, which shall include studies in theories and types of groups, as well as descriptions of group practices, methods, dynamics, and facilitative skills;

(4) human growth and development, which shall include studies that provide a broad understanding of the nature and needs of individuals at all developmental levels and in multicultural contexts;

(5) career development and lifestyle foundations, which shall include studies in vocational theory, the relationship between career choice and lifestyle, sources of occupational and educational information, approaches to career decision-making processes, and career development exploration techniques;

(6) appraisal of individuals and studies and training in the development of a framework for understanding the individual, including methods of data gathering and interpretation, individual and group testing, and the study of individual differences;

(7) social and cultural foundations, which shall include studies in change processes, ethnicity, subcultures, families, gender issues, the changing roles of women, sexism, racism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns. These studies may come from the behavioral sciences, economics, political science, and similar disciplines;

(8) research and evaluation, which shall include studies in the areas of statistics, research design, development of research, development of program goals and objectives, and evaluation of program goals and objectives;

(9) professional orientation, which shall include studies in the goals and objectives of professional organizations, codes of ethics, legal considerations, standards of preparation and practice, certification, licensing, and the role identities of counselors and others in the helping professions; and

(10) supervised practical experience, which shall include studies in the application and practice of the theories and concepts presented in formal study. This experiential practice shall be performed under the close supervision of the instructor and on-site supervisor with the use of direct observation and the preparation and review of written case notes. Direct observation may include the use of one-way mirrors in a counseling laboratory, the use of videotaped or audiotaped sessions, or the use of synchronous videoconferencing or similar synchronous communication devices.

(d) Each applicant for licensure as a clinical professional counselor whose master’s or doctoral degree is earned before July 1, 2003 shall have earned the graduate degree in accordance with subsections (b) and (c).

(e) Each applicant for licensure as a clinical professional counselor whose master’s or doctoral degree is earned
on or after July 1, 2003 shall meet the following education requirements:

(1) Have earned a graduate degree in accordance with subsections (b) and (c);

(2) in addition to or as a part of the academic requirements for the graduate degree, have completed 15 graduate semester credit hours, or the academic equivalent, supporting diagnosis and treatment of mental disorders using the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-3-15. The 15 graduate semester credit hours, or the academic equivalent, shall include both of the following:

(A) The applicant shall have satisfactorily completed two graduate semester hours, or the academic equivalent, of discrete coursework in ethics and two graduate semester hours, or the academic equivalent, of discrete coursework in psychopathology and diagnostic assessment, including the study of the latest edition of the “diagnostic and statistical manual of mental disorders” and assessment instruments that support diagnosis.

(B) The applicant shall have satisfactorily completed coursework addressing treatment approaches and interdisciplinary referral and collaboration; and

(3) Have met one of the following experience requirements:

(A) Satisfactory completion of a graduate-level, supervised clinical practicum of professional experience that includes psychotherapy and assessment. The practicum shall integrate diagnosis and treatment of mental disorders with use of the “diagnostic and statistical manual of mental disorders” adopted in K.A.R. 102-3-15 and shall include at least 280 hours of direct client contact; or

(B) completion of additional direct client contact hours providing psychotherapy and assessment as part of the postgraduate supervised experience. The experience shall consist of the number of hours that the applicant was lacking to attain 280 hours of direct client contact during the practicum. The postgraduate hours and the practicum hours completed shall total at least 280 hours. This experience shall be in addition to the 3,000 hours of postgraduate, supervised experience required for each licensed clinical professional counselor as required in K.A.R. 102-3-7a.

(f) In order to be approved by the board, each educational program in professional counseling, or a related field, shall meet the following requirements:

(1) Have established program admission requirements that are based, in part or in full, on objective measures or standardized achievement tests and measures;

(2) require an established curriculum that encompasses at least two academic years of graduate study;

(3) have clear administrative authority and primary responsibility within the program for the core and specialty areas of training in professional counseling;

(4) have an established, organized, and comprehensive sequence of study that is planned by administrators who are responsible for providing an integrated educational experience in professional counseling;

(5) engage in continuous systematic program evaluation indicating how the mission objectives and student learning outcomes are measured and met;

(6) be chaired or directed by an identifiable person who holds a doctoral degree in counseling that was earned from a regionally accredited college or university upon that person’s actual completion of a formal academic training program;

(7) have an identifiable, full-time, professional faculty whose members hold earned graduate degrees in professional counseling or a related field;

(8) have an established, identifiable body of students who are formally enrolled in the program with the goal of obtaining a degree;

(9) require an appropriate practicum, internship, or field or laboratory training in professional counseling that integrates didactic learning with supervised clinical experience;

(10) conduct an ongoing, objective review and evaluation of each student’s learning and progress and report this evaluation in the official student transcripts;

(11) require that at least 30 graduate semester credit hours, or the academic equivalent, of coursework be completed in residence at one institution and require that the practicum or internship be completed at the same institution; and

(12) require that the number of graduate semester hours, or the academic equivalent, delivered by adjunct faculty does not exceed the number of graduate semester hours, or the academic equivalent, delivered by core faculty members.

(g) In order for an applicant to qualify for licensure, the college or university at which the applicant completed the degree requirements for counseling or a related field shall meet these requirements:

(1) Be regionally accredited, with accreditation standards equivalent to those met by Kansas colleges and universities;

(2) document in official publications, including course catalogs and announcements, the program description and standards and the admission requirements of the professional counseling education and training program;

(3) identify and clearly describe in pertinent institutional catalogs the coursework, experiential, and other academic program requirements that must be satisfied before conferral of the graduate degree in counseling;

(4) clearly identify and specify in pertinent institutional catalogs its intent to educate and train professional counselors;

(5) have clearly established the professional counselor education program as a coherent entity within the college or university that, when the applicant’s graduate degree was conferred, met the program standards in subsection (f); and

(6) have conferred the graduate degree in counseling upon the applicant’s successful completion of an established and required formal program of studies.

(h) The following types of study shall not be substituted for or counted toward the coursework requirements of subsections (b), (c), (d), and (e):

(1) Academic coursework that the applicant completed as a part of or in conjunction with the undergraduate degree requirements;

(2) academic coursework that has been audited rather than graded;

(3) academic coursework for which the applicant re-
ceived an incomplete or failing grade;
(4) coursework that the board determines is not closely related to the field or practice of counseling;
(5) graduate or postgraduate coursework or training provided by any college, university, institute, or training program that does not meet the requirements of subsections (f) and (g); and
(6) any continuing education, in-service activity, or on-the-job training.

(i) The following types of study may be counted toward the 60 graduate semester hours required under paragraph (b)(2):
(1) No more than six graduate semester hours of independent study that is related to the field or practice of counseling, except that independent study shall not be used to meet any of the substantive content area requirements specified in subsection (c); and

102-3-7a. Postgraduate supervised professional experience requirement to be licensed as a clinical professional counselor. In order to be approved by the board for licensure as a clinical professional counselor, the applicant’s postgraduate supervised professional experience of professional counseling, totaling 3,000 hours of professional experience inclusive of 1,500 hours of direct client contact, shall meet all of the following requirements:

(a) Except as provided in subsection (b), one hour of clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience for each 15 hours of direct client contact. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing, specified as follows:
(1) At least 50 hours of individual supervision occurring with the supervisor and supervisee;
(2) up to 50 hours of group supervision with one supervisor and no more than six supervisees; and
(3) meet for at least one hour at least twice per month, at least one of which shall be individual supervision.
(b) Each applicant with a doctor’s degree in professional counseling shall complete at least one-half of the postgraduate supervised professional experience requirements as follows:
(1) At least 25 hours of individual supervision occurring with the supervisor and supervisee;
(2) up to 25 hours of group supervision with one supervisor and no more than six supervisees; and
(3) at least two separate supervisory sessions per month, one of which shall be individual supervision.
(c) The clinical supervisor of a person attaining the 3,000 hours of postgraduate supervised professional experience required for licensure as a clinical professional counselor, at the time of providing supervision, shall be a board-approved clinical supervisor and shall meet one of the following provisions:

(1) The clinical supervisor shall be a clinical professional counselor who is licensed in Kansas or is registered or licensed in another jurisdiction and who has practiced as a clinical professional counselor for two years beyond the supervisor’s licensure date.
(2) If a licensed clinical professional counselor is not available, the clinical supervisor may be a person who is qualified by educational coursework and degree for licensure as a clinical professional counselor in Kansas and who has at least five years of postgraduate professional experience in clinical professional counseling.
(3) Under extenuating circumstances approved by the board, the clinical supervisor may be a person who is licensed at the graduate level to practice in one of the behavioral sciences and whose authorized scope of practice permits the independent practice of counseling, therapy, or psychotherapy. The qualifying individual shall not have had less than two years of clinical practice beyond the qualifying licensure date when the individual provided the clinical supervision.

