

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 S.W. Jackson Street, Suite 507 Topeka, Kansas 66612-1257
<http://www.kansas.gov/ksbtp> (785) 296-3053

All applicants should read all statutes, rules and regulations for specific detail regarding the application requirements.

IMPORTANT INFORMATION FOR COMITY/RECIPROCITY GEOLOGY APPLICANTS

This application includes one set of the necessary forms and instructions for making your application to the board. If you need more room than is provided on any of the forms, you may make copies of the blank forms and submit attachments.

COMITY APPLICANTS- Please carefully review the enclosed "Requirements for Professional Geologists" which describes the requirements for licensure by comity.

FILING DEADLINES- Your file will not be considered complete to be reviewed by the board until all required documentation has been received, including the completed application form; current fee; requisite references; official transcript; and verifications, where applicable; in accordance with K.S.A. 74-7018. All applications must be complete in the board office at least 30 days prior to the next scheduled meeting of the board. (See "Schedule of KSBTP Board Meetings" on our web site.)

SOCIAL SECURITY ADVISORY - Pursuant to K.S.A. 74-139 and 74-148, the Board requests that you provide your social security number. Providing your social security number is voluntary. Should you provide it, it may be disclosed to the Director of Taxation and/or the Kansas Department of Social and Rehabilitation Services (SRS) for child support enforcement purposes.

TRANSCRIPTS- Official transcripts are required for all educational credit claimed. If you have an official transcript, you may send it with your application form, or you may have it forwarded to the board by your school. Transcripts transmitted via the internet are not acceptable. (Foreign degree transcripts must be in English.)

VERIFICATION OF EXPERIENCE AND REFERENCES- In accordance with K.A.R. 66-10-14 (c), you are required to have at least three references. One reference may be a licensed professional engineer. Two references must be licensed geologists. You must have a minimum of four years of experience verified by someone who is familiar with your geology experience. Individuals who verify your experience may be counted as one of the professional references. The professional reference forms must be returned directly to the board office from the person who is supplying the information. Individuals supplying references cannot be related to you.

VERIFICATION OF EXAMS AND LICENSURE - Send the Verification of Record form to the state board from which you received your original registration with the instruction that the form be completed promptly and mailed directly to the Kansas Board of Technical Professions. If you took the Fundamentals of Geology Exam in one state and the Practice of Geology Exam in another state, a form must be sent to BOTH states. You may duplicate the form enclosed. If your original license is not current, you must also supply verification of a current license.

When your file is complete, it will be submitted to the board for their evaluation. You will be promptly notified of any action they may take on your application.

Following is a check list for use as you prepare your application.

CHECK LIST

- _____ Send fee, completed application form, and professional experience record to the board office. Make check payable to: **Kansas State Board of Technical Professions.**

 - _____ Send *official* transcript with your application or have it forwarded from your school. (Foreign degree transcript must be in English.)

 - _____ Send a copy of your professional experience record and a reference form to each person who will provide a professional reference and/or verify your experience.

 - _____ Send Verification of Record form to state board(s) who will verify your FG and/or PG exam scores, and/or current license.
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Mail all application materials to:

Kansas State Board of Technical Professions
900 SW Jackson St., Suite 507
Topeka, KS 66612-1257

Any questions regarding your application should be directed to (785) 296-3053.

APPLICATION FORMS AND FEES ARE CONSTANTLY CHANGING. IT IS YOUR RESPONSIBILITY TO CONTACT THE BOARD OFFICE TO INSURE THAT YOU HAVE CURRENT INFORMATION

FILE NUMBER <small>OFFICE USE ONLY</small>	AMOUNT RECEIVED	DATE
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**KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
GEOLOGY APPLICATION for LICENSURE by COMITY/RECIPROCITY**

TYPE OR PRINT LEGIBLY

1. GENERAL INFORMATION

Name (as desired on Seal) _____
(not to exceed 20 letters) (First) (Middle) (Maiden) (Last)

Social Security No _____

Residence Address _____
(Street) (City) (State) (Zip)

Business Name _____

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

Telephone Number(_____) _____ (8:00-4:30)
 E-mail: _____

Mail to: _____ home
 _____ business

2. EDUCATION

NAME AND LOCATION OF INSTITUTION	DATES ATTENDED (FROM-TO)	DATE GRADUATED	DEGREE RECEIVED

An Official Transcript is Required and is: Enclosed _____ Being forwarded from my school _____
 Transcripts transmitted via the internet are not acceptable.

3. LICENSURE HISTORY - List any Geology examinations taken and passed. *If no examinations were taken, please list the state in which you received a license by Grandfather provision.

