



KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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

APPLICATION FOR **PROFESSIONAL GEOLOGIST LICENSURE BY COMITY/RECIPROACITY**

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

- ◇ Application must be complete and received by KSBTP 30 days prior to the next scheduled meeting of the Board. See schedule of KSBTP Board Meetings on our website.
- ◇ Certificate of Authorization: You must obtain a Certificate of Authorization if you will be practicing or offering to practice through a business entity in Kansas in order to be in compliance with the law in this state. To review the statutes and rules governing Kansas licenses, Certificates of Authorization, plus important announcements and other related information, please see our website.

A COMPLETE APPLICATION WILL INCLUDE THE FOLLOWING:

1. **COMPLETED APPLICATION FORM** — 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 \$250** — Make check or money order payable to: *Kansas State Board of Technical Professions*
3. **TRANSCRIPTS** — Official transcripts are required for all educational credit claimed. Send an "official," sealed transcript or have the school send a transcript directly to KSBTP. Do not send photocopies or unsealed transcripts. Foreign degrees transcripts must be in English.
4. **PROFESSIONAL REFERENCES** — In accordance with K.A.R. 66-10-14(c), applicant is required to have at least three references. Two references must be licensed geologists. One reference may be a licensed engineer. Four years of experience must be verified by persons familiar with applicant's geology experience. Professional reference forms must be returned directly to the board office from the person supplying the information. Relatives may not serve as references. The Reference Forms may be 'handwritten'
5. **VERIFICATION OF EXAMS & LICENSURE** — Send the "Verification of Exam/Licensure" form to the state board where original license was received with instructions to return promptly to KSBTP. If the Fundamentals Exam was taken in one state and the Practice Exam in another state, forms must be sent to BOTH states. If original license is not current, you must supply verification of a current license.

Application is not complete until the application and supporting documentation have been received by 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.**

REQUIREMENTS FOR PROFESSIONAL GEOLOGISTS

Pursuant to K.S.A. 74-7024, the Kansas board will accept an applicant by comity or reciprocity provided the qualifications at the time the original license was issued would have met Kansas requirements if the application had been made in Kansas on that date.

If originally licensed in another state prior to July 1, 2000:

- (a) graduation from a course of study in geology, or from a program which is of four or more years' duration and which includes at least 30 semester or 45 quarter hours of credit with a major in geology or a geology specialty, that is adequate in its preparation of students for the practice of geology; and
- (b) proof of at least four years of experience in geology.

If licensed in another state after July 1, 2000:

- (a) graduation from a course of study in geology, or from a program which is of four or more years' duration and which includes at least 30 semester or 45 quarter hours of credit with a major in geology or a geology specialty, that is adequate in its preparation of students for the practice of geology; and
- (b) proof of at least four years of experience in geology; and
- (c) the satisfactory passage of the national association of state boards of geology (ASBOG®) examination, consisting of a geology fundamentals section and a professional geology practice section.

Keep a copy of this application for your records.

For Office Use Only: Amount: _____	Date: _____
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1. GENERAL INFORMATION:

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

Social Security #: _____ Date of Birth: _____ Preferred Mailing: _____

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

Cell: _____ Work: _____ Email: _____

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

2. EDUCATION:

Official Transcripts are: Enclosed School will send

*We will **NOT** accept unofficial transcripts, unsealed transcripts or photocopies/faxed copies.

Name & Location of Institution	Dates Attended	Date Graduated	Degree Received (i.e. BS Geology)

3. LICENSURE HISTORY: List any Geology examinations taken and passed. If no examinations were taken, please list the state where licensed by *Grandfather provision.

Type of Certificate or Exam	Original State	Date of Exam	Number of Hours	ASBOG® Exam (Y/N)	License or Certificate Number	Date License Issued
Fundamentals of Geology Exam						
Practice of Geology Exam						
*Grandfather Provision						

4. LIST OTHER STATES WHERE CURRENTLY LICENSED: _____



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APPLICANT NAME: _____

5. REFERENCE SUMMARY: List names of the licensed professionals who will provide references:

1. _____
2. _____
3. _____

List references who can verify professional experience listed on experience record. Each applicant must supply at least three references from individuals who are familiar with the applicant's geology experience. At least two of these references shall be from licensed geologists. One of the three references may be from a professional engineer. Relatives may not serve as references. Use Reference Forms on pages 6 and 7 for this purpose.

6. CERTIFICATE OF AUTHORIZATION REQUIREMENT FOR BUSINESS ENTITY:

Will you be practicing, contracting or offering to practice a technical profession through a business entity in Kansas once approved for licensure? Yes No

If **YES**, once the Responsible Principal has been issued an individual Kansas license, submit a complete application for a KSBTP *Certificate of Authorization for a Business Entity* available on our website. In accordance with K.S.A. 74-7036, a business entity practicing or offering to practice a technical profession in Kansas must obtain a Certificate of Authorization.

If the business entity has a KSBTP Certificate of Authorization, please complete the following information:

Business Entity Name: _____ Certificate of Authorization #: _____

7. 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



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NOTICE OF REFERENCE REQUEST

APPLICANT INFORMATION: (To be completed by APPLICANT)

1. APPLICANT NAME: _____
2. Date for form to reach KSBTP: _____

Reference Name: _____

Reference Address: _____

To the Reference: The applicant listed above has given your name as an employer or one who is acquainted with one or more experience engagements listed in the experience record form accompanying this reference form. This Board is required by law to obtain evidence of the technical ability of applicants for licensure. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached. The Reference Forms may be 'handwritten'. Please write legibly.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for licensure as a geologist in Kansas.

Since the Board cannot process this application until receipt of this reference, a prompt reply will expedite the handling of the application. **Your professional seal is required on this form. If you have no seal, please send a copy of your license.**

THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

The **REFERENCE FORM FOR EXPERIENCE VERIFICATION** (which should be enclosed with this Notice) is to be returned directly to the board office:

**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA, KS 66612**

-Shelby Lopez, KSBTP Executive Director



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REFERENCE FORM FOR EXPERIENCE VERIFICATION

APPLICANT NAME: _____

TO BE COMPLETED BY APPLICANT:

Have you and the Reference been employed by or members of the same business entity? Yes No
If **YES**, please complete the following information.

	First Engagement	Other Engagement
From—To (MM/YY)		
Name of Business Entity		
City		
Applicant's Position		
Reference's Position		

Have you known each other in other circumstances? Yes No
If **YES**, give dates and explanation: _____

TO BE COMPLETED BY REFERENCE: (Reference form may be 'handwritten'. Please write legibly.)

- I have known the applicant for _____ years, from _____ to _____. (MM/YY)
- Is the information listed above correct as stated? Yes No If, no, explain on separate sheet
- Professional relationship to applicant (i.e. supervisor, co-workers, etc.): _____.
- How many years has applicant been engaged in geology work? _____ In responsible charge of geology work? _____
- Would you recommend this applicant be licensed? Yes No

6.	Excellent	Satisfactory	Poor
Please rate applicant's:	—	—	—
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

REFERENCE NAME: _____ PHONE: _____

TITLE: _____ EMAIL: _____

JURISDICTION: _____ LICENSE #: _____ YEAR ISSUED: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____



SIGNATURE

DATE



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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: _____