(d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:
(1) Have professional authority over and responsibility for the supervisee’s clinical functioning in the practice of professional counseling;
(2) not have a dual relationship with the supervisee;
(3) not be under any sanction from a disciplinary proceeding, unless this prohibition is waived by the board for good cause shown by the proposed supervisor;
(4) have knowledge of and experience with the supervisee’s client population;
(5) have knowledge of and experience with the methods of practice that the supervisee employs;
(6) have an understanding of the organization and the administrative policies and procedures of the supervisee’s practice setting; and
(7) be a staff member of the supervisee’s practice setting or meet the requirements of subsection (e).
(e) If a qualified clinical supervisor is not available from among staff in the supervisee’s practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:
(1) The supervisor has a solid understanding of the practice setting’s mission, policies, and procedures.
(2) The extent of the supervisor’s responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
(3) The responsibility for payment for supervision is clearly defined.
(4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.
(f) Each professional counseling clinical supervisor shall perform the following duties:
(1) Provide oversight, guidance, and direction of the supervisee’s clinical practice of professional counseling by assessing and evaluating the supervisee’s performance;
(2) conduct supervision as a process distinct from per-
sonal therapy, didactic instruction, or professional counseling consultation;
(3) provide documentation of supervisory qualifications to the supervisee;
(4) periodically evaluate the supervisee’s clinical functioning;
(5) provide supervision in accordance with the clinical supervision training plan;
(6) maintain documentation of supervision in accordance with the clinical supervision training plan;
(7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee’s professional experience and assign credit for that experience;
(8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
(9) ensure that each client knows that the supervisee is practicing professional counseling under supervision.

(g) Each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit this plan to the board and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:
(1) The supervisory context;
(2) a summary of the anticipated types of clients and the services to be provided;
(3) the format and schedule of supervision;
(4) a plan for documenting the following information:
(A) The date of each supervisory meeting;
(B) the length of each supervisory meeting;
(C) a designation of each supervisory meeting as an individual or group meeting;
(D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and
(E) an evaluation of the supervisee’s progress under clinical supervision;
(5) a plan for notifying clients of the following information:
(A) The fact that the supervisee is practicing professional counseling under supervision;
(B) the limits of client confidentiality within the supervisory process; and
(C) the name, address, and telephone number of the clinical supervisor;
(6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
(7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (h);
(8) the supervisee’s informed consent for the supervisor to discuss supervision or performance issues with the supervisee’s clients, the supervisee’s other professional counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
(9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.

(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 65-5804a; effective April 17, 1998; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004; amended Dec. 16, 2022.)

Article 4.—MASTER’S LEVEL PSYCHOLOGISTS

102-4-1a. Definitions. Each of the following terms, as used in this article of the board’s regulations, shall have the meaning specified in this regulation:
(a) “Academic equivalent,” as used in K.A.R. 102-4-3a, means the proportionate credit awarded for formal academic coursework when this coursework is completed on the basis of trimester credit hours or quarter credit hours rather than semester credit hours.
(b) “Alternate psychology supervisor” means a person who is not licensed or registered as a psychologist in the state or jurisdiction where the supervision occurred, but who meets all of the following alternate qualifications:
(1) The supervisor has received a graduate degree in psychology.
(2) The supervisor has practiced as a psychologist for at least two calendar years before supervising the applicant.
(3) The supervisor had legal authority to engage in the independent practice of psychology in Kansas or in the state or jurisdiction where the supervision occurred.
(c) “Client” means a person who is a direct recipient of master’s level psychology services or clinical psychotherapy services.
(d) “Clinical psychotherapy practice” means the independent practice of master’s level psychology and the application of psychology theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical psychotherapy shall include the following:
(1) Assessment;
(2) diagnosis of mental disorders;
(3) planning of treatment, which may include psychotherapy and counseling;
(4) treatment intervention directed at interpersonal interactions, intrapsychic dynamics, and life management issues;
(5) consultation; and
licensee possesses the high standard of good moral character and fitness that is required to practice master’s level psychology or clinical psychotherapy as demonstrated by the following personal qualities:

1. Good judgement;
2. integrity;
3. honesty;
4. fairness;
5. credibility;
6. reliability;
7. respect for others;
8. respect for the laws of the state and the nation;
9. self-discipline;
10. self-evaluation;
11. initiative; and
12. commitment to the psychology profession and its values and ethics.

(o) “Misfeasance” means the improper performance of a lawful act by a licensee.
(p) “Nonfeasance” means the omission of an act that a licensee is required to perform.
(q) “One hour” means either of the following:
   (1) One period of 50-60 continuous minutes; or
   (2) two periods of 25-30 continuous minutes each.
(r) “Postgraduate work experience” means the postgraduate, supervised practice of psychology that meets the requirements in K.A.R. 102-4-7a.
(s) “Practice of psychology,” “practice of master’s level psychology,” and “practice of master’s level psychology or clinical psychotherapy” mean the application by persons trained in psychology of established principles of learning, motivation, perception, thinking, and emotional relationships to problems of behavior adjustment, group relations, and behavior modification. The application of these principles may include the following activities and services:

1. Counseling and the use of psychological remedial measures with persons having adjustment or emotional problems in the areas of work, family, school, and personal relationships, whether those services are provided to individuals or in groups;
2. the measuring and testing of personality, intelligence, aptitudes, attitudes, and skills;
3. the teaching of the subject matter; and
4. the conducting of research on problems relating to human behavior, except that in all cases involving the care of the sick and ill as defined by the laws of this state, the primary responsibility shall remain with those individuals licensed under the Kansas healing arts board.
(t) “Practicum,” whether entitled a residency, an internship, or a field placement, means a formal component of the academic curriculum in the professional psychology program that engages the student in the supervised, professional practice of psychology and provides opportunities to apply classroom learning to actual practice situations in the field setting.
(u) “Prior-approved continuing education” means any of the following forms of continuing education:

1. Any single program for which the program material has been submitted by a provider to the board, approved by the board, and assigned a continuing education number;
2. any program offered by a provider with
approved-provider status; or

(3) academic psychology courses audited or taken for credit.

(v) “Professional psychology supervision” means the oversight established in a formal relationship between the supervisor and supervisee for the purpose of developing the supervisee’s responsibility, skill, knowledge, attitudes, and ethical standards in the practice of psychology.

(w) “Quarter credit hour” means two-thirds of a semester credit hour. Quarter credit hours shall be rounded as follows:

(1) One quarter credit hour equals .7 semester credit hours.
(2) Two quarter credit hours equal 1.3 semester credit hours.
(3) Three quarter credit hours equal 2.0 semester credit hours.
(4) Four quarter credit hours equal 2.7 semester credit hours.
(5) Five quarter credit hours equal 3.3 semester credit hours.

