KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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

LICENSE RENEWAL FORM

Return this paper form if:

1) You prefer not to renew online **OR**
2) You want to change from Active to Inactive status **OR**
3) You have been convicted of a felony or had disciplinary or administrative action taken against your license in Kansas or any other jurisdiction since your last renewal.

Instructions: You must return this completed form and submit with a check or money order for the biennial renewal fee (below). Any form or payment postmarked after the expiration date will result in the license being placed in Expired status. You may not practice after your license expiration date. Failure to submit renewal will result in cancellation of your license.

Biennial Renewal Fee: $70.00
Biennial Renewal Fee for <u>Age 70+</u> : $5.00
Make check or money order payable to: Kansas State Board of Technical Professions

<mark>**MAIL ORIGINAL COMPLETED RENEWAL FORM.**
INCOMPLETE FORMS WILL BE RETURNED.</mark>

Please complete the following fields:

License #: _____   Name: _____

Date of Birth: _____   Social Security #: _____   Preferred Mailing Address: ☐ Home ☐ Business

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

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

Cell Number: _____   Work Number: _____   Preferred Email: _____

STATEMENT OF CONTINUING EDUCATION COMPLIANCE:

A.) ☐ I have complied with the Board's requirements for 30 PDHs of continuing education to renew my license. In addition, if I hold a Professional Land Surveying license, I confirm completion of 2 PDHs of continuing education on the KANSAS MINIMUM STANDARDS, as adopted by reference in K.A.R. 66-12-1.

        <u>**OR**</u> I have **NOT** acquired the continuing education because of the following **exemption**:

             ☐ This is the first renewal of my KANSAS license. KAR 66-14-6(a);

             ☐ I request my license be renewed into INACTIVE status. K.A.R. 66- 6-10(b)
                You may not practice or offer to practice in Kansas if you mark this option. *Renewal fee is still required.*

B.)   Since your last renewal have you been convicted of a felony or had any disciplinary or administrative action taken against your license in Kansas or any other jurisdiction?
         ☐ NO   ☐ YES **If yes, provide explanation and supporting documentation.**

Pursuant to <u>K.S.A. 60-3502</u>, the Kansas State Board of Technical Professions is required to maintain and make available a current list of professional licensees who are willing and available to serve on a professional malpractice liability screening panel. More information regarding professional malpractice liability screening panels in Kansas is available on the <u>Kansas Office of Revisor of Statutes</u> website.

Are you willing and available to serve on a malpractice screening panel?
         ☐ NO   ☐ YES

I have read and am familiar with the KSBTP Statutes, Rules and Regulations.
I hereby certify that all statements on this renewal form are true and correct.

PROFESSIONAL
SEAL

_____   _____
SIGNATURE   DATE