

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson St, Ste 507 Phone: (785) 296-3053 Topeka, KS 66612 Fax: (785) 296-0167

CONTINUING EDUCATION AUDIT REPORT FORM FOR TWO YEAR REPORTING PERIOD

Name:

Kansas License #: _____

Profession Landscape Architect Professional Surveyor Professional Engineer Professional Geologist Architect Renewal Period January 1 – December 31 April 1 – March 31 May 1 – April 30 July 1 – June 30 July 1 – June 30

Kansas law requires that each licensed professional in the state of Kansas must meet continuing education requirements as a condition for renewal. Please refer to K.A.R. 66-6-6 for the regulation in its entirety.

Instructions:

List Continuing Education activity on the chart in chronological order. <u>You must attach copies of</u> documentation to substantiate your claims on this form for 30 PDHs. See the KSBTP Continuing Education Guidelines for additional information on acceptable documentation.

Each licensee must complete 30 PDHs. Licensees in more than one profession are required to acquire 20 PDHs for each profession.

Each Professional Surveyor shall complete two (2) PDHs of continuing education on the KANSAS MINIMUM STANDARDS, as adopted by reference in K.A.R. 66-12-1, in each two-year renewal period. See K.A.R. 66-14-1 for Continuing Education Requirements.

Keep original documentation for your own records.

If using carry-over hours from the previous reporting period, you must clearly indicate as such and provide the Continuing Education Audit Report Form and supporting documentation for all PDH's claimed during the previous audit period.

| Date of | Title/ Presenter's | Sponsoring | Type of | PDHs | Office | |
|----------|---|--------------------|---------------|---------|--------|--|
| Activity | Name | Organization | Documentation | Claimed | Use | |
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| | TOTAL PDHS CLAIMED | (Not to exceed 30) | | | | |
| | TOTAL PDHS CLAIMED (Not to exceed 30) | | | | | |
| | I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT. | | | | | |
| | Affix your seal and signature here | | | | | |
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