(x) “Semester credit hour,” as used in K.A.R. 102-4-3a, means a unit of academic credit based on at least 13 clock-hours of formal didactic classroom instruction that occurred over the course of an academic semester and for which the applicant received formal graduate academic credit.

(y) “Substantially equivalent” means equal in value in all essential and material requirements.

(z) “Termination of the professional relationship” means the end of the professional relationship between a licensee and a client resulting from any of the following:

(1) The mutual consent of the licensee and the client;
(2) the completion of the professional services;
(3) the dismissal of the client by the licensee;
or
(5) the transfer of the client to another professional for active treatment or therapy with the belief that treatment will continue.

(aa) “Trimester credit hour” means a unit of academic credit received under an academic year consisting of three equal terms. A trimester credit hour shall be equivalent to a semester credit hour.

(bb) “Under direction,” when used to describe a licensed master’s level psychologist, means that the licensee has a formal relationship with an individual providing guidance and oversight for the purpose of developing the supervisee’s responsibility, skill, knowledge, attitudes, and ethical standards in the practice of psychology.

(A) The name of the directing individual, the type of license held by the directing individual, and other pertinent identifying information; and

(B) a description of the work setting and the master’s level psychology services conducted under direction.

(cc) “Undue influence” means the misuse of one’s professional position of confidence, trust, or authority over a client or supervisee or the taking advantage of a client’s vulnerability, weakness, infirmity, or distress for either of the following purposes:

(1) To improperly influence or change a client’s or supervisee’s actions or decisions; or

(2) to exploit a client or supervisee for the financial gain, personal gratification, or advantage of the licensee or a third party. (Authorized by and implementing K.S.A. 74-7507; effective Dec. 19, 1997; amended Aug. 4, 2000; amended Oct. 27, 2006; amended Dec. 19, 2008; amended Dec. 16, 2022.)

102-4-7a. Postgraduate supervised professional work experience requirement. In order to be approved by the board for licensure as a clinical psychotherapist, the applicant’s postgraduate supervised professional experience of master’s level psychology shall meet all of the following requirements:

(a) One hour of clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience for each 15 hours of direct client contact. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing specified as follows:

(1) At least 50 hours of individual supervision occurring with the supervisor and supervisee;
(2) up to 50 hours of group supervision with one supervisor and no more than six supervisees; and
(3) meet for at least one hour at least twice per month, at least one of which shall be individual supervision.

(b) The clinical supervisor of a person attaining the postgraduate supervised professional experience required for licensure as a clinical psychotherapist, at the time of providing supervision, shall meet one of the following requirements:

(1) The clinical supervisor shall be a person licensed as a psychologist.

(2) The clinical supervisor shall be a person who is currently licensed in Kansas as a clinical psychotherapist and, beginning July 1, 2003, who has practiced as a clinical psychotherapist for two years beyond the supervisor’s licensure date.

(3) The clinical supervisor shall be a person with qualifications substantially equivalent to the requirements for licensure in Kansas as a clinical psychotherapist with at least two years of experience in the practice of master’s level psychology beyond the date of the supervisor’s registration, certification, or licensure that is acceptable to the board.

(c) In addition to the requirements of subsection (b), each clinical supervisor shall meet these requirements:

(1) Have professional authority over and responsibility for the supervisee’s clinical functioning in the practice of master’s level psychology;
(2) not have a dual relationship with the supervisee;
(3) not be under any sanction from a disciplinary proceeding, unless the board waives this prohibition for good cause shown by the proposed supervisor;
(4) have knowledge of and experience with the supervisee’s client population;
(5) have knowledge of and experience with the methods of practice that the supervisee employs;
(6) have an understanding of the organization and the administrative policies and procedure of the supervisee’s practice setting; and
(7) be a member of the practice setting staff or meet the requirements of subsection (d).
(d) If a qualified clinical supervisor is not available from among staff in the supervisee’s practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:
(1) The supervisor has a sound understanding of the practice setting’s mission, policies, and procedures.
(2) The extent of the supervisor’s responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
(3) The responsibility for payment for supervision is clearly defined.
(4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.
(e) Each clinical supervisor shall perform the following duties:
(1) Provide oversight, guidance, and direction of the supervisee’s clinical practice of master’s level psychology by assessing and evaluating the supervisee’s performance;
(2) conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy consultation;
(3) provide documentation of supervisory qualifications to the supervisee;
(4) periodically evaluate the supervisee’s clinical functioning;
(5) provide supervision in accordance with the clinical supervision training plan;
(6) maintain documentation of supervision in accordance with the clinical supervision training plan;
(7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on a board-approved form and in a manner that will enable the board to evaluate the extent and quality of the supervisee’s professional experience and assign credit for that experience;
(8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
(9) ensure that each client knows that the supervisee is practicing master’s level psychology under supervision.
(f) Each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit this plan to the board and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:
(1) The supervisory context;
(2) a summary of the anticipated types of clients and the services to be provided;
(3) the format and schedule of supervision;
(4) a plan for documenting the following information:
(A) The date of each supervisory meeting;
(B) the length of each supervisory meeting;
(C) a designation of each supervisory meeting as an individual or group meeting;
(D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and
(E) an evaluation of the supervisee’s progress under clinical supervision;
(5) a plan to notify clients of the following information:
(A) The fact that the supervisee is practicing master’s level psychology under supervision;
(B) the limits of client confidentiality within the supervisory process; and
(C) the name, address, and telephone number of the clinical supervisor;
(6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
(7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office as provided in subsection (h);
(8) the supervisee’s informed consent for the supervisor to discuss supervision or performance issues with the supervisee’s clients, the supervisee’s other clinical or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and
(9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.
(g) Supervised practicum hours completed in a doctoral program of study that is primarily psychological in content may be approved by the board toward the postgraduate supervised professional experience requirements for licensure as a clinical psychotherapist if the applicant meets both of the following conditions:
(1) The applicant received a master’s degree in psychology or clinical psychology and met the coursework, program, and college or university requirements in K.A.R. 102-4-3a before completing the doctoral practicum hours.
(2) The applicant’s doctoral-level practicum fully met the requirements in subsections (a), (b), (c), and (e).
(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice,
beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 74-5363; effective March 27, 1998; amended Aug. 4, 2000; amended Aug. 13, 2004; amended Dec. 16, 2022.)

Article 5.—LICENSING OF MARRIAGE AND FAMILY THERAPISTS

102-5-1. Definitions. Each of the following terms, as used in this article of the board’s regulations, shall have the meaning specified in this regulation:

(a) “Academic equivalent of a semester credit hour,” as used in K.A.R. 102-5-3, means the prorated proportionate credit for formal academic coursework when that coursework is completed on the basis of trimester or quarter hours rather than semester hours.

(b) “Client” means a person who is a direct recipient of marriage and family therapy services.

(c) “Clinical marriage and family therapy practice” means the professional application of marriage and family therapy theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including behavioral, emotional, and mental disorders. Clinical marriage and family therapy shall include the following:

(1) Assessment;
(2) diagnosis of mental disorders;
(3) planning of treatment, which may include psychotherapy and counseling;
(4) treatment intervention directed to interpersonal interactions, intrapsychic dynamics, and life management issues;
(5) consultation; and
(6) evaluation, referral, and collaboration.

(d) “Clinical supervision training plan” means a formal, written agreement that establishes the supervisory framework for postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and supervisee.

(e) “Consultation” means a voluntary, professional relationship in which the consultant offers the consultant’s best advice and expertise that the consultee can either accept or reject and in which the supervision objectives and requirements, as established in K.A.R. 102-5-7a, are lacking. Marriage and family therapy consultation shall not be substituted for supervision.

