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

APPLICATION FOR
ARCHITECT LICENSURE BY RECIPROCITY

INSTRUCTIONS

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

Applicants not already licensed should use the "Application for the Architect 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 incomplete application shall be denied by the Board.
- 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. Decide whether or not you are submitting an NCARB Certificate then follow the instructions listed below in "Instructions Part 2".
2. After completing the application per the instructions below, print and sign the application with wet ink.
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.

Instructions Part 2

Whether or not you submit an NCARB Certificate impacts what information you must provide to the Board.
Please follow the instructions below that match your decision:

If you ARE submitting an NCARB Certificate:

- Check that your council record is up-to-date, then request that NCARB transmit a copy to the Kansas Board.
- Complete steps 2-3 above.

If you are NOT submitting an NCARB Certificate:

- Complete pages 4-7 of the application.
- Request final, official transcripts in English for all educational credit claimed. The transcript must show the degree(s) awarded and the date(s) of graduation. **Do not open the transcript record**. Forward it as sealed by the institution or have it mailed or e-mailed directly to our office.
- Use my.ncarb.org to request verification of:
    - Exam scores from the state(s) where you took the exams.
    - Licensure from another state. If the state does not participate in electronic verification, use the verification form located on the website under Forms >> Individuals.
- Review the guidelines on pages 2-3 for Experience Verification Requests and Professional Reference Requests. The request forms can be found on pages 8-10.
- Send appropriate verification and professional reference request forms to your references.
- Complete steps 2-3 above.

Additional Guidance for Application Requirements

EXPERIENCE

Applicants are required to have **at least one licensed** architect verify 1,860 of the required 3,740 hours of work experience recorded on their "Professional Experience Record" (found on page 6). Please see detailed requirements for experience and verification in K.A.R. 66-10-1 below. Complete the top portion of the "Experience Verification Request" form included in this application on page 8 and submit pages 8 and 9 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.

K.A.R. 66-10-1. **Architectural experience of a character that is satisfactory to the board.**

(a) Each applicant for a license to practice architecture by examination shall complete a structured experience program of at least 3,740 hours in the following experience areas:

(1) In practice management, 160 hours;
(2) in project management, 360 hours;
(3) in programming and analysis, 260 hours;
(4) in project planning and design, 1,080 hours;
(5) in project development and documentation, 1,520 hours; and
(6) in construction and evaluation, 360.
At least 1,860 of these 3,740 hours shall be completed under the supervision of an architect.

(b) Compliance with the "architectural experience program guidelines," dated May 2017 and published by the national council of architectural registration boards (NCARB), shall be prima facie evidence of satisfactory completion of the structured experience program. (Authorized by K.S.A. 74-7013, and K.S.A. 74-7019, implementing K.S.A. 74-7019, effective May 1, 1984; amended May 4, 1992; amended Feb. 22, 1993; amended Feb. 14, 1994; amended Feb. 13, 1995; amended March 1, 1996; amended Feb. 6, 1998; amended Feb. 9, 2001; amended Nov. 1, 2002; amended Feb. 3, 2006; amended March 28, 2008; amended Nov. 6, 2009; amended June 18, 2010; amended Jan. 6, 2012; amended Dec. 27, 2013; amended Sept. 26, 2014; amended June 14, 2019.)

K.A.R. 66-10-3. Architectural experience required of a reciprocity applicant. Each applicant for a license to practice architecture by reciprocity shall provide one of the following to the board, for review and consideration for approval: (a) Proof that the applicant's experience qualifications comply with K.A.R. 66-10-1; or (b) proof of certification from the national council of architectural registration boards (NCARB). (Authorized by K.S.A. 2017 Supp. 74-7013; implementing K.S.A. 2017 Supp. 74-7019; effective May 1, 1984; amended May 1, 1985; amended May 4, 1992; amended Feb. 22, 1993; amended Feb. 14, 1994; amended Feb. 13, 1995; amended Jan. 6, 2012; amended Dec. 27, 2013; amended June 14, 2019.)

EDUCATION

Educational credit is given for degrees accredited by the National Architectural Accrediting Board (NAAB). The Kansas Board does not accredit any educational institutions or programs. NAAB is the only accrediting body for professional degree programs in the U.S. NAAB accredits the professional programs within the schools, not the schools themselves.

FOREIGN DEGREES MUST SUBMIT THE FOLLOWING:

- Favorable EESA Evaluation (this is typically included in the NCARB record.)
- Original transcript of grades. The transcript shall be forwarded to the Board directly from the University.
- If transcript is not in English, you shall contact the university and request that an original transcript by forwarded directly to a United States independent, unbiased translation service, who in turn, is to forward the official translation to the Board office.

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 architects verifying your architectural 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. 66-10-1 (provided on page 2), 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 10). 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 Architect 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:

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

APPLICATION FOR
ARCHITECT LICENSURE BY RECIPROCITY

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: _____ Gender: ☐ Female ☐ Male ☐ Prefer Not to Answer

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: _____

   _____

3. Will you be submitting an NCARB Certificate?

   ☐ Yes— Complete pages 4-7 of the application and have NCARB transmit your Council Certificate.

   ☐ No — Complete pages 4-7 of the application and complete other steps as noted on page 1 in "Instructions Part 2," to include requesting official transcripts, exam verifications, and license verification.

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

Please contact NCARB directly if none of your degrees are NAAB accredited.

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 (architectural, non-architectural, 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. Architectural engagements must be explained in detail **giving at least two specific project examples**. Non-architectural 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 architectural 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 architectural experience** must be verified by **at least one licensed professional architect** in direct supervision of the applicant to meet Kansas requirements. If the supervisor is not licensed, additional experience verification from licensed architects is required. Experience verification is required even if experience is exempt from the direct supervision of a licensed architect.

1	2	3	4	5	6	7
Engagement Number	Dates From: MM/YY	 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	 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 ARCHITECTS 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 an architect 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 ARCHITECTURAL 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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EXPERIENCE VERIFICATION REQUEST

APPLICANT

Applicant Name: _____ **Name of Employer:**_____

Employer Address:_____

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

K.A.R. 66-10-1. Architectural experience of a character that is satisfactory to the board.(a)Each applicant for a license to practice architecture by examination shall complete a structured experience program of at least 3,740 hours in the following experience areas:

(1) In practice management, 160 hours;
(2) in project management, 360 hours;
(3) in programming and analysis, 260 hours;
(4) in project planning and design, 1,080 hours;
(5) in project development and documentation, 1,520 hours; and
(6) in construction and evaluation, 360.
At least 1,860 of these 3,740 hours shall be completed under the supervision of an architect.

VERIFICATION

Instructions:
Please specify below the **hours and program** the applicant completed under your direction. All information must be received and filled out in order to process the verification.

☐	Practice Management	_____ hours	(4 weeks total)
☐	Project Management	_____ hours	(9 weeks total)
☐	Programming and Analysis	_____ hours	(6.5 weeks total)
☐	Project Planning and Design	_____ hours	(27 weeks total)
☐	Project Development and Documentation	_____ hours	(38 weeks total)
☐	Construction and Evaluation	_____ hours	(9 weeks total)

TOTAL: _____ hours

Comments: _____

_____

_____

PROFESSIONAL SEAL

SIGN & DATE

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 ARCHITECTURAL 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