

## KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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

## CONTINUING EDUCATION AUDIT REPORT FORM FOR TWO YEAR REPORTING PERIOD

Name:	Kansas License #:
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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 and K.A.R 66-14-1 et seq.

## **Instructions:**

List Continuing Education activity on the chart in chronological order. You must attach copies of documentation to substantiate your claims on this form for 30 CEUs. See the KSBTP Continuing Education Guidelines for additional information on acceptable documentation. CEUs should be broken out by course. No more than ten hours are allowed by day per K.A.R 66-14-1. Should all CEUs not fit in the following table, please submit additional copies of the form.

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

Each Professional Surveyor shall complete two (2) CEUs 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.

To submit by email, all documents must be attached as one PDF. The CEU Report form is required. Electronic submissions should be sent to: ksbtpadmin@ks.gov.

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 CEUs claimed during the previous audit period.

Keep original documentation for your own records.

Date of	Title/ Presenter's	Sponsoring	Type of	HSPW	Total	
Activity	Name	Organization	Documentation Submitted	CEUs Claimed	CEUS Claimed	
			Submitted	Claimed	Clairiea	
	TOTAL CEUs CLAIMED (Not to exceed 30)					
	I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.					
	Affix your seal and signature/date here					