(f) “Continuing education” means programs or activities that are designed and have content intended to enhance the therapist’s knowledge, skill, values, ethics, and ability to practice as a marriage and family therapist or as a clinical marriage and family therapist.

(g) “Direct client contact” means the provision of marriage and family therapy services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

(h) “Dual relationship” means a professional relationship in which the objectivity or competency of the licensee is impaired or compromised because of any of the following present or previous relationships with a client or supervisee:

(1) Familial;
(2) sexual;
(3) emotional; or
(4) financial.

(i) “Extenuating circumstances” means any condition or situation caused by events beyond a person’s control that is sufficiently extreme in nature to result in either of the following:

(1) The person’s inability to comply with the requirements of this regulation; or
(2) the inadvisability of requiring the person to comply with the requirements of this regulation.

(j) “Group format,” for the purposes of clinical practicum supervision, means face-to-face, simultaneous supervision with not more than six supervisees.

(k) “Individual format,” for the purposes of clinical practicum supervision, means face-to-face supervision with one supervisor and one supervisee.

(l) “Job orientation” and “on-the-job training” mean a training program or presentation of information that is so specific to a particular job or employment position that it bears no generalization to any other work setting.

(m) “Malfeasance” means doing an act that a licensee should not do.

(n) “Marriage and family therapy supervision” means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skill, knowledge, attitudes, and ethical standards in the practice of marriage and family therapy.

(o) “Merits the public trust” means that an applicant or licensee possesses the high standard of good moral character and fitness that is required to practice marriage and family therapy as demonstrated by the following personal qualities:

(1) Good judgement;
(2) integrity;
(3) honesty;
(4) fairness;
(5) credibility;
(6) reliability;
(7) respect for others;
(8) respect for the laws of the state and nation;
(9) self-discipline;
(10) self-evaluation;
(11) initiative; and
(12) commitment to the marriage and family therapy profession and its values and ethics.

(p) “Misfeasance” means the improper performance of a lawful act by a licensee.

(q) “Nonfeasance” means the omission of an act that a licensee should do.

(r) “One hour” means either of the following:

(1) One period of 50-60 continuous minutes; or
(2) two periods of 25-30 continuous minutes each.

(s) “One year of professional experience” means a total of 1,500 clock-hours of postgraduate supervised experience in marriage and family therapy.
(t) “Practice setting” means the public or private marriage and family therapy service agency or delivery system within which marriage and family therapy is practiced or marriage and family therapy services are delivered.

(u) “Practicum or its equivalent” means a formal component of the academic curriculum in the marriage and family therapy or a related field educational program that includes the following components:

(1) Engages the student in supervised marriage and family therapy practice; and
(2) provides the student with opportunities to apply classroom learning to actual marriage and family therapy practice situations in the field setting.

(v) “Prior-approved continuing education” means any of the following forms of continuing education:

(1) Any single-program material that has been submitted by a provider to the board, approved by the board, and assigned a prior-approved continuing education number;
(2) any program offered by a provider with approved-provider status; or
(3) academic marriage and family therapy courses that are either audited or taken for credit.

(w) “Related field” means a degree program in the helping professions and may include any of the following:

(1) Social work;
(2) psychology;
(3) counseling;
(4) healing arts;
(5) nursing;
(6) education;
(7) human development and family studies; or
(8) theology.

(x) “Semester credit hour,” as used in K.A.R. 102-5-3, means at least 13 clock-hours of formal, didactic classroom instruction that occurred over the course of an academic semester and for which the applicant received formal graduate academic credit.

(y) “Termination of a marriage and family therapy relationship” means the end of the professional relationship that results from any of the following actions or situations:

(1) The mutual consent of the therapist and client;
(2) the completion of therapy;
(3) dismissal of the therapist by the client;
(4) dismissal of the client by the therapist; or
(5) the transfer of the client to another professional for active treatment or therapy with the belief that treatment will continue.

(z) “Under the direction” means the formal relationship between the individual providing direction and the licensed marriage and family therapist in which both of the following conditions are met:

(1) The directing individual provides the licensee, commensurate with the welfare of the client and the education, training, and experience of the licensee, with the following:

(A) Professional monitoring and oversight of the marriage and family therapy services provided by the licensee;
(B) regular and periodic evaluation of treatment provided to clients by the licensee; and
(C) verification that direction was provided to the licensee.
(2) The licensee receiving direction provides the board, with each license renewal, with the following:

(A) The name, identifying information, and type of license of the directing individual;
(B) a description of the work setting and the marriage and family therapy services conducted under direction; and
(C) documentation that direction was given, including dates, location, and length of time as verified by the directing individual.

(aa) “Undue influence” means the misuse of one’s professional position of confidence, trust, or authority over a client or supervisee or the taking advantage of a client’s vulnerability, weakness, infirmity, or distress for either of the following purposes:

(1) To improperly influence or change a client’s or supervisee’s actions or decisions; or
(2) to exploit a client or supervisee for the therapist’s or a third party’s financial gain, personal gratification, or advantage. (Authorized by and implementing K.S.A. 74-7507; effective March 29, 1993; amended Dec. 19, 1997; amended Aug. 4, 2000; amended Dec. 16, 2022.)

102-5-7a. Professional postgraduate supervised experience requirement for a clinical marriage and family therapist. In order to be approved by the board for licensure as a clinical marriage and family therapist, the applicant’s postgraduate supervised professional experience of marriage and family therapy, totaling 3,000 hours of professional experience inclusive of 1,500 hours of direct client contact, shall meet all of the following requirements:

(a) Except as provided in subsection (b), one hour of clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience for each 15 hours of direct client contact. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing, as follows:

(1) At least 50 hours of individual clinical supervision occurring with the supervisor and supervisee;
(2) up to 50 hours of clinical supervision with one supervisor and no more than six supervisees; and
(3) meet for at least one hour twice per month, at least one of which shall be individual supervision.

(b) Each applicant with a doctor’s degree in marriage and family therapy or a related field as defined in K.A.R. 102-5-1 shall complete at least one-half of the postgraduate supervised professional experience requirements as follows:

(1) At least 25 hours of individual supervision occurring with the supervisor and supervisee;
(2) up to 25 hours of supervision with one supervisor and no more than six supervisees; and
(3) at least two separate supervisory sessions per month, at least one of which shall be individual supervision.

(c) The clinical supervisor of a person attaining the
3,000 hours of postgraduate supervised professional experience required for licensure as a clinical marriage and family therapist, at the time of providing supervision, shall be a board-approved clinical supervisor and shall meet one of the following provisions:

(1) The clinical supervisor shall be a clinical marriage and family therapist who is licensed in Kansas or is registered, certified, or licensed in another jurisdiction and who has engaged in the independent practice of clinical marriage and family therapy, including the diagnosis and treatment of mental disorders, for at least two years beyond the supervisor’s registration, certification, or licensure date as a clinical marriage and family therapist.

(2) Under extenuating circumstances approved by the board, the clinical supervisor may be a person who is registered, certified, or licensed at the graduate level to practice in one of the behavioral sciences and whose authorized scope of practice permits the diagnosis and treatment of mental disorders. The qualifying individual shall not have had less than two years of professional experience in the independent practice of clinical marriage and family therapy beyond the date of the supervisor’s registration, certification, or licensure.

