



# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612  
(785) 296-3053 | <https://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:** 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 CEUs earned in previous 2 years from date of this application. Applicants may not utilize CEUs obtained for return to practice during the next renewal.

### A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

1. **COMPLETED APPLICATION FORM** — Complete form below and print, sign, seal and date.
2. **NON-REFUNDABLE APPLICATION FEE** - \$20.00 (*Payable to Kansas State Board of Technical Professions*)
3. **CONTINUING EDUCATION REPORT FORM** — List 30 CEUs earned in previous two years from date of this application. Each Professional Surveyor shall complete two (2) CEUs of continuing education on the KANSAS MINIMUM STANDARDS, as adopted by reference in K.A.R. 66-12-1, in each two-year renewal period. See K.A.R. 66-14-1 for Continuing Education Requirements. 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

**Please keep a copy of this application for your records.**



KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
Landon State Office Building 900 SW Jackson St, Ste 507 Topeka, KS 66612
Phone: (785) 296-3053 Fax: (785) 296-0167 https://ksbtp.ks.gov

CONTINUING EDUCATION RETURN TO PRACTICE FORM FOR PREVIOUS TWO YEARS

FROM (mm/dd/yy) TO (mm/dd/yy)

Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Kansas License #: \_\_\_\_\_

Instructions:

In chronological order list continuing education earned in previous two years from date of this application. You must attach copies of documentation to substantiate your claims on this form for 30 PDHs. Each Professional Surveyor shall complete two (2) CEUs of continuing education on the KANSAS MINIMUM STANDARDS, as adopted by reference in K.A.R. 66-12-1, in each two-year renewal period. See K.A.R. 66-14-1 for Continuing Education Requirements. Keep original documentation for your own records.

Date of Activity Title/Description/Presenter's Name Sponsoring Organization and Location of Activity CEUs Earned Office Use Only

Table with 5 columns: Date of Activity, Title/Description/Presenter's Name, Sponsoring Organization and Location of Activity, CEUs Earned, Office Use Only. Multiple empty rows for data entry.

CEUs Claimed \_\_\_\_\_ Not to exceed 30 (40 if dual)

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



Professional Seal with Signature and Date

SIGNATURE

DATE