KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW Jackson Street, Suite 507, Topeka, KS 66612
(785) 296-3053 | http://ksbtp.ks.gov

APPLICATION FOR
PROFESSIONAL GEOLOGIST LICENSURE BY RECIPROCITY

INSTRUCTIONS

Application by reciprocity is for individuals currently licensed in another jurisdiction who are seeking licensure in Kansas as an Professional Geologist.

Applicants not already licensed should use the "Application for the PG by Exam" available on the Board website.

- Applicants should read all instructional guidance in this application as well as KSBTP statutes, rules and regulations for specific details regarding requirements. All statutes, rules and regulations are available on our website.
- **Be sure your application is complete**. An incomplete application will be retained by the KSBTP for one calendar year from date of receipt at which time the applicant will have to reapply.
- Handwritten applications will not be accepted. Type into the application's form fields, print it, and then complete it with an original, wet signature before mailing. Digital signatures or photocopies of your signature are not acceptable.
- If you will be practicing or offering to practice through a business entity in Kansas, the business entity must receive a Certificate of Authorization from the KSBTP in order to be in compliance with the law in this state.

Instructions Part 1

Steps

1. Follow the instructions listed below and in "Instructions Part 2" if applicable.
2. After completing the application per the instructions below, print and sign the application with wet ink.
   - Transcripts: Official transcripts are required for all educational credit claimed. Send an "official," sealed transcript or have the school send the transcript directly to KSBTP. Do not send photocopies or unsealed transcripts.
   - Professional References: In accordance with K.A.R. 66-10-4(c), applicant is required to have at least three references. Two references must be licensed geologists. One reference may be a licensed engineer. Four years of experience must be verified by persons familiar with applicant's geology experience. Professional reference forms must be returned directly to the board office from the person supply the information. Relatives may not serve as references. Reference forms may be handwritten.
   - Verification of Exams & Licensure: Send the "Verification of Exam/Licensure" form to the state board where original licensed was received with instructions to return to KSBTP. If the Fundamentals exam was taken in one state and the Professional exam in another state, forms must be sent to BOTH states. If original license is not current, you must supply verification of a current license and reason why original license was allowed to lapse.
3. **Mail the completed application, application fee (see below), and any required supporting documentation to the Board office at the address provided above.**
   - This application requires a non-refundable fee of **$250.00**. Make check or money order payable to:
   - *Kansas State Board of Technical Professions*. Cash and credit card are not accepted.

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Instructions Part 2

If you are a military spouse, military service member or an individual who has established or intends to establish residency in Kansas and are seeking licensure under K.S.A. 48-3406, please complete pages 5-8 and page 11 of this application and submit the required information and documents. The application will be considered complete when all forms, documentation, signed affidavit and application fee have been received.

Completed applications for military spouses and military service members will be processed within 15 days of receipt. Applications for residents and individuals intending to establish residency in Kansas will be processed within 45 days.

Additional Guidance for Application Requirements

EXPERIENCE

Applicants are required to have **at least one licensed** geologist verify four years of work experience recorded on their "Professional Experience Record" (found on page 7). Please see detailed requirements for experience and verification in K.A.R. 66-10-13 below. Complete the top portion of the "Experience Verification Request" form included in this application on page 9 and submit pages 9 and 10 to the licensed person(s) verifying your work experience. Completed verifications must be mailed directly to the Board office and may not be submitted by the applicant.

- Professional licensees verifying your experience may not be related to you by blood or marriage.
- Experience verification forms may be handwritten.

66-10-13. Geology experience of a character that is satisfactory to the board. (a) The work experience required of each applicant shall expose the applicant to all phases of work integral to the discipline of geology in which the applicant claims qualification to practice and shall be verified as specified in paragraph (b)(2).

(b) Geology experience shall meet the following requirements:

(1) Fall within the definition of "practice of professional geology" in K.S.A. 74-7003, and amendments thereto; and

(2) be directly supervised and verified by a licensed geologist for work performed after July 1, 2000. However, direct supervision by a licensed geologist shall not be required of the employees of any person, firm, or corporation that does not offer services in the technical professions to the public, although verification by the applicant's supervisor shall still be required.