(d) In addition to the requirements of subsection (c), each clinical supervisor shall meet these requirements:

(1) Have professional authority over and responsibility for the supervisee’s clinical functioning in the practice of marriage and family therapy;
(2) not have a dual relationship with the supervisee;
(3) not be under any sanction from a disciplinary proceeding, unless the board waives this prohibition for good cause shown by the proposed supervisor;
(4) have knowledge of and experience with the supervisee’s client population;
(5) have knowledge of and experience with the methods of practice that the supervisee employs;
(6) have an understanding of the organization and the administrative policies and procedures of the supervisee’s practice setting; and
(7) be a member of the practice setting staff or meet the requirements of subsection (e).

(e) If a qualified clinical supervisor is not available from among staff in the supervisee’s practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

(1) The supervisor has a solid understanding of the practice setting’s mission, policies, and procedures.
(2) The extent of the supervisor’s responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
(3) The responsibility for payment for supervision is clearly defined.
(4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility to the client and to the practice setting.
(5) Each clinical supervisor shall perform the following duties:

(1) Provide oversight, guidance, and direction of the supervisee’s clinical practice of marriage and family therapy by assessing and evaluating the supervisee’s performance;
(2) conduct supervision as a process distinct from personal therapy, didactic instruction, or marriage and family therapy consultation;
(3) provide documentation of supervisory qualifications to the supervisee;
(4) periodically evaluate the supervisee’s clinical functioning;
(5) provide supervision in accordance with the clinical supervision training plan;
(6) maintain documentation of supervision in accordance with the clinical supervision training plan;
(7) provide the documentation required by the board when a supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee’s professional experience and assign credit for that experience;
(8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
(9) ensure that each client knows that the supervisee is practicing marriage and family therapy under supervision.

(g) Each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit this plan to the board and shall receive board approval of the plan before any supervised professional experience hours can begin to accrue. This plan shall clearly define and delineate the following items:

(1) The supervisory context;
(2) a summary of the anticipated types of clients and the services to be provided;
(3) the format and schedule of supervision;
(4) a plan for documenting the following information:

(A) The date of each supervisory meeting;
(B) the length of each supervisory meeting;
(C) a designation of each supervisory meeting as an individual or group meeting;
(D) a designation of each supervisory meeting as conducted in the same physical space or otherwise, in the case of emergency; and

(E) an evaluation of the supervisee’s progress under clinical supervision;
(5) a plan to notify clients of the following information:

(A) The fact that the supervisee is practicing marriage and family therapy under supervision;
(B) the limits of client confidentiality within the supervisory process; and
(C) the name, address, and telephone number of the clinical supervisor;
(6) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;
(7) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (h);
(8) the supervisee’s informed consent for the supervisor to discuss supervision or performance issues with the supervisee’s clients, the supervisee’s other marriage and family therapy or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and

(9) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.

(h) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 65-6404; effective April 17, 1998; amended Oct. 22, 1999; amended Aug. 4, 2000; amended July 7, 2003; amended Aug. 13, 2004; amended Dec. 16, 2022.)

Article 7.—LICENSING OF ADDICTION COUNSELORS

102-7-1. Definitions. Each of the following terms, as used in this article of the board’s regulations, shall have the meaning specified in this regulation:

(a) “Academic equivalent of a semester credit hour,” when used in K.A.R. 102-7-3, means the prorated proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter hours rather than semester hours.

(b) “Addiction counseling supervision” means a formal professional relationship between the supervisor and supervisee that promotes the development of responsibility, skills, knowledge, values, and ethical standards in the practice of addiction counseling.

(c) “Board” means Kansas behavioral sciences regulatory board.

(d) “Client” means a person who is a direct recipient of addiction counseling services.

(e) “Clinical supervision training plan” means a formal, written agreement that establishes the supervisory framework for postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and the supervisee.

(f) “Continuing education” means formally organized programs or activities that are designed for and have content intended to enhance the addiction counselor’s or clinical addiction counselor’s knowledge, skill, values, ethics, and ability to practice as an addiction counselor or as a clinical addiction counselor.

(g) “Direct client contact” means the provision of addiction counseling services to a client or clients in an individual, family, or group format with interaction being conducted in person or remotely with real-time, two-way interactive audio, visual, or audiovisual communications, including the application of videoconferencing, in which confidentiality is protected. Interaction that includes electronic mail, instant messaging, texting, or facsimile shall not be considered direct client contact.

(h) “Extenuating circumstances” means any condition or situation caused by events beyond a person’s control that is sufficiently extreme in nature to result in either of the following:

(1) The person’s inability to comply with the requirements of this regulation; or

(2) the inadvisability of requiring the person to comply with the requirements of this regulation.

(i) “Fraudulent representation” shall include the following:

(1) Deceit;

(2) misrepresentation; and

(3) concealing a material fact.

(j) “Harmful dual relationship” means a professional relationship between a licensee and a client, student, supervisee, or any person who has had a significant relationship with either a current client or a person who has been a client within the past 24 months if that relationship is known to the licensee, in which the objectivity or competency of the licensee is impaired or compromised because of any of the following types of present or previous relationships:

(1) Familial;

(2) social;

(3) emotional;

(4) financial;

(5) supervisory; or

(6) administrative.

(k) “LAC” means licensed addiction counselor.

(l) “LCAC” means licensed clinical addiction counselor.

(m) “LMAC” means licensed master’s addiction counselor.

(n) “Malfeasance” means the performance of an act by a licensee that is prohibited or that constitutes wrongdoing or misconduct.

(o) “Merits the public trust” means that an applicant or licensee possesses the high standard of good moral character and fitness that is required to practice addiction counseling as demonstrated by the following personal qualities:

(1) Good judgment;

(2) integrity;

(3) honesty;

(4) fairness;

(5) credibility;

(6) reliability;

(7) respect for others;

(8) respect for the laws of the state and nation;

(9) self-discipline;

(10) self-evaluation;

(11) initiative; and

(12) commitment to the addiction counseling profession and its values and ethics.

(p) “Misfeasance” means the improper performance of a lawful act by a licensee.

(q) “Nonfeasance” means the omission of an act that a licensee should do.

(r) “One hour” means either of the following:
(1) One period of 50-60 continuous minutes; or
(2) two periods of 25-30 continuous minutes each.

(s) “Practice setting” means the public or private addiction counseling agency or delivery system within which addiction counseling is practiced or addiction counseling services are delivered.

(t) “Practicum or its equivalent” means a formal component of the academic curriculum in the addiction counseling or in the related field educational program that engages the student in supervised addiction counseling practice and provides opportunities to apply classroom learning to actual practice situations in a field setting.

(u) “Quarter credit hour” means two-thirds of a semester hour. Quarter credit hours shall be rounded as follows:

(1) One quarter credit hour equals .7 semester hours.
(2) Two quarter credit hours equal 1.3 semester hours.
(3) Three quarter credit hours equal 2.0 semester hours.
(4) Four quarter credit hours equal 2.7 semester hours.
(5) Five quarter credit hours equal 3.3 semester hours.

(v) “Related field” means a degree program in a helping profession and may include any of the following:

(1) Criminal justice;
(2) counseling;
(3) healing arts;
(4) human development and family studies;
(5) human services;
(6) marriage and family therapy;
(7) nursing;
(8) psychology;
(9) social work; or
(10) theology.

(w) “Semester credit hour,” when used in K.A.R. 102-7-3, means at least 13 clock-hours of formal, didactic classroom instruction that occurred over the course of an academic semester and for which the applicant received formal academic credit.

(x) “Under direction” means the formal relationship between the individual providing direction and the licensed master’s addiction counselor in which both of the following conditions are met:

(1) The directing individual provides the licensee, commensurate with the welfare of the client and the education, training, and experience of the licensee, with the following:
(A) Professional monitoring and oversight of the master’s level addiction counseling services provided by the licensee;
(B) regular and periodic evaluation of treatment provided to clients by the licensee; and
(C) verification that direction was provided to the licensee.
(2) The licensee receiving direction provides the board, with each license renewal, with the following:
(A) The name, identifying information, and type of license of the directing individual;
(B) a description of the work setting and the master’s level addiction counseling services conducted under direction; and
(C) documentation that direction was given, including dates, location, and length of time as verified by the directing individual.

