



KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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

APPLICATION FOR PROFESSIONAL GEOLOGIST LICENSURE BY EXAM

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

- ◇ **Foreign Degree:** Foreign degrees must be evaluated. Contact the Board office for more information.
- ◇ **Special Accommodations:** The Kansas Board will make every effort to accommodate candidates needing special accommodations. Attach a letter of explanation for accommodation to this application.

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.
2. **APPLICATION FEE** --\$60.00 non-refundable application fee. Make checks payable to: *Kansas State Board of Technical Professions*
3. **TRANSCRIPTS** — Official transcripts are required for all educational credit claimed. Send an "official," sealed transcript or have the school send a transcript directly to KSBTP. Do not send photocopies or unsealed transcripts.
4. **VERIFICATION** — Send the "Verification of Exam/Licensure" form on Page 9 to the state board (if not Kansas) where the Fundamentals of Geology exam was taken with instructions to return promptly to KSBTP.
5. **EXPERIENCE RECORD** — Geology work experience must be performed under the direct supervision of a licensed professional geologist for work performed after July 1, 2000, except that direct supervision of a licensed geologist is not required of the employees of any person, firm or corporation not offering services in the technical professions to the public, as per K.A.R. 66-10-13. Experience must be completed before applying for the Professional Geology exam. In order to qualify for the Professional Geologist exam, applicant must have first passed the Fundamentals of Geology exam.
6. **PROFESSIONAL REFERENCES** — In accordance with K.A.R. 66-10-14(c), applicant is required to have at least three references. Two references must be licensed geologists. One reference may be a licensed engineer. Four years of experience must be verified by persons familiar with applicant's geology experience. Professional reference forms must be returned directly to the board office from the person supplying the information. The Reference Forms may be 'handwritten.'

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.**

ASBOG® EXAMINATION INFORMATION

The written examination given by the Kansas Board is developed by the National Association of State Boards of Geology (ASBOG®) and consists of two four-hour parts; a Fundamentals of Geology (FG) exam and a Practice of Geology (PG) exam. Each examination uses a four-option multiple-choice format. The FG and PG examinations contain 140 and 110 questions, respectively. Both examinations are "closed-book" and are administered on a single day during the spring and fall each year. For each exam, a **scaled** score of 70 is the minimum passing score. Examination information is available from ASBOG in the Professional Geologists Candidate Handbook available at www.asbog.org.

REQUIREMENTS FOR GEOLOGY CANDIDATES FOR LICENSURE BY EXAMINATION

***Fundamentals Exam in Geology (FG) is required prior to taking the Practice of Geology Exam.**

Pipeline	Classification	Max. Credit For Education	FG *	Experience Required for Exam	Total Education and Experience
A	Graduate with a BS or BA major in Geology and an MS in Geology	5 years	X	3 years*	8 years
B	Graduate with a BS or BA or higher degree with a major in Geology	4 years	X	4 years*	8 years
C	Graduate in a 4-year academic degree program other than Geology but with 30 semester hours or 45 quarter hours in Geology	4 years	X	4 years*	8 years

Keep a copy of this application for your records.



For Office Use Only: Amount: _____ Date: _____

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APPLICATION FOR PROFESSIONAL GEOLOGIST LICENSURE BY EXAM

1. GENERAL INFORMATION:

Name: _____ Maiden Name: _____
(First/Middle/Last)

Social Security #: _____ Date of Birth: _____ Preferred Mailing: _____

Home Address: _____
(Exam Results mailed to this address) (Street Address) (City) (State) (Zip)

Cell: _____ Work: _____ Email: _____

Business Name: _____ Business Address: _____
(Street Address) (City) (State) (Zip)

2. CITIZENSHIP: Are you a U.S. Citizen? Yes No If YES, Birth Naturalized

If NO, please attach a recent photograph or other documentation that identifies you AND a copy of your alien registration.

3. EDUCATION: Official Transcripts are: Enclosed School will send

*We will NOT accept unofficial transcripts, unsealed transcripts or photocopies/faxed copies.

Name & Location of Institution	Dates Attended	Date Graduated	Degree Received (i.e. BS Civil Engineering)

4. EXAM HISTORY: List all Geology exams previously taken. As per K.A.R. 66-8-6, "any applicant for a license... who fails an examination on the first attempt may take the examination two additional times..."

Type of Certificate or Exam	Original State	Date of Exam	ASBOG® Exam (Y/N)	PASS or FAIL	License or Certificate Number	Date License Issued
Fundamentals of Geology Exam						
Other Professional Geology Exam						

5. 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 UNDERSTAND THAT THE BOARD DOES NOT GIVE REFUNDS OF EXAM FEES OR EXCUSED ABSENCES. IF I RESCHEDULE THE EXAM FOR ANOTHER DATE, I MUST PAY THE EXAM FEE AGAIN.