(c) The following shall be used to assess credit for work experience:

(1) Experience credit shall not be allowed for work performed before graduation.

(2) One year of credit toward the experience requirement may be given for a master's degree in geology or in a closely related specialty area acceptable to the board.

(3) Teaching geology in a college or university that offers a geology curriculum of four years or more approved by the board may be considered geology experience.

(d) Each applicant shall supply references from at least three licensed geologists or licensed engineers who are familiar with the applicant's geology experience. At least two of these references shall be licensed geologists. One of the three references may be a licensed engineer. (Authorized by K.S.A. 2013 Supp. 74-7013, as amended by 2014 SB 349, sec. 12; implementing 2014 SB 349, sec. 16; effective Feb. 4, 2000; amended Feb. 9, 2001; amended Nov. 2, 2001; amended Nov. 1, 2002; amended Dec. 27, 2013; amended, T-66-5-30-14, July 1, 2014; amended Sept. 26, 2014.)

EDUCATION

66-9-6. Geology curriculum approved by the board. Graduation from a course of study in geology shall mean successful completion of a baccalaureate or a master's degree in geology that meets the requirements of 2014 SB 349, sec. 16, and amendments thereto. (Authorized by K.S.A. 2013 Supp. 74-7013, as amended by 2014 SB 349, sec. 12; implementing 2014 SB 349, sec. 16; effective Feb. 4, 2000; amended Feb. 4, 2005; amended, T-66-5-30-14, July 1, 2014; amended Sept. 26, 2014.)

PROFESSIONAL REFERENCE REQUESTS

Applicants are required to provide three references that can reflect on diversity of their experience and are personally acquainted with their professional reputation. A completed experience verification form counts as a reference. If you have at least three licensed geologists verifying your geology experience on the "Experience Verification Request" forms, you do not need to provide other professional references. Should you need to provide additional references that have not been in direct supervision of your work to meet the requirements listed in K.A.R. 66-10-13 (provided on page 3), please use the "Professional Reference Request" form included in this application.

- Professional references may not be related to you by blood or marriage.
- Reference forms may be handwritten.

Send each reference a "Professional Reference Request" form to complete (page 11). Completed references must be mailed directly to the Board office and may not be submitted by the applicant.

If you require additional assistance regarding application requirements or in completing the Geologist by Reciprocity Application, please contact the Kansas Board in one of the following ways:

Send an e-mail to Board office staff at KSBTPAdmin@KS.GOV with your inquiry and a staff member will answer as soon as possible. You may also send a request for phone call to this e-mail address and a staff member will call the phone number you provide within one business day to assist you.

Call the Board office directly at (785) 296-3053.

Kansas State Board of Technical Professions Office Hours
Monday through Friday
8:00 a.m. CST – 4:30 p.m. CST

FOR BOARD USE ONLY
Date Received:

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APPLICATION FOR
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Part 1: Applicant Information

Note: If any of the information below changes after you submit this application, you must notify the Board immediately in writing (changes cannot be accepted by phone).

Name: _____ Maiden Name: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: Are you a U.S. Citizen? ☐ Yes ☐ No If no, please attach a copy of your alien registration.

Contact Information:

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Foreign applicants: Provide state within your country above if applicable.

This address is my (check one): ☐ Home ☐ Business

If **business**, list name: _____

Preferred Phone Number: _____ ☐ Cell ☐ Home ☐ Business

Email Address: _____

Note: You must have an email on file to receive correspondence regarding application status as well as future renewal notices.

Part 2: License Information

1. Have you ever had a professional license disciplined, denied, surrendered, suspended or revoked? If **yes**, provide a statement of explanation on a separate sheet of paper. ☐ Yes ☐ No

2. List all other states where currently licensed: _____

_____

Part 3: Education

1. List all degrees obtained. **You must submit a final, official transcript** for all educational credit claimed.

College/University Attended	City, State, Country	Date Graduated	Degree Received

Part 4: Certificate of Authorization

1. Will you be practicing, contracting or offering to practice a technical profession through a new business entity in Kansas once approved for licensure? ☐ Yes ☐ No
   - If **YES**, once the principal in responsible charge has been issued an individual Kansas license, submit a complete application for a KSBTP **Certificate of Authorization for a Business Entity** available on our website at http://ksbpt.ks.gov.
   - K.S.A. 74-7036 requires a business entity practicing or offering to practice a technical profession in Kansas to obtain a KSBTP Certificate of Authorization.

