

APPLICATION FOR PROFESSIONAL SURVEYOR LICENSURE BY RECIPROCITY

INSTRUCTIONS

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

Applicants not already licensed should use the "Application for the PS 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.
- **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.

Steps

1. Decide whether or not you are submitting an NCEES Council Record, then follow the instructions listed below in either "Instructions Part 2" or "Instructions Part 3."
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.

Instructions Part 2

Whether or not you submit an NCEES Council Record impacts what information you must provide to the Board.
Please follow the instructions below that match your decision:

If you **ARE** submitting an NCEES Council Record:

- Check that your council record is up-to-date, then request that NCEES transmit a copy to the Kansas Board.
- Complete pages 5-8-8 of the application to include the professional experience record..
- Complete steps 2-3 above.

If you are **NOT** submitting an NCEES Council Record:

- Complete pages 5-8 of the application.
- Request final, official transcripts in English for all educational credit claimed. The transcript must show the degree(s) awarded and the date(s) of graduation. **Do not open the transcript record.** Forward it as sealed by the institution or have it mailed or e-mailed directly to our office. **If your degree(s) are from non-EAC/ABET-accredited programs, see "Education Evaluation Guidelines" on page 3 for additional requirements.**
- Use account.ncees.org to request verification of:
 - FS and PS scores from the state(s) where you took the exams. If you passed your FS in Kansas, we already have your scores and you do not need to request them.
 - Licensure from another state. If the state does not participate in electronic verification, use the verification form included.
- Review the guidelines on pages 3-4 for Experience Verification Requests and Professional Reference Requests. The request form can be found on page 11.
- Send appropriate verification and professional reference request forms to your references.
- Complete steps 2-3 above.

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Instructions Part 3

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 5-8 and page 13 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.

Additional Guidance for Application Requirements

EDUCATION EVALUATION GUIDELINES

FOREIGN EDUCATION:

Applicants who have been educated outside the United States and whose engineering program is not recognized under the Washington Accord** must have their degree(s) evaluated by NCEES. Education must meet the minimum number of engineering science and engineering design credits required in an EAC/ABET-accredited degree.

**Use the [International Engineering Alliance website](#) "Qualification Checker." Select your country from the drop down and then select "Washington Accord." You will be sent to a site that contains a list of accredited programs for your country. If you received your degree from an accredited program you may have the transcripts sent directly to KSBTP.

DOMESTIC EDUCATION:

Applicants who have been educated in the United States, **but their degree program is not EAC/ABET accredited**, must have their degree evaluated by NCEES to determine if their degree program meets the minimum requirements.

The original evaluation report must be sent directly from NCEES to the Kansas Board - No copies will be accepted.

NCEES Credentials Evaluations
P.O. Box 1686, Clemson, SC 29633
Phone: (800) 250-3196 | Website: www.NCEES.org

EXPERIENCE VERIFICATION REQUESTS

Applicants are required to have **at least one licensed professional surveyor** verify four years of work experience recorded on their "Professional Experience Record" (found on page 7). Please see detailed requirements for experience and verification in K.A.R. 66-10-10 through K.A.R. 66-10-12.

Complete the top portion of the "Experience Verification Request" form included in this application on page 10 and submit to the licensed person(s) verifying your work experience. Completed verifications must be mailed directly to the Board office and may not be submitted by the applicant.

- You may request as many verifications from professional licensees as you need to verify four years of experience.
- Experience verification forms may be handwritten.

PROFESSIONAL REFERENCE REQUESTS

Applicants are required to provide three references that can reflect on diversity of their experience and are personally acquainted with their professional reputation. A completed experience verification form counts as a reference. If you have at least three licensed professional surveyors verifying your surveying experience on the "Experience Verification Request" forms, you do not need to provide other professional references. Should you need to provide additional references that have not been in direct supervision of your work to meet the requirements listed in K.A.R. 66-10-10 through K.A.R.-66-10-12 please use the "Professional Reference Request" form included in this application.

- Reference forms may be handwritten.

