

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612 (785) 296-3053 | www.ksbtp.ks.gov

APPLICATION FOR **REINSTATEMENT OF LICENSE**

INSTRUCTIONS: Applicants should read all statutes, rules and regulations for specific details regarding requirements. All statutes, rules & regulations are available on our website.

- ♦ This application is for the reinstatement of a lapsed or cancelled Kansas professional license for Architecture, Professional Engineering, Professional Geology, Landscape Architecture or Professional Surveying.
- For reinstatement, **KSBTP does NOT accept a national council record** (NCEES, NCARB, CLARB) as documentation. Only submit the forms contained in this packet.
- Certificate of Authorization: You must obtain a Certificate of Authorization if you will be practicing or offering to practice through a business entity in Kansas in order to be in compliance with the law in this state. To review the statutes and rules governing Kansas licenses, Certificates of Authorization, plus important announcements and other related information, please see our website.

A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

- 1. **COMPLETED APPLICATION FORM** Print completed form, sign and date, then send all information to KSBTP. Pending applications are kept on file for one year. Use Kansas seal even if Kansas license is cancelled.
- 2. NON-REFUNDABLE APPLICATION FEE \$100 Make check or money order payable to: Kansas State Board of Technical Professions
- 3. **PROFESSIONAL REFERENCES** You need <u>three</u> professionals licensed in your profession. Professional reference forms must be returned <u>directly</u> to the board office from the person supplying the information. Relatives may not serve as references. The Reference Forms may be 'handwritten'
- 4. **PROJECT LIST** Provide a list of all projects worked on since Kansas license expired. List will include dates, project names and project locations (Page 5).
- 5. **CONTINUING EDUCATION REPORT FORM** As per K.A.R. 66-14-8, each reinstatement applicant must submit proof of compliance with the continuing education requirements in accordance with K.A.R. 66-14-1 through 66-14-12. Complete the "Reinstatement Continuing Education Report Form" and send documentation for 30 PDHs earned in the previous 2 years from the date of this application for Board review. (Page 6)

Application is not complete until the application and supporting documentation have been received by the board office. Only complete applications will be submitted to the Board for evaluation. Applicant will be notified in writing of Board action.

MAIL COMPLETE APPLICATION FILE TO KSBTP AT ADDRESS LISTED ABOVE. Handwritten or incomplete forms will NOT be accepted.



Signature

For Office Use Only: Amount:	Date:	

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

REINSTATE 2016.1

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APPLICATION FOR REINSTATEMENT OF LICENSE

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Date



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NOTICE OF REFERENCE REQUEST

Applicant Name:		
	Dates of Employment (From—To):	
Job Title:		
D.C. M		
Reference Name:		· · · · · · · · ·
Reference Address:		

To the Reference: The applicant listed above has filed a Reinstatement Application with this Board. In accordance with K.S.A. 74-7025, the applicant has given your name as someone who has personal knowledge of the applicant's professional qualifications for licensure.

The Board requests your cooperation in answering the questions thoroughly and with the utmost frankness. The Board will hold your reply in confidence. Your action in returning the form promptly will be appreciated by the Board and will expedite the processing of the application.

THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

The **REFERENCE FORM FOR EXPERIENCE VERIFICATION** (which should be enclosed with this Notice) is to be returned <u>directly</u> to the board office:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS 900 SW JACKSON, SUITE 507 TOPEKA, KS 66612

-Shelby Lopez, KSBTP Executive Director



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REFERENCE FORM FOR EXPERIENCE VERIFICATION

APPLICANT NAME:		
ALL INFORMATION ON THIS FORM I		
TO BE COMPLETED BY REFERENCE: (Reference:		
Address:		
Phone:		
Profession & License #:		State:
I have known the applicant for	years, from	to
I concur with the applicant's job title and o	description on the prev	rious page, including the time
frame, type of work and duties of the job. Comments:	Yes	No
Further comments on applicant's ability, p	rofessional attitude an	d responsibility in work performed.
Additional comments:		
I HEREBY CERTIFY THE ABOV		
SIGNATURE	DATE	PROFESSIONAL SEAL
COMPANY NAME:		SIGN & DATE
POSITION TITLE:		

KSBTP REINSTATEMENT PROJECT LIST REPORT FORM

Name:				
Profession:	K	ansas License #:		
Instructions: List all projects worked on since your Kansas license expired. Include project dates, names and locations. For projects located in Kansas, provide detailed documentation for the Board to determine the type of work completed while your license was expired.				
Date(s) of Project	Name of Project	Location of Project		

Additional Information:

KSBTP REINSTATEMENT CONTINUING EDUCATION REPORT FORM

Name:			
Profession:	Kansas License #:		
listed on this for	n) for 30 PDHs earned in the praise al documentation for your own	and attach copies of documentation cevious two years from date of this records. For more information, pl	applica-
Date(s) of Activity	Title/Description/ Presenter's Name	Sponsoring Organization and Location of Activity	PDHs Earned
TOTAL PDHs Li	isted (not more than 30):		
	enalty of perjury to the truth ar nade in this report.	nd accuracy of all statements, answ	vers and
Signature		Date	PROFESSIONAL SEAL
8			SIGN & DATE