2. Will you be practicing, contracting or offering to practice a technical profession through an established business entity in Kansas once approved for licensure? ☐ Yes ☐ No
   - If **YES**, complete the following:

     Business Entity Name: _____ Certificate of Authorization # _____

Part 5: Signature

Read the statements below and **sign** and **date**. *Please note: electronic, digital, photocopied, or stamped signatures will not be accepted by the Board.*

- I have read and will comply with KSBTP Statutes, Rules and Regulations.
- I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
- I have not represented myself as an architect without proper licensure, either verbally or on any printed matter, in the State of Kansas, nor will I do so until such time as my license or certificate has been issued by the Kansas State Board of Technical Professions; and
- I have not performed or offered to perform architecture without proper licensure in the State of Kansas, nor will I do so until such time as my license has been issued by the Kansas State Board of Technical Professions.
- If I have ever been convicted of a felony or had any disciplinary or administrative action taken against my license in another jurisdiction I will attach to this application a letter of explanation and supporting documentation. **Please mark if you have ever been convicted of the following:**
  ☐ Felony ☐ Disciplinary Action ☐ Administrative Action

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT:

_____ _____

Signature Date

PROFESSIONAL EXPERIENCE RECORD INSTRUCTIONS

Please read the following instructions and view the sample record below before completing the blank experience record found on page six:

- **In column 1:** Enter a number for each separate engagement.

  In column 2 and 3: Enter month and year (MM/YY) of ALL engagements (geology, non-geology, and times of unemployment) in **chronological order** beginning with the date the baccalaureate degree was conferred. Engagements can be divided by company, by job title, or time of unemployment. There may be NO gaps in time between engagements from date of graduation to present day.

  In column 4: State the title of your position, and the name and address of your employer. If you have been employed by more than one employer each is considered a separate engagement. Geological engagements must be explained in detail **giving at least two specific project examples**. Non-geology or unemployment entries need only a brief explanation of activities during those times and do not require references.
- **In column 5:** Using years and months, enter the **total** time spent on the engagement (or time of unemployment).
- **In column 6**: Enter the portion of your time spent in geological work within the engagement.
- **In column 7:** Enter the name, state of licensure, and professional license number of the individual who will verify the engagement. A total of **four years of geology experience** must be verified by **at least one licensed professional geologist** in direct supervision of the applicant to meet Kansas requirements. If the supervisor is not licensed, additional experience verification from licensed geologists is required. Experience verification is required even if experience is exempt from the direct supervision of a licensed geology.

1	2	3	4	5	6	7
Engagement Number	Dates From: MM/YY	Dates To: MM/YY	Experience or Time Gap Explanations	TOTAL Time HOURS	ARCH. Time HOURS & PROGRAM	Verifying Professional
1	06/01	12/01	Unemployment Seeking employment after graduation	0yr/6mo	0	None
2	01/02	06/03	**Employee Title** **Sample Business Name** 900 SW Jackson, Ste 507 Topeka, KS 66612 **Project 1:** Project Name/Location Description **Project 2:** Project Name/ Location Description	1yr/6mo	1y/6mo	Jane Doe, KS A1234
			TOTALS:	2yr/0mo	1y/6mo	

SAMPLE

PROFESSIONAL EXPERIENCE RECORD

Applicant Name: _____

See instructions on previous page. To report additional experience, save or print your completed form, then clear it and enter next engagements.

1	2	3	4	5	6	7
Engagement Number	Dates From: MM/YY	Dates To: MM/YY	Experience or Time Gap Explanations	TOTAL Time HOURS	ARCH. Time HOURS & PROGRAM	Verifying Professional
			TOTALS:			

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EXPERIENCE VERIFICATION REQUEST

APPLICANT

Applicant Name: _____ Name of Employer: _____

Employer Address: _____

Phone: _____ Position Title: _____ Name of Supervisor: _____

Instructions: List the engagement's details as entered on your experience record to be verified by the reference below.