Send each reference a "Professional Reference Request" form to complete (page 11). Completed references must be mailed directly to the Board office and may not be submitted by the applicant.

EXPERIENCE / REFERENCE EXAMPLES

1. Applicant has four years of experience verifiable by one licensed professional surveyor supervisor.

Applicant may meet requirements with:

- One experience verification form verifying a total of four years and
- Two licensed professional references

2. Applicant has worked several engagements supervised by different licensed professional surveyors to obtain four years of total engineering experience.

Applicant may meet requirements with:

- Three or more experience verification forms verifying a total of four years

OR

- Two experience verification forms verifying a total of four years and
- One licensed professional reference

3. Applicant's engineering experience was not required to be supervised by licensed professional surveyor due to the person, firm, or corporation not offering services in the technical professions to the public.

Applicant may meet requirements with:

- One or more experience verifications submitted by unlicensed supervisors to verify a total of four years; At least two years of work experience shall have been gained in the United States.

If only one experience verification form is needed to verify a total of four years, applicant must request licensed professional references to meet the minimum requirement of three references total.

4. Applicant is unable to obtain verification of four years of surveying experience from licensed professional surveyor supervisors. Additional documentation may be required.

Applicant may request the Board review:

- Experience verifications submitted by indirect supervisors of their work that are licensed professional surveyors
- Experience verifications submitted by non-supervisory professional surveyors directly familiar with their work

If you require additional assistance regarding application requirements or in completing the Professional Surveyor by Reciprocity Application, please contact the Kansas Board in one of the following ways:

Send an e-mail to Board office staff at KSBTPAdmin@KS.GOV with your inquiry and a staff member will answer as soon as possible. You may also send a request for phone call to this e-mail address and a staff member will call the phone number you provide within one business day to assist you.

Call the Board office directly at (785) 296-3053.

Kansas State Board of Technical Professions Office Hours
Monday through Friday
8:00 a.m. CST – 4:30 p.m. CST

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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**APPLICATION FOR
PROFESSIONAL SURVEYOR LICENSURE BY RECIPROCITY**

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: _____

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. Fundamentals of Surveying Exam Information:

State Where Taken: _____ Date of Exam: _____ License or Certificate Number Issued: _____

2. Professional Surveying Exam Information:

State Where Taken: _____ Date of Passed Exam: _____ License Number Issued: _____

3. 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

4. List all other states where currently licensed: _____

5. Will you be submitting an NCEES Council Record?

Yes — Complete pages 5-8 of the application and have NCEES transmit your Council Record.

No — Complete pages 5-8 of the application and complete other steps as noted on page 1 or 2) in "Instructions Part 2 or "Instructions Part 3".

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

2. If none of the degrees above are from an EAC/ABET-accredited institution, are you submitting the required degree evaluation (see Instructions Part 2)? Yes No N/A

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 a professional engineer 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 professional engineering 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

APPLICANT NAME: _____

PROFESSIONAL EXPERIENCE RECORD FOR SURVEYING: (One Engagement Per Form)

IMPORTANT: Read all instructions in this section before completing experience record.

1. In chronological order beginning with first engagement, enter month and year of engagement. Do NOT use "Present". The letter (a) designates your first experience engagement. Letter subsequent engagements consecutively with (b), (c), etc.
2. State the title of your position and the name and address of your employer. Surveying experience must be explained in detail giving specific examples. If you have been employed by more than one employer, each is considered a separate engagement. Use a separate form for each engagement. **Do not leave any gaps in experience**. If your surveying experience was interrupted by work in other fields, illness, military service, unemployment, etc., complete the section titled "Non-Surveying Employment/Unemployment" on Page 4.
3. Enter amount of time spent (1) basic surveying, (2) progressive surveying. Use Years/Months. (Example: 3 years, 4 months)
4. Enter the name of the individual who will verify each engagement. Send a reference form and a copy of your experience record to individuals listed on this page that can verify the required years of experience. See "Comity Information" on Page 8 for amount of experience needed for licensure as a professional surveyor in Kansas. Remember you are required to have at least three references from licensed surveyors or licensed engineers with at least one from a licensed surveyor.

