

# KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

(785) 296-3053 | <http://ksbtp.ks.gov>

## APPLICATION FOR LANDSCAPE ARCHITECT LICENSURE BY RECIPROCITY

### INSTRUCTIONS

Application by reciprocity is for individuals currently licensed in another jurisdiction who are seeking licensure in Kansas as a Landscape Architect.

Applicants not already licensed should use the "Application for the Landscape Architect by Exam" available on the Board website.

- Applicants should read all instructional guidance in this application as well as KSBTP statutes, rules and regulations for specific details regarding requirements. All statutes, rules and regulations are available on our website.
- **Be sure your application is complete.** An incomplete application will be retained by the KSBTP for one calendar year from date of receipt at which time the applicant will have to reapply.
- Handwritten applications will not be accepted. Type into the application's form fields, print it, and then complete it with an original, wet signature before mailing. Electronic signatures or photocopies of your signature are not acceptable.
- If you will be practicing or offering to practice through a business entity in Kansas, the business entity must receive a Certificate of Authorization from the KSBTP in order to be in compliance with the law in this state.

### Instructions Part 1

#### Steps

1. Transmit your CLARB record then follow the instructions listed below in "Instructions Part 2" if applicable.
2. After completing the application per the instructions below, print and sign the application with wet ink.
3. **Mail the completed application, application fee (see below), and any required supporting documentation to the Board office at the address provided above.**
  - This application requires a non-refundable fee of **\$250.00**. Make check or money order payable to: *Kansas State Board of Technical Professions*. Cash and credit card are not accepted.

#### RECIPROCITY INFORMATION: Requirements for Landscape Architects

Pursuant to K.S.A. 74-7024, the Kansas board will accept an applicant by 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.

Prior to 1969	None
1969-1992	4-year landscape architectural degree, 2 years experience, and CLARB examination; OR 5-year landscape architectural degree, 1 year experience, and CLARB examination; OR 7 years experience and CLARB examination
1993-1995 (March)	4-year landscape architectural degree, 4 years experience, and CLARB examination; OR 5-year landscape architectural degree, 3 years experience, and CLARB examination
1995 (April)-present	4-year landscape architectural degree, 4 years experience, CLARB examination and CLARB council record; OR 5-year landscape architectural degree, 3 years experience, CLARB examination and CLARB council record

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**Instructions Part 2**

If you are a military spouse, military service member or an individual who has established or intends to establish residency in Kansas and are seeking licensure under K.S.A. 48-3406, please complete pages 3-5 of this application and submit the required information and documents. The application will be considered complete when all forms, documentation, signed affidavit and application fee have been received.

Completed applications for military spouses and military service members will be processed within 15 days of receipt. Applications for residents and individuals intending to establish residency in Kansas will be processed within 45 days.

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**APPLICATION FOR  
LANDSCAPE ARCHITECT LICENSURE BY  
RECIPROCITY**

FOR BOARD USE ONLY
Date Received:

**Part 1: Applicant Information**

**Note:** If any of the information below changes after you submit this application, you must notify the Board immediately in writing (changes cannot be accepted by phone).

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

Gender:  Female  
 Male  
 Prefer Not to Answer

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship: Are you a U.S. Citizen?  Yes  No If **no**, please attach a copy of your alien registration.

**Contact Information:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Foreign applicants: Provide state within your country above if applicable.

This address is my (check one):  Home  Business

If **business**, list name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_  Cell  Home  Business

Email Address: \_\_\_\_\_

**Note:** You must have an email on file to receive correspondence regarding application status as well as future renewal notices.

**Part 2: License Information**

1. Have you ever had a professional license disciplined, denied, surrendered, suspended or revoked? If **yes**, provide a statement of explanation on a separate sheet of paper. Yes No

2. List all other states where currently licensed: \_\_\_\_\_  
\_\_\_\_\_

3. Submit your CLARB council record

### Part 3: Education

1. List all degrees obtained. **You must submit a final, official transcript** for all educational credit claimed.

College/University Attended	City, State, Country	Date Graduated	Degree Received

Please contact CLARB directly if none of your degrees are LAAB accredited.

### Part 4: Certificate of Authorization

- Will you be practicing, contracting or offering to practice a technical profession through a new business entity in Kansas once approved for licensure?  Yes  No
  - If **YES**, once the principal in responsible charge 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 at <http://ksbpt.ks.gov>.
  - K.S.A. 74-7036 requires a business entity practicing or offering to practice a technical profession in Kansas to obtain a KSBTP Certificate of Authorization.
- Will you be practicing, contracting or offering to practice a technical profession through an established business entity in Kansas once approved for licensure?  Yes  No
  - If **YES**, complete the following:  
 Business Entity Name: \_\_\_\_\_ Certificate of Authorization # \_\_\_\_\_

### Part 5: Signature

Read the statements below and **sign** and **date**. *Please note: electronic, digital, photocopied, or stamped signatures will not be accepted by the Board.*

- I have read and will comply with [KSBTP Statutes, Rules and Regulations](#).
- I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
- I have not represented myself as an architect without proper licensure, either verbally or on any printed matter, in the State of Kansas, nor will I do so until such time as my license or certificate has been issued by the Kansas State Board of Technical Professions; and
- I have not performed or offered to perform architecture without proper licensure in the State of Kansas, nor will I do so until such time as my license has been issued by the Kansas State Board of Technical Professions.
- If I have ever been convicted of a felony or had any disciplinary or administrative action taken against my license in another jurisdiction I will attach to this application a letter of explanation and supporting documentation. **Please mark if you have ever been convicted of the following:**  
 Felony  Disciplinary Action  Administrative Action

**I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## K.S.A. 48-3406 APPLICANT QUESTIONS

Applicants applying under K.S.A. 48-3406 must provide the following information. Please visit <http://www.kslegislature.org> for more information and to review the bill in its entirety.

- 1) Are you a current or former military service member? Yes          No  
If yes, please provide a copy of your DD214 or other proof of military service.
- 2) Are you a military spouse? Yes          No  
If yes, please provide a copy of your marriage certificate and your spouse's DD214 or other proof of military service.
- 3) Are you a current resident of Kansas? Yes          No  
If yes, please provide proof of Kansas residency (mortgage/lease, etc.)  
\*Please note residency is not required for reciprocal licensure.  
Yes          No
- 4) Do you intend to establish residency in Kansas?  
If so, when and where? Please provide proof of intent to establish residency.
- 5) Are you the subject of an unresolved complaint or disciplinary proceeding in another jurisdiction? Yes          No
- 6) Have you surrendered your license in another jurisdiction to avoid disciplinary action? Yes          No
- 7) Do you hold a current valid license in another state? Yes          No
  - a) What state or states are you licensed in?
  - b) Have you worked at least one year licensed in the profession? Yes          No

### Affidavit:

(1) If executed outside this state: 'I declare under penalty of perjury under the laws of the state of Kansas that the foregoing application is true and correct.

Executed on (date): \_\_\_\_\_ Signature: \_\_\_\_\_

(2) If executed in this state: 'I declare under penalty of perjury that the foregoing application is true and correct.

Executed on (date): \_\_\_\_\_ Signature: \_\_\_\_\_