



# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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

## APPLICATION FOR RETURN TO PRACTICE

**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 an individual who has been on “Inactive” status and would like to return to active practice with a Kansas license for Architecture, Professional Engineering, Professional Geology, Landscape Architecture or Professional Surveying.
- ◇ **Continuing Education requirements:** As per K.A.R. 66-14-6(d), each 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 *Continuing Education Report Form* and send only documentation for 30 PDHs earned in previous 2 years from date of this application.
- ◇ A resident of another jurisdiction may meet the continuing education requirements as per K.A.R. 66-14-10.

### A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

1. **COMPLETED APPLICATION FORM** — Print completed form, sign, seal and date, then send all information to KSBTP.
2. **CONTINUING EDUCATION REPORT FORM** — List 30 PDHs earned in previous 2 years from date of this application. Include copies of supporting documentation.

**Application is not complete until your application and supporting documentation have been received in 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.**

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

Kansas License #: \_\_\_\_\_ Profession: \_\_\_\_\_ Preferred Mailing: \_\_\_\_\_

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

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

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

I am applying for return to active practice of my Kansas professional license. In making this application, I affirm the above information is correct and do further affirm that during the period in which my license was on other than active status with the Kansas Board, I have violated no other provision of the statutes and rules and regulations of Kansas, except as specifically described:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