Engagement: _____ Position(s) Held: _____

Employer Name: _____

Employer Address: _____

Supervisor Name: _____ Supervisor License#: _____

Reference Name: _____ Reference License#: _____

Dates (MM/YY): From _____ To _____

Experience:

(1) Basic Survey Time: _____ (YEARS/MONTHS)

(2) Progressive Survey Time: _____ (YEARS/MONTHS)

****TO REPORT ADDITIONAL EXPERIENCE, PRINT THIS FORM, CLEAR IT, AND ENTER NEXT ENGAGEMENT(S).**

NON-SURVEYING EMPLOYMENT/UNEMPLOYMENT

APPLICANT NAME: _____

Engagement: _____ Position: _____

Dates (Month & Year): From _____ To _____

Engagement: _____ Position: _____

Dates (Month & Year): From _____ To _____

Engagement: _____ Position: _____

Dates (Month & Year): From _____ To _____

Engagement: _____ Position: _____

Dates (Month & Year): From _____ To _____

TOTAL NON-SURVEYING TIME: _____

SUMMARY OF PROFESSIONAL EXPERIENCE RECORD

Enter the total time from all surveying engagements in each category. (YEARS/MONTHS)

(1) Basic Surveying Time: _____ Y _____ M

(2) Progressive Surveying Time: _____ Y _____ M

(3) Total Surveying Time: _____ Y _____ M

KSBTP REFERENCE SUMMARY FORM

APPLICANT NAME: _____

Please list the name of licensed professionals who will provide references.

1.)
2.)
3.)

List references who can verify professional experience listed on experience record and are licensed in your profession.

Applicant is are required to have at least *three* references from licensed surveyors or licensed engineers. At least one reference must be from a licensed surveyor. K.A.R. 66-10-9(d) requires that these professional engineers be licensed in the United States.

Send a copy of the completed professional experience record with reference form instructions to the three references. Professional reference forms must be returned directly to the board office from the person supplying the information. The Reference Forms may be 'handwritten'

Incomplete reference forms will be returned back to the reference for completion.

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

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EXPERIENCE VERIFICATION REQUEST

APPLICANT

Applicant Name: _____ Name of Employer: _____

Employer Address: _____

Phone: _____ Position Title: _____ Name of Supervisor: _____

Instructions: List the engagement's details as entered on your experience record to be verified by the reference below.

Engagement Number	Dates		Experience to be Verified by Supervisor Below	TOTAL Time YR/MO	ENG. Time YR/MO
	From: MM/YY	To: MM/YY			

VERIFICATION FROM SUPERVISING SURVEYOR OR SUPERVISOR

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 professional surveyor in Kansas. Your professional seal is required on this form. If you have no seal, please send a copy of your license, pocket card, or online verification. **RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT.**

Supervisor Name: _____ Title: _____ Phone: _____

Name of Employer: _____ Email: _____

Address of Employer: _____

License #: _____ State License Issued In: _____ Year Issued: _____

I HAVE KNOWN THE APPLICANT FOR _____ YEARS, FROM _____ TO _____ (MM/YYYY)

IS THE INFORMATION LISTED ABOVE CORRECT AS STATED? YES NO If no, explain on separate sheet.

HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN SURVEYING WORK? _____ IN RESPONSIBLE CHARGE? _____

WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? YES NO

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature _____

Date _____



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PROFESSIONAL REFERENCE REQUEST

APPLICANT

Applicant Name: _____

Explain Relationship to Professional Reference: _____

REFERENCE

The applicant listed above has given your name as someone that can reflect on the diversity of their experience and is personally acquainted with their professional reputation. 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 professional surveyor in Kansas. Please complete the reference section to the best of your ability and **RETURN FORM DIRECTLY TO THE KANSAS BOARD AT THE ADDRESS ABOVE. DO NOT RETURN TO APPLICANT.**

Reference Name: _____ Title: _____ Phone: _____

Name of Employer: _____ Email: _____

Address of Employer: _____

License #: _____ State License Issued In: _____ Year Issued: _____

I HAVE KNOWN THE APPLICANT FOR _____ YEARS, FROM _____ TO _____ (MM/YYYY)

PROFESSIONAL RELATIONSHIP TO APPLICANT _____

HOW MANY YEARS HAS APPLICANT BEEN ENGAGED IN SURVEYING WORK? ____ IN RESPONSIBLE CHARGE? ____

WOULD YOU RECOMMEND THIS APPLICANT BE LICENSED? YES NO If no, please explain in comment below.

