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This form is offered to the user as a convenient method to submit information.

Complete form then print, sign and mail to the Board Office.

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 S	SW Jackson, Suite 507, Topeka, KS 66612	785-296-3053	www.ksbtp.ks.gov
AP	PPLICATION FOR PRE-APPRO	OVAL OF CONTIN	UING EDUCATION
Stand	R. 66-14-1 requires that all continuing edards for Boundary Surveys and Mortga oved by the Board.		
I.	SPONSOR INFORMATION:		
	Individual OR Organization sponsoring the activity		
	POINT OF CONTACT:		
	Name of individual - (If sponsored by an organization)		
	Mailing Address		
	City	State	Zip Code
	Phone Number	Email Address	
II.	ACTIVITY INFORMATION:		
1.	Type of activity (classroom, corresponded-14-3)	ondence, seminar, online,	etc., as defined in KAR

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Name of Course Creator – Attach a copy of their credentials, including the state(s) in which they are licensed as a land surveyor.

- 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 the participant's degree of success will be measured for each objective.
- **Time Spent:** How much time to you expect each participant to spend in order to reach the stated outcomes?
- **6. How many** professional development hours are you requesting for this activity?
- **Records of participants:** Where and for how long will the records of participants be stored?

Attachments: Include all course materials provided or sent to the participants.

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.

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 for evaluation purposes only?