



KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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

APPLICATION FOR ARCHITECT BY EXAM

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

- Application must be complete and received by KSBTP 30 days prior to next scheduled meeting of the Board. See 'Schedule of Board Meetings' on our website.
- **Education:** An accredited degree is required. In accordance with K.A.R. 66-9-1, all architectural exam applicants must be graduates of a baccalaureate or master's degree accredited by NAAB (National Architectural Accreditation Board).
- **IDP and ARE Complete:** If IDP and ARE have been completed, send this application to KSBTP office and request NCARB send record to KSBTP. Contact NCARB with IDP and ARE guideline questions.

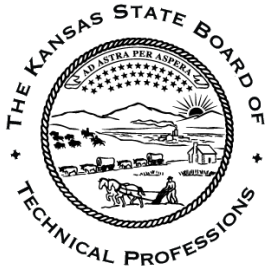
**MAIL COMPLETE APPLICATION FILE TO KSBTP AT ADDRESS LISTED ABOVE.
Handwritten or incomplete forms will NOT be accepted.**

A complete file will include the following:

- 1) **Completed Application Form (see pg. 2)** — Print completed form, sign and date, then send all information to KSBTP. Pending applications are kept on file for one year.
- 2) **Non-refundable Application Fee \$60.00** — Make check or money order payable to: *Kansas State Board of Technical Professions*
- 3) **NCARB Record transmitted by NCARB to KSBTP.**

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.

Keep a copy of this application for your records.



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1. GENERAL INFORMATION:

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

Social Security #: _____ Date of Birth: _____ Gender : _____

NCARB File #: _____ Preferred Mailing: _____

Home Address: _____
(Street Address) (City) (State) (Zip)

Cell: _____ Work: _____ Email: _____

Business Name: _____

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

2. IDP:

Is your IDP Complete? Yes No

Record transmitted to KSBTP from NCARB? Yes No

3. 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.

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

Signature

Date