(y) “Undue influence” means the misuse of one’s professional position of confidence, trust, or authority over a client or supervisee, or the taking advantage of a client’s vulnerability, weakness, infirmity, or distress for any of the following purposes:

(1) To improperly influence or change a client’s or supervisee’s actions or decisions;
(2) to exploit a client or supervisee for the counselor’s or a third party’s financial gain, personal gratification, or advantage; or
(3) to impose one’s personal values, spiritual beliefs, or lifestyle on a client, student, or supervisee. (Authorized by and implementing K.S.A. 74-7507; effective, T-102-7-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended Dec. 16, 2022.)

102-7-6. Professional postgraduate supervised experience requirement for a clinical addiction counselor. For each applicant for licensure as a clinical addiction counselor, the postgraduate supervised professional experience of addiction counseling shall meet all of the following requirements:

(a) The postgraduate supervised professional experience of counseling shall consist of 3,000 hours of professional experience, including 1,500 hours of direct client contact conducting substance abuse assessments and treatment.

(b) Except as provided in subsection (c), one hour of clinical supervision shall be provided throughout the entirety of the postgraduate supervised professional experience for each 15 hours of direct client contact. Unless extenuating circumstances are approved by the board, all supervision shall be conducted face-to-face either in person or, if confidentiality is technologically protected, by synchronous videoconferencing, as follows:

(1) At least 50 hours of individual clinical supervision occurring with the supervisor and supervisee;
(2) up to 50 hours of clinical group supervision with one supervisor and no more than six supervisees; and
(3) meet for at least one hour two times per month, at least one of which shall be individual supervision.

(c) Each applicant with a doctor’s degree in addiction counseling or a related field as defined in K.A.R. 102-7-1 shall be required to complete, after the doctoral degree is granted, at least one-half of the postgraduate supervised professional experience requirements as follows:

(1) At least 25 hours of individual clinical supervision occurring with the supervisor and supervisee;
(2) up to 25 hours of clinical group supervision with one supervisor and no more than six supervisees; and
(3) at least two separate clinical supervision sessions per month, at least one of which shall be individual supervision.

(d) The clinical supervisor of each person attaining the 3,000 hours of postgraduate supervised professional experience required for licensure as a clinical addiction counselor shall meet one of the following requirements while the individual is providing supervision:

(1) The clinical supervisor shall be a clinical addiction counselor who is licensed in Kansas or is certified or licensed in another jurisdiction and, on and after January 1, 2014, who has engaged in the independent practice of clinical addiction counseling, including the diagnosis
and treatment of substance use disorders, for at least two years beyond the supervisor’s certification or licensure date as a clinical addiction counselor.

(2) The clinical supervisor shall be a person who is certified or licensed at the graduate level to practice in one of the behavioral sciences and whose authorized scope of practice permits the diagnosis and treatment of mental disorders independently. The qualifying individual shall have had at least two years of clinical professional experience beyond the date of the supervisor’s certification or licensure.

(e) In addition to the requirements of subsection (d), each clinical supervisor shall meet the following requirements:

(1) Have professional authority over and responsibility for the supervisee’s clinical functioning in the practice of addiction counseling;
(2) not have a harmful dual relationship with the supervisee;
(3) not be under any sanction from a disciplinary proceeding, unless the board waives this prohibition for good cause shown by the proposed supervisor;
(4) have knowledge of and experience with the supervisee’s client population;
(5) have knowledge of and experience with the methods of practice that the supervisee employs;
(6) have an understanding of the organization and the administrative policies and procedures of the supervisee’s practice setting; and
(7) be a member of the practice setting staff or meet the requirements of subsection (f).

(f) If a qualified clinical supervisor is not available from among staff in the supervisee’s practice setting, the supervisee may secure an otherwise qualified clinical supervisor outside the practice setting if all of the following conditions are met:

(1) The supervisor has an understanding of the practice setting’s mission, policies, and procedures.
(2) The extent of the supervisor’s responsibility for the supervisee is clearly defined in terms of client cases to be supervised, role in personnel evaluation within the practice setting, and other aspects of the clinical supervision training plan.
(3) The responsibility for payment for supervision is clearly defined.
(4) If the supervisee pays the supervisor directly for the supervision, the supervisor maintains responsibility for the client and to the practice setting.
(g) Each clinical supervisor shall perform the following duties:

(1) Provide oversight, guidance, and direction for the supervisee’s clinical practice of addiction counseling by assessing and evaluating the supervisee’s performance;
(2) conduct supervision as a process distinct from personal therapy, didactic instruction, or addiction counseling consultation;
(3) provide documentation of supervisory qualifications to the supervisee;
(4) periodically evaluate the supervisee’s clinical functioning;
(5) provide supervision in accordance with the clinical supervision training plan;
(6) maintain documentation of supervision in accordance with the clinical supervision training plan;
(7) provide the documentation required by the board when the supervisee completes the postgraduate supervised professional experience. The supervisor shall submit this documentation on board-approved forms and in a manner that will enable the board to evaluate the extent and quality of the supervisee’s professional experience and assign credit for that experience;
(8) provide a level of supervision that is commensurate with the education, training, experience, and ability of both the supervisor and the supervisee; and
(9) ensure that each client knows that the supervisee is practicing addiction counseling under supervision.

(h)(1) In order for an applicant for a clinical addiction counselor license to obtain credit for hours accrued before August 1, 2011 toward the required 3,000 hours of clinical supervision, the applicant shall provide an attestation that the clinical supervision occurred in accordance with a plan that meets the following conditions:

(A) The supervision was scheduled and formalized.
(B) The supervision included review and examination of cases.
(C) Assessment of the supervisee’s competencies was addressed by the supervisor.
(2) The attestation shall be signed by one of the following:

(A) The supervisor, if available; or
(B) if the supervisor is not available, another person who was in the supervisee’s practice setting with knowledge of the supervisee’s clinical supervision.

(i) For supervision hours accrued on and after August 1, 2011, each supervisor and supervisee shall develop and cosign a written clinical supervision training plan on forms provided by the board at the beginning of the supervisory relationship. The supervisee shall submit an official position description and the training plan to the board and shall receive board approval of the plan before any supervised professional experience hours for clinical licensure can begin to accrue. This plan shall clearly define and delineate the following items:

(1) The supervisory context, which shall include the purpose of supervision;
(2) a summary of the anticipated types of clients and the services to be provided, as evidenced by the supervisee’s official position description;
(3) a plan that describes the supervision goals and objectives and the means to attain and evaluate progress towards the goals;
(4) the supervisor’s responsibilities;
(5) the supervisee’s responsibilities;
(6) the format and schedule of supervision;
(7) a plan for documenting the following information:

(A) The date of each supervisory meeting;
(B) the length of each supervisory meeting;
(C) a designation of each supervisory meeting as an individual or group meeting;
(D) a designation of each supervisory meeting as conducted in the same physical space or by another means as specified in paragraph (b)(2);
(E) the 3,000 hours of postgraduate supervised clinical addiction counseling experience, which shall include
specifically documenting the 1,500 hours of direct client contact conducting substance abuse assessments and treatment; and

(F) an evaluation of the supervisee’s progress under clinical supervision;

(8) a plan to address and remedy circumstances in which there is a conflict between the supervisor and the supervisee;

(9) a plan to notify clients of the following information:

(A) The fact that the supervisee is practicing addiction counseling under supervision;

(B) the limits of client confidentiality within the supervisory process; and

(C) the name, address, and telephone number of the clinical supervisor;

(10) the date on which the parties entered into the clinical supervision training plan and the time frame that the plan is intended to encompass;

(11) an agreement to amend or renegotiate the terms of the clinical supervision training plan, if warranted, including written notification of these changes to the board office, as provided in subsection (j);

(12) the supervisee’s informed consent for the supervisor to discuss supervision or performance issues with the supervisee’s clients, the supervisee’s other addiction counseling or employment supervisors, the board, or any other individual or entity to which either the supervisee or the supervisor is professionally accountable; and

(13) a statement signed by each supervisor and supervisee acknowledging that each person has read and agrees to the postgraduate supervised professional experience requirements specified in this regulation.

