



## Kansas Board of Technical Professions Licensure Application

www.ksbtp.ks.gov  
ksbtpadmin@ks.gov  
785-296-3053

Landon State Office Building  
900 SW Jackson St., Ste. 507  
Topeka, KS 66612-1

### Application Instructions

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

#### 1. General Guidelines (Applies to All Applicants)

All applications must be typed. Wet and electronic signatures are acceptable. Handwritten forms, or incomplete submissions can not be accepted. Applications and supporting documents are retained for **one calendar year**. After that time, a new application will be required. You can find the supporting documents required for your profession on our website. If you are a dual licensee, complete an application for each profession. If any of the personal information on this application changes after you submit this application, you must notify the Board immediately in writing.

#### General Requirements – All Applicants

- Application is typed (no handwritten forms)
- Application is wet-signed or electronic (no scanned signatures)
- Application fee included (non-refundable)
- Official transcripts submitted
- Record of qualifying experience included
- Professional references provided separately
- Exam verification available from national licensure council (or verification form if not available)

#### By Exam Applicants

- \$60 application fee

#### By Reciprocity Applicants

- \$250 application fee
- Verification of license from original state of licensure (through national licensure council or verification form if not listed)

**Architects:** If your NCARB transmittal includes all required information, you do not need to submit the supporting documents separately.

**Engineers:** We will accept exams, proof of out of state licensure, credentials evaluations, and verified transcripts from your NCEES record. You must submit the experience record and references on the forms available from our website.

**Geologists:** You must pass the Professional Geologist (PG) exam if you have not already done so. Licensure will be issued once the exam is successfully completed.

**Landscape Architects:** If your CLARB Council Record includes all required information, you do not need to submit the supporting documents separately.

**Surveyors:** You may be approved to sit for the Professional Surveyor (PS) exam if you have not already taken it. Please note, no license will be issued until you have successfully passed both parts of the Kansas State-Specific (KSS) exam. You can visit our website for more information on the Kansas State Specific Exam requirements.

In order to acquire a Certificate of Authorization license in Kansas, the Principal in Responsible Charge must first be individually licensed in Kansas. Once they are licensed, you may apply for the COA.

Please note: Final, official transcripts must be submitted directly to the Board office for all educational credit claimed.

If you require further assistance regarding application requirements or completing the licensure application, contact the Kansas Board in one of the following ways:

**By email:** [ksbtpadmin@ks.gov](mailto:ksbtpadmin@ks.gov)

**By phone:** 785-296-3053

**By mail:** 900 SW Jackson, Suite 507 Topeka, KS 66612



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## Section 1: Profession & Pathway

Select your profession:

- Architect
- Landscape Architect
- Professional Engineer
- Professional Surveyor
- Professional Geologist

Select your pathway:

- By Exam
- By Reciprocity

## Section 2: Applicant Information

Full Legal Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number : \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Section 3: Education

Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Date Graduated: \_\_\_\_\_



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## Section 4: Exams

For Architects and Landscape Architects:

I am submitting an NCARB or CLARB record that includes all required information. No additional supporting documents are needed.

For Engineers and Surveyors:

I have passed the required licensing exam(s).

Exam verification is included in my NCEES record or submitted directly from the original licensing state.

Additional Notes:

**Surveyors:** Approval to sit for the Professional Surveyor (PS) exam may be granted if not already taken. Licensure will only be issued once both parts of the Kansas State-Specific (KSS) exam are passed.

**Geologists:** Licensure will be issued once the ASBOG Professional Geologist (PG) exam is passed, if not previously completed.

## Section 5: References

Provide references who can verify your professional experience as required for licensure. Each reference must submit a reference form directly to the Kansas State Board of Technical Professions; applicants should not submit reference forms on their behalf. Please note, we require a minimum of 3 references.

For NCARB or CLARB Record Holders:

If you are submitting an NCARB or CLARB record that includes all required experience and verification, you do not need to provide additional references.

Name: \_\_\_\_\_ State & License #: \_\_\_\_\_

Name: \_\_\_\_\_ State & License #: \_\_\_\_\_

Name: \_\_\_\_\_ State & License #: \_\_\_\_\_

Name: \_\_\_\_\_ State & License #: \_\_\_\_\_

## Section 6: Signature

I certify that the information provided on this application and all supporting documents is complete and accurate to the best of my knowledge. I understand that submitting false information may result in denial or revocation of licensure.

Have you ever had a professional license disciplined, denied, surrendered, or revoked?                      YES                      NO

Have you ever been convicted of a felony?                      YES                      NO

If you selected **yes** to either question above, provide a statement of explanation and all supporting documents.

\_\_\_\_\_  
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:** \_\_\_\_\_

## **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:**



# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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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: \_\_\_\_\_

