

# 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.

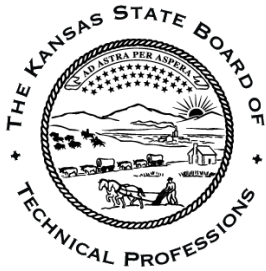
### **A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:**

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 **three** professionals licensed in your profession. Professional reference forms must be returned **directly** 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.**

**Keep a copy of this application for your records.**



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## APPLICATION FOR REINSTATEMENT OF LICENSE

### 1. GENERAL INFORMATION:

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Gender : \_\_\_\_\_  
(First/Middle/Last)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Preferred Mailing: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Kansas License Number: \_\_\_\_\_ Profession: \_\_\_\_\_ Date License Lapsed: \_\_\_\_\_ (MM/DD/YY)

Reason License was allowed to lapse: \_\_\_\_\_ Reason for Reinstatement: \_\_\_\_\_

State licenses maintained during lapsed period: \_\_\_\_\_

### 2. REFERENCE SUMMARY: List names of the licensed professionals who will provide references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List references that are familiar with your professional experience since your Kansas license lapsed and who are licensed in your profession. Make 3 copies of the Reference forms, complete applicant information and send to References. Forms should be returned directly to KSBTP by the reference.

### 3. CERTIFICATE OF AUTHORIZATION REQUIREMENT FOR BUSINESS ENTITY:

Will you be practicing, contracting or offering to practice a technical profession through a business entity in Kansas once approved for licensure?      Yes                      No

If **YES**, once the Responsible Principal 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. In accordance with K.S.A. 74-7036, a business entity practicing or offering to practice a technical profession in Kansas must obtain a Certificate of Authorization.

If the business entity has a KSBTP Certificate of Authorization, please complete the following information:

Business Entity Name: \_\_\_\_\_ Certificate of Authorization #: \_\_\_\_\_

**4. SIGNATURE:** Have you ever been convicted of a felony, or had any disciplinary or administrative action taken against your license in another jurisdiction?      Yes              No      |      Felony              Disciplinary              Admin Action

If **YES**, please attach a letter of explanation & supporting documentation.

I hereby apply for Reinstatement of my Kansas professional license. In making this application, I hereby affirm the above information is correct and do further affirm that during the period in which my license has not been in good standing with the Kansas Board, I have violated no other provision of the statutes and rules and regulations of Kansas, except as specifically described:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## NOTICE OF REFERENCE REQUEST

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### APPLICANT INFORMATION: (To be completed by APPLICANT)

Applicant Name: \_\_\_\_\_

Employed By: \_\_\_\_\_ Dates of Employment (From—To): \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 directly 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 IS FOR BOARD USE ONLY AND WILL BE CONSIDERED CONFIDENTIAL.**

**TO BE COMPLETED BY REFERENCE: (Reference form may be 'handwritten'. Please write legibly.)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Profession & License #: \_\_\_\_\_ State: \_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_.

I concur with the applicant's job title and description on the previous page, including the time frame, type of work and duties of the job.                      Yes                      No

Comments:

Further comments on applicant's ability, professional attitude and responsibility in work performed.

Additional comments:

**I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY NAME:

\_\_\_\_\_  
POSITION TITLE:



# KSBTP REINSTATEMENT PROJECT LIST REPORT FORM

Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Kansas 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:**



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Landon State Office Building 900 SW Jackson St, Ste 507 Topeka, KS 66612

Phone: (785) 296-3053 Fax: (785) 296-0167 www.ksbtp.ks.gov

## KSBTP REINSTATEMENT CONTINUING EDUCATION REPORT FORM

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Kansas License #: \_\_\_\_\_

**Instructions:**

List Continuing Education activity below in chronological order. **You must attach copies of documentation to substantiate your claims on this form for 30 PDHs.** Keep original documentation for your own records.

Date of Activity	Title/Description/ Presenter's Name	Sponsoring Organization and Location of Activity	PDHs Earned	Office Use Only
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PDHs Claimed \_\_\_\_\_ Not to exceed 30 (40 if dual)

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.

