## Send completed form to the Board Office.

## KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson, Suite 507, Topeka, KS 66612

785-296-3053

www.ksbtp.ks.gov

## APPLICATION FOR PRE-APPROVAL OF CONTINUING EDUCATION OFFERING

K.A.R. 66-14-1 requires that all continuing education activities on the "Kansas Minimum Standards for Boundary Surveys and Mortgage Title Inspections Standards of Practice" be preapproved by the Board.

Individual OR Organization spo	nsoring the activity	
POINT OF CONTACT:		
Name of individual - (If sponsored by an organization)		
Mailing Address		

## II. ACTIVITY INFORMATION:

- **1. Type of activity** (classroom, correspondence, seminar, online, etc., as defined in KAR 66-14-3)
- **2. Name of Course Creator** Attach a copy of their credentials, including the state(s) in which they are licensed as a land surveyor.

3. Name of Course Facilitator(s)/Instructor(s) (If different from the sponsor or **creator**) – Attach a copy of their credentials, including the state(s) in which they are licensed as a land surveyor. 4. **Outcomes:** Attach the course objectives stated with measurable outcomes. Include a statement of how each of the participant's degree of success will be measured for each objective. 5. Please provide activity/course syllabus and outline, along with any participant solicitation materials. 6. **Time Spent:** How much time do you expect each participant to spend in order to reach the stated outcomes? 7. **How many** professional development hours are you requesting for this activity? 8. **Records of participants:** Where and for how long will the records of participants be stored? 9. Would you be willing to enroll, at no charge and for no credit, a member of the Board (or its designee) to take the course/activity for evaluation purposes only? No Yes **10.** Would you be willing to provide all course/activity material if requested? Yes No

**Certificate of Completion:** You must provide each participant with a Certificate of Completion showing the name of the activity, date of completion, name of the facilitator/instructor and the number of PDH's earned.