Engagement Number	Dates From: MM/YY	Dates To: MM/YY	Experience to be Verified by Supervisor Below	TOTAL Time HOURS	ARCH. Time HOURS & PROGRAM

VERIFICATION FROM SUPERVISING GEOLOGIST OR SUPERVISOR

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety, and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization, but for licensure as a geologist in Kansas. Your professional seal is required on this form. If you have no seal, please send a copy of your license, pocket card, or online verification.
RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT.

Supervisor Name: _____ Title: _____ Phone: _____

Name of Employer: _____ Email: _____

Address of Employer: _____

License #: _____ State License Issued In: _____ Year Issued: _____

I HAVE KNOWN THE APPLICANT FOR _____ YEARS, FROM _____ TO _____(MM/YYYY)

IS THE INFORMATION LISTED ABOVE CORRECT AS STATED? ☐ **YES** ☐ **NO** If no, explain on separate sheet.

HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN GEOLOGICAL WORK? ____ **IN RESPONSIBLE CHARGE?**____

WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? ☐ **YES** ☐ **NO**

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

_____

PROFESSIONAL SEAL

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

_____ _____
Signature Date

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PROFESSIONAL REFERENCE REQUEST

APPLICANT

Applicant Name: _____

Explain Relationship to Professional Reference: _____

_____

REFERENCE

The applicant listed above has given your name as someone that can reflect on the diversity of their experience and is personally acquainted with their professional reputation. The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety, and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization, but for licensure as an architect in Kansas. Please complete the reference section to the best of your ability and **RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT**.

Reference Name: _____ Title: _____ Phone: _____

Name of Employer: _____ Email: _____

Address of Employer: _____

License #: _____ State License Issued In: _____ Year Issued: _____

I HAVE KNOWN THE APPLICANT FOR _____ YEARS, FROM _____ TO _____ (MM/YYYY)

PROFESSIONAL RELATIONSHIP TO APPLICANT _____

HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN GEOLOGICAL WORK? _____IN RESPONSIBLE CHARGE? _____

WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? ☐ **YES** ☐ **NO** If no, please explain in comment below.

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

_____

_____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

PROFESSIONAL SEAL

_____ _____

Signature Date

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K.S.A. 48-3406 APPLICANT QUESTIONS

Applicants applying under K.S.A. 48-3406 must provide the following information. Please visit http://www.kslegislature.org for more information and to review the bill in it's entirety.

1) Are you a current or former military service member? ☐ Yes ☐ No
   If yes, please provide a copy of your DD214 or other proof of military service.

2) Are you a military spouse? ☐ Yes ☐ No
   If yes, please provide a copy of your marriage certificate and your spouse's DD214 or other proof of military service.

3) Are you a current resident of Kansas? ☐ Yes ☐ No
   If yes, please provide proof of Kansas residency (mortgage/lease, etc.)
   *Please note residency is not required for reciprocal licensure.

4) Do you intend to establish residency in Kansas? ☐ Yes ☐ No
   If so, when and where? Please provide proof of intent to establish residency.

5) Are you the subject of an unresolved complaint or disciplinary proceeding in another jurisdiction? ☐ Yes ☐ No

6) Have you surrendered your license in another jurisdiction to avoid disciplinary action? ☐ Yes ☐ No

7) Do you hold a current valid license in another state? ☐ Yes ☐ No

   a) What was your initial state of licensure?

   b) What licensure requirements were you required to meet?

      i) Education:
         1) Was your college ABET accredited? ☐ Yes ☐ No

      ii) Experience: total years and total years under a licensed professional

      iii) Examination(s):
         1) What specific examination(s) were you required to pass?

   c) Have you worked at least one year in the occupation? ☐ Yes ☐ No

AFFIDAVIT:

(1) If executed outside this state: 'I declare under penalty of perjury under the laws of the state of Kansas that the foregoing application is true and correct. ' Executed on (date):_____ Signature:_____

(2) If executed in this state: 'I declare under penalty of perjury that the foregoing application is true and correct.' Executed on (date):_____ Signature:_____