(j) All changes to the clinical supervision training plan shall be submitted by the supervisee to the board for its approval. The changes shall be submitted no more than 45 days after the date on which the changes took effect. If the supervisee fails to submit the changes to the board within that 45-day period, no supervised hours of practice shall be accrued or credited for any practice, beginning on the date the changes took effect through the date on which the changes to the plan are approved by the board. (Authorized by K.S.A. 74-7507; implementing K.S.A. 2021 Supp. 65-6610, as amended by 2022 SB 453, sec. 4; effective, T-102-7-1-11, July 1, 2011; effective, T-102-10-27-11, Oct. 27, 2011; effective Jan. 20, 2012; amended Dec. 16, 2022.)

David Fye
Executive Director

Dec. No. 050706

State of Kansas
Department of Wildlife and Parks
Permanent Administrative Regulations

Article 5.—FURBEARERS

115-5-1. Furbearers and coyotes; legal equipment, taking methods, and general provisions. (a) Hunting equipment permitted during furbearer hunting seasons and during coyote hunting seasons shall consist of the following:

(1) Firearms, except fully automatic firearms;

(2) archery equipment;

(3) crossbows; and

(4) optical scopes or sights that project no visible light toward the target and do not electronically amplify visible or infrared light, except as specified in this regulation.

(b) Trapping equipment permitted during furbearer and coyote trapping seasons shall consist of the following:

(1) Smooth-jawed foothold traps, except that all types of foothold traps may be used in water sets;

(2) body-gripping traps;

(3) box traps;

(4) cage traps;

(5) colony traps;

(6) snares; and

(7) deadfalls.

(c) The following general provisions shall apply to the taking of furbearers and coyotes:

(1) Calls may be used in the taking of furbearers and coyotes.

(2) Handheld, battery-powered flashlights, hat lamps, and handheld lanterns may be used while trapping furbearers or coyotes or while running furbearers.

(3) Any .22 or .17 caliber rimfire rifle or handgun may be used to take trapped furbearers or trapped coyotes when using a light to check traps.

(4) Any .22 or .17 caliber rimfire rifle or handgun may be used while using a handheld, battery-powered flashlight, hat lamp, handheld lantern, or laser sight to take furbearers treed with the aid of dogs.

(5) Lures, baits, and decoys may be used in the taking of furbearers and coyotes.

(6) The use of horses and mules shall be permitted while hunting, trapping, or running furbearers and coyotes.

(7) The use of motor vehicles for taking coyotes shall be permitted while hunting coyotes, except as provided in subsection (d).

(8) The use of radios in land or water vehicles shall be permitted for the taking of coyotes.

(9) The use of dogs for hunting and during running seasons shall be permitted.

(10) Each body-gripping trap with an inside jawspread of eight inches or greater, when measured across the jaws at a 90-degree angle, shall be used only in a water set.

(11) Only landowners or tenants of land immediately adjacent to the right-of-way of a public road, or their immediate family members or authorized agents, may set slide-locking wire or snare-type cable traps as dryland sets within five feet of a fence bordering a public road or within 50 feet of the outside edge of the surface of a public road. Only these landowners or tenants, or their immediate family members or authorized agents, may possess the fur, pelt, skin, or carcass of any furbearer or coyote removed from these devices located within these specified limits.

(12) A person shall not have in possession any equipment specified in subsection (a) while pursuing or chasing furbearers with hounds during the running season.

(13) All trapping devices included in subsection (b) shall be tagged with either the user’s name and address or the user’s department-issued identification number and shall be tended and inspected at least once every cal-
endar day.

(14) Each foothold trap that has an outside jawspread greater than seven inches, when measured across the jaws at a 90-degree angle, shall be used only in a water set.

(d) From January 1 through March 31, the following provisions shall apply to the hunting of coyotes:

(1) Artificial light, scopes and equipment that amplify visible light, and thermal-imaging scopes and thermal-imaging equipment may be used for hunting.

(2) The use of vehicles when hunting with the equipment specified in paragraph (d)(1) shall be prohibited.

(3) The use of the equipment specified in paragraph (d)(1) shall not be authorized on department lands and waters.


Article 17.—WILDLIFE, COMMERCIAL USES AUTHORIZED


Brad Loveless
Secretary
ed for as HAP emissions in paragraph (b)(2)(B); and
(iv) volatile organic compounds (VOCs), excluding VOC emissions already accounted for as HAP emissions in paragraph (b)(2)(B).
(c) Submittal.
(1) Each annual emissions inventory shall be signed by a responsible official, as defined in K.A.R. 28-19-200, and shall be due on or before April 1 of each year or, if April 1 is a Saturday or Sunday, on or before the next business day following April 1.
(2) Each payment for the annual emissions fees shall be payable to the Kansas department of health and environment by check, bank draft, credit card, or money order. Each payment shall be due on or before April 1 of each year or, if April 1 is a Saturday or Sunday, on or before the next business day following April 1.
(3) If there is a change in the owner or operator of the stationary source, the owner or operator at the time the submission is due shall be responsible for submitting the annual emissions inventory and annual emissions fees. For purposes of determining the annual emissions inventory required by subsection (a) for any period in which there was any other owner or operator of the stationary source, the owner or operator may assume current operating and emission information if the owner or operator is unable to obtain actual information from any previous owner or operator.
(d) Late fee and refund.
(1) Each owner or operator who fails to submit the annual emissions inventory and pay the annual emissions fees by the due date specified in subsection (c) shall pay a late fee. The late fee shall be $200.00 per day or 0.10 percent of the annual emissions fees per day, whichever is greater.
(2) Any overpayment of $100.00 or more made by the owner or operator of a stationary source may be refunded. Overpayments in any amount less than $100.00 shall not be refunded. (Authorized by K.S.A. 65-3005 and 65-3024; implementing K.S.A. 65-3007 and K.S.A. 65-3024; effective Jan. 23, 1995; amended Feb. 20, 1998; amended Sept. 23, 2005; amended Nov. 5, 2010; amended Jan. 5, 2018; amended Dec. 23, 2022.)