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

Signature

Date

(1) From MM/YY	(2) To MM/YY	(3) Experience Engagements	(4) Total Time YR/MO	(5) Non- Geology YR/MO	(6) Geolo- gy YR/MO	(7) Professional Reference Familiar with Geology Engagement
		TOTALS (Column 4=5+6)				

(Y/M) (Y/M) (Y/M)

****To report additional experience, print this form, clear it, and enter next engagement(s).**

APPLICANT NAME: _____



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NOTICE OF REFERENCE REQUEST

APPLICANT INFORMATION: (To be completed by APPLICANT)

1. APPLICANT NAME: _____
2. Date for form to reach KSBTP: _____

Reference Name: _____

Reference Address: _____

To the Reference: The applicant listed above has given your name as an employer or one who is acquainted with one or more experience engagements listed in the experience record form accompanying this reference form. This Board is required by law to obtain evidence of the technical ability of applicants for licensure. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached. The Reference Forms may be 'handwritten'. Please write legibly.

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 a geologist in Kansas.

Since the Board cannot process this application until receipt of this reference, a prompt reply will expedite the handling of the application. **Your professional seal is required on this form. If you have no seal, please send a copy of your license.**

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**

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EXPERIENCE VERIFICATION REQUEST

APPLICANT

Page 1

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		Experience to be Verified by Supervisor Below	TOTAL Time HOURS	Geo Time HOURS & PROGRAM
	From: MM/YY	To: MM/YY			

VERIFICATION FROM SUPERVISING GEOLOGIST 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 a geologist 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 GEOLOGICAL 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: _____

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 GEOLOGICAL 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

Signature _____

Date _____



KSBTP REFERENCE SUMMARY FORM

APPLICANT NAME: _____

Please list the name and license number of the supervisor that will be verifying each engagement.

ENGAGEMENT	NAME OF SUPERVISOR	PROFESSIONAL LICENSE NUMBER

NOTE: Supervisor must be licensed in order to receive credit for any experience after July 1, 1998. If supervisor is not licensed, "Exemption from Direct Supervision of Licensed Geologist" form on following page must be submitted **along with** the unlicensed supervisor's reference form.

LIST OTHER REFERENCES WHO ARE LICENSED

List additional professional references only if you have not listed a minimum of 3 licensed references above. Acceptable professional references are either a licensed geologist or a licensed professional engineer. Only one reference from a licensed professional engineer will be accepted.

NAME	LICENSE NUMBER

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

The Kansas State Board of Technical Professions is utilizing the following guidelines as they pertain to K.A.R. 66-10-13, which states that geology work shall be directly supervised and verified by a licensed geologist for work performed after July 1, 2000. However, direct supervision of a licensed geologist shall not be required of the employees of any person, firm or corporation that does not offer services in the technical professions to the public, although verification by the applicant's supervisor shall still be required.

GUIDELINES FOR DIRECT SUPERVISION

It is the position of the Kansas State Board of Technical Professions that the phrase "direct supervision" shall mean that there are clear indications of phased interaction between the professional acting as the supervisor and the Intern. Such interaction should include: (1) a pre-job conference, (2) a job review, (3) timely job interaction, and (4) a post-job review.

While this phased interaction is not required to transpire in the same geographic location, at a minimum, the supervising professional shall review the job site to determine the applicability of the Intern's approval.

If direct supervision is not available within the firm/organization, the Kansas State Board of Technical Professions may allow the job supervision to occur outside of the firm/organization with a licensed geologist, providing the above requirements are met.

REQUEST FOR EXEMPTION FROM DIRECT SUPERVISION OF LICENSED GEOLOGIST

APPLICANT NAME: _____ **ENGAGEMENT:** _____

COMPANY NAME FOR THIS ENGAGEMENT: _____

EXPLANATION OF EXEMPTION FROM THE DIRECT SUPERVISION REQUIREMENT:



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VERIFICATION OF EXAM/LICENSURE

FROM: _____
(Board making certification)

Licensee Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Last four digits of Social Security number: _____		

1. THE ABOVE NAMED PERSON WAS LICENSED OR CERTIFIED AS:

	License Number	Date Issued	Valid Until
Intern Geologist			
Geologist			

2. BASIS OF LICENSURE:

1.		Hours of Exam	Results Pass/Fail	ASBOG® Yes/No	EXAM DATE MM/DD/YYYY
Written Exam	FG				
	PG				

2. Oral Exam: _____ hrs.
3. FG Accepted from: _____ PG Accepted from: _____
4. Comity with: _____
5. Education and Experience: Years of Education _____ Years of Experience _____
6. Other: Please give details on separate sheet.

3. INVESTIGATION AND/OR COMPLAINTS: (If YES, please give details on separate sheet)

	Yes	No
An investigation is in progress on the above named:		
A complaint has been filed against the above named:		
Disciplinary action has been taken against the above named:		

By: _____
Title: _____
Date: _____