Please Rate the Applicant's	Excellent	Satisfactory	Poor
Professional Reputation			
Technical Knowledge			
Competence			

OTHER COMMENTS: _____

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT



Signature _____

Date _____

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

KANSAS COMITY/RECIPROCITY INFORMATION: 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.

REQUIREMENTS FOR PROFESSIONAL SURVEYORS

If you were originally licensed:	<u>Kansas Requirements</u>
Prior to 7/1/68	(a) 8 HOUR WRITTEN EXAMINATION
7/1/68 – 9/88	(a) Accredited engineering or surveying degree, 2 years experience, and 16 hours examination; OR (b) 6 years experience and 16 hours examination.
10/88 – 4/92	(a) Accredited engineering or surveying degree, 2 years experience, and the NCEES examination including 8 hours FS, 4 hours P&P, and 3 hours of Public Domain; OR (b) 6 years experience and the NCEES examination including 8 hours FS, 4 hours P & P and 3 hours of Public Domain;
5/92 – 12/92	(a) Accredited engineering or surveying degree, 2 years experience and the NCEES examination including 8 hours FS, and 6 hours P & P; OR (b) 6 years experience & the NCEES examination including 8 hours FS, and 6 hours P & P;
1993 - Present	(a) Accredited 4 year surveying degree, 4 years experience and NCEES examination including 8 hours FS, and 6 hours PS; OR (b) Accredited 4 year engineering degree OR (beginning Nov. 1, 2001) 4 year related science degree; 6 years of experience; and NCEES examination including 8 hours FS, and 6 hours PS; OR (c) Accredited 2 year surveying degree, 6 years experience, and NCEES examination including 8 hours FS, and 6 hours PS; OR (d) (Beginning June 29, 2007) completion of the Board’s “land surveying curriculum” as specified in K.A.R. 66-9-5(e), 6 years experience, and NCEES examination including 8 hours FS and 6 hours PS; OR (e) (Ending 2007) 8 years surveying experience and NCEES examination including 8 hours FS, and 6 hours PS. (f) (After December 2020) successful completion of at least 12 semester hours of approved surveying coursework consisting of three semester hours in each of the following, as well as 8 years experience, and the 8 hour FS exam and 6 hour PS exam through NCEES. (1) Surveying Measurements and analysis; (2) global positioning system (GPS) techniques; (3) real property law; and (4) boundary control and legal principles

KANSAS STATE-SPECIFIC PROFESSIONAL SURVEYING EXAMINATION CONTENT (BEGINS OCTOBER 2012)

Applicants must pass open-book two part Kansas State Specific exam to be licensed.

PART I – GENERAL

One Hour all multiple choice

PART II–US PUBLIC LAND SURVEY SYSTEM

One Hour multiple choice & mathematical problems

Kansas Minimum Standards for Property Boundary Surveys	54%	Original GLO procedures, the GLO System as applied to Kansas, GLO Section protraction	30%
Rules and Statutes of the Kansas Board of Technical Professions	27%	Numerical calculator problems applied to USPLSS for KS (Calc)	37%
Kansas State Plane Coordinate System	11%	Resurveys of the US Public Land Survey System	33%
Kansas Riparian Boundaries	8%		

See our website for more information on the Kansas State Specific Exam requirements.



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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 was your initial state of licensure?

 - b) What licensure requirements were you required to meet?
 - i) Education:
 - 1) Was your college ABET accredited? Yes No
 - ii) Experience: total years and total years under a licensed professional
 - iii) Examination(s):
 - 1) What specific examination(s) were you required to pass?

 - c) Have you worked at least one year in the occupation? 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: _____