28-19-546. Class II operating permits; annual emissions inventory and fees. The owner or operator of each stationary source that is required to apply for a class II operating permit shall comply with this regulation.
(a) Annual emissions inventory.
(1) Each owner or operator shall electronically submit to the department an annual emissions inventory for each stationary source for the year preceding the calendar year in which the owner or operator is required to apply for an operating permit and each year thereafter.
(2) Each annual emissions inventory shall be submitted for any regulated pollutant deemed necessary by the secretary from each emission unit, as defined in K.A.R. 28-19-200, and shall include the following:
(A) All operating information;
(B) actual emissions, including fugitive emissions, calculated pursuant to K.A.R. 28-19-210;
(C) any quantity of emissions regardless of operating hours, including sources that did not operate; and
(D) emissions from each source only while operating in Kansas, if the source operates both in Kansas and out of state.
(b) Annual emissions fees.
(1) Each owner or operator shall pay to the department annual emissions fees calculated by the department based on information provided in the annual emissions inventory.
(2) For calendar year 2025 and for each subsequent calendar year, the annual emissions fees shall be the sum of the hazardous air pollutant (HAP) emissions fee and the criteria emissions fee as follows:
(A) The HAP emissions fee shall be $80.00 per ton of emissions multiplied by the total number of tons of HAP emissions rounded to the nearest ton.
(B) The criteria emissions fee shall be $56.00 per ton of emissions multiplied by the total number of tons of emissions, with a maximum of 4,000 tons of each of the following pollutants rounded to the nearest ton:
(i) Sulfur dioxide;
(ii) nitrogen oxides;
(iii) PM10, excluding PM10 emissions already accounted for as HAP emissions in paragraph (b)(2)(A); and
(iv) volatile organic compounds (VOCs), excluding VOC emissions already accounted for as HAP emissions in paragraph (b)(2)(A).
(c) Submittal.
(1) Each annual emissions inventory shall be signed by a responsible official, as defined in K.A.R. 28-19-200, and shall be due on or before April 1 of each year or, if April 1 is a Saturday or Sunday, on or before the next business day following April 1.
(2) Each payment for annual emissions fees shall be payable to the Kansas department of health and environment by check, bank draft, credit card, or money order. Each payment shall be due on or before April 1 of each year or, if April 1 is a Saturday or Sunday, on or before the next business day following April 1.
(3) If there is a change in the owner or operator of the stationary source, the owner or operator at the time the submission is due shall be responsible for submitting the annual emissions inventory and annual emissions fees. For purposes of determining the annual emissions inventory required by subsection (a) for any period in which there was any other owner or operator of the stationary source, the owner or operator may assume current operating and emission information if the owner or operator is unable to obtain actual information from any previous owner or operator.
(d) Late fee and refund.
(1) Each owner or operator who fails to submit the annual emissions inventory and pay the annual emissions fees by the due date specified in subsection (c) shall pay a late fee. The late fee shall be $200.00 per day or 0.10 percent of the annual emissions fees per day, whichever is greater.
(2) Any overpayment of $100.00 or more made by the owner or operator of a stationary source may be refunded. Overpayments in any amount less than $100.00 shall not be refunded. (Authorized by K.S.A. 65-3005 and 65-3024; implementing K.S.A. 65-3007 and 65-3024; effective Jan. 23, 1995; amended Feb. 20, 1998; amended Sept. 23, 2005; amended Dec. 23, 2022.)
28-19-564. Class II operating permits; permits-by-rule; sources with actual emissions less than 50 percent of major source thresholds. (a) Any stationary source, or group of stationary sources, that would be classified as a major source based on the potential-to-emit may operate according to this regulation in lieu of obtaining an individual class I or class II operating permit, if the source is operated in compliance with subsections (d), (e), (f), and (g) and with either subsection (b) or subsection (c). Sources that are required to obtain a class I or class II operating permit based on criteria other than potential-to-emit shall not be eligible to operate under this regulation.

(b) Any stationary source or group of stationary sources that has actual emissions not exceeding 25 percent of the major source threshold, as defined in K.A.R. 28-19-200, may operate according to this subsection, if the source meets all of the following conditions:

(1) The stationary source is not otherwise required to obtain a class I operating permit.

(2) The owner or operator of the stationary source notifies the department, in writing, that it elects to operate the source under this regulation.

(3) The actual emissions of each regulated pollutant, for every consecutive 12-month period during which the stationary source is operated under this regulation, do not exceed 25 percent of the major source threshold.

(4) The owner or operator of the stationary source maintains records, as specified in subsection (h), that demonstrate compliance with the 25 percent actual emissions limitation.

(5) The owner or operator updates the records required by paragraph (b)(4) at least monthly and maintains the records on-site for at least two years from the date of record.

(c) Any stationary source or group of stationary sources with actual emissions not exceeding 50 percent of the major source threshold, as defined in K.A.R. 28-19-200, may operate according to this subsection if the source meets all of the following conditions:

(1) The stationary source is not otherwise required to obtain a class I operating permit.

(2) The owner or operator of the stationary source has submitted to the department an application to operate according to this regulation in lieu of obtaining an individual class I or class II operating permit, within 180 days of discovery of the exceedance of the applicable limits of either paragraph (b)(3) or paragraph (c)(4), unless otherwise exempt.

(3) The owner or operator submits, or delivers the notice to the secretary on the first working day after the discovery of the failure to comply.

(4) The owner or operator shall notify the secretary in writing.

(5) The owner or operator shall mail, electronically submit, or deliver the notice to the secretary on the first working day after the discovery of the failure to comply.

(6) Within 60 days of the discovery of a failure to comply with an applicable requirement of this regulation, the owner or operator shall submit to the secretary an interim compliance plan and schedule identifying the actions being taken by the owner or operator to ensure compliance with applicable requirements until the appropriate class I or class II operating permit is issued according to paragraph (d)(5).

(7) Any stationary source submitted for the source has been approved.

(f) Compliance with this regulation shall not exempt the owner or operator from enforcement action for exceeding any applicable restrictions or for any other violations of the Kansas air quality act or the Kansas air quality regulations.

(g) Each owner or operator of a stationary source operated according to this regulation shall continue to comply with all other applicable requirements of the Kansas air quality act and the Kansas air quality regulations.

(h)(1) The following records specified in this subsection shall be presumed to be sufficient to determine compliance with the recordkeeping requirements of this regulation:

(A) For coating and solvent emission units, the following:

(i) A current list of all coatings, solvents, inks, and adhesives in use, including volatile organic compounds (VOC) and hazardous air pollutant content;

(ii) a description of any equipment used for coating or solvent application, including type, make, and model, and maximum design process rate or throughput;

(iii) a monthly log of the consumption of each coating, ink, adhesive, and solvent, including solvents used in cleanup and surface preparation; and

(iv) purchase orders, invoices, and other documents to support information in the monthly log;

(B) for organic liquid storage units, the following:

(i) A monthly log identifying the liquid stored and monthly throughput; and

(ii) information on the tank design and specifications, including emissions control equipment;

(C) for combustion emission units, the following:

(i) Information on equipment type, make, and model; maximum design process rate or maximum power input and output; minimum operating temperature for thermal oxidizers; capacity; and all source test information; and

(ii) a monthly log of fuel type, fuel usage, fuel heating value, and percent sulfur for fuel oil and coal;
(D) for any emission control device for which emission reductions are being claimed, the following:

(i) Information on the control device type, including description, make, and model, and emission units served by the control device;

(ii) information on the control device design including, if applicable, the pollutant or pollutants being controlled, control device efficiency and capture efficiency, maximum design or rated capacity, and other design data as appropriate, including any available source test information; and

(iii) a monthly log of hours of operation, including notation of any control equipment breakdowns, upsets, repairs, maintenance, and any other deviations from design parameters; and

(E) for all other emission units, the following:

(i) Information on the process and equipment, including equipment type, description, make, and model;

(ii) maximum design process rate or throughput;

(iii) a monthly log of operating hours and each raw material used and its amount; and

(iv) purchase orders, invoices, or other documents to support the information in the monthly log.

(2) Each owner or operator relying on other documentation to demonstrate compliance with this regulation shall establish that the documentation relied upon demonstrates compliance with the recordkeeping requirements of this regulation.

(i) During the first 12 months of operation under this permit-by-rule, each owner or operator of the processes affected by this permit-by-rule shall operate in a manner that will not exceed any of the applicable permit limitation requirements at any time during the initial 12-month period. (Authorized by K.S.A. 65-3005 and 65-3024; implementing K.S.A. 65-3007, 65-3008, and 65-3024; effective May 15, 1998; amended Oct. 4, 2002; amended Dec. 23, 2022.)

Janet Stanek
Secretary

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