TYPE OF CERTIFICATE OR EXAMINATION	Original State	Date of Exam	Number of Hours	ASBOG® Exam YES OR NO	License or Certificate Number	Date License Issued
Fundamentals of Geology Exam						
Practice of Geology Exam						
*Grandfather provision						

Name of Applicant _____

PROFESSIONAL EXPERIENCE RECORD

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

1. In chronological order beginning with first engagement after your degree, enter month and year of engagement. The letter (a) designates your first experience engagement. Letter subsequent engagements consecutively with (b), (c), etc. Engagements can be divided by company or by supervisor.
2. State the title of your position, the name and location of your employer. **Geology engagements must be explained in detail giving specific examples.** If you have been employed by more than one employer, each is considered a separate engagement. Do not leave any gaps in experience.
3. Using years and months, enter total time spent on engagement in Column 1. Enter the portion of your time spent in activity other than geology in Column 2. Enter the portion of your time spent in geology in Column 3. Columns 2 and 3 should equal Column 1. **Then, enter all column totals at the bottom of each column.**
4. **Four years of geologic experience must be verified by an employer/supervisor. Send a reference form and a copy of your experience record to each individual who will be providing an experience verification or professional reference.**

From (MM/YY)	To (MM/YY)	Experience Engagements	(1) Total Time	(2) Non-Geology	(3) Geology	(4) Professional Reference who is familiar with this geology engagement
		(a)				

From (MM/YY)	To (MM/YY)	Experience Engagements	(1) Total Time	(2) Non-Geology	(3) Geology	(4) Professional Reference who is familiar with this geology engagement
		TOTALS (COLUMN 1 = 2 + 3)				

Name of Applicant _____

4. **CERTIFICATE OF AUTHORIZATION REQUIREMENT** - Are you practicing (contracting) or offering to practice a technical profession through a corporation? ____Yes ___No If you have indicated yes, then a certificate of authorization application packet will be mailed to you. In accordance with K.S.A. 74-7036, any corporation practicing, or offering to practice a technical profession in Kansas must obtain a certificate of authorization. If the corporation you are practicing through already holds a certificate of authorization in Kansas, please complete the following information:

Name Of Firm:_____ Certificate of Authorization Number_____

5. **SIGNATURE** - Have you ever been convicted of a felony, or had any disciplinary or administrative action commenced against you? ___Yes ___ No (If "Yes", please explain.)

I hereby certify that all statements in this application are made to the best of my knowledge and belief.

(Signature)

(Date)

Mail your application form, fee, and application documents to:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 S. W. Jackson, Suite 507
Topeka, KS 66612-1257
(785) 296-3053

APPLICATION FEE: \$ 250.00

Make check or money order payable to: **Kansas State Board of Technical Professions**

NOTE: Application Fees are NON-REFUNDABLE. Pending application files may be retained for a period of one (1) year, after which time a new application and fee must be submitted.

IT IS YOUR RESPONSIBILITY TO KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS

COMITY APPLICANTS: ALL APPLICATIONS MUST BE COMPLETE IN THE BOARD OFFICE AT LEAST 30 DAYS PRIOR TO THE NEXT SCHEDULED MEETING OF THE BOARD

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
http://www.kansas.gov/ksbtp (785) 296-3053
Suite 507, Landon State Office Building
900 SW Jackson Topeka, KS 66612

REFERENCE FORM
GEOLOGY LICENSE BY COMITY

To be filled out by Applicant:

1. *Your Name:*

2. *Date by which you are requesting your reference to return this form to the board office:*

3. *Name and Address of person to whom you are sending this form:*

To the Reference:

The applicant named above has given your name as an employer or one who is intimately 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 registration. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached.

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 registered. 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 it receives this reference, a prompt reply will expedite our handling of the application. **Your professional seal is required on this form. If you have no seal, please send a copy of your license.***

THE INFORMATION YOU GIVE WILL BE TREATED IN THE STRICTEST CONFIDENCE.

*This form is to be returned **directly** to the board office at the following address:*

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA, KS 66612-1257

Jean Boline, Executive Director

GEOLOGY REFERENCE FORM

Applicant's Name: _____

Address: _____

Have you and the Respondent been employed by or been members of the same firm? ____ Yes ____ No
 If yes, please supply the following information:

	FIRST ENGAGEMENT	OTHER ENGAGEMENT
From – To		
Name of Firm		
City		
Applicant's Position		
Respondent's Position		

Have you known each other in other circumstances? ____ Yes ____ No If yes, give dates and explain:

1. Is the above information correct as stated? ____ Yes ____ No If no, please explain: _____

2. How long have you known the applicant? _____

3. What is/was your professional relationship to the applicant? _____

4. How many years has the applicant been engaged in geology work? _____

5. How many years in responsible charge of geology work? _____

6. Would you recommend this applicant to be licensed: ____ Yes ____ No

Comments: _____

7. How would you rate the applicant's:	Excellent	Satisfactory	Poor
Professional Reputation	_____	_____	_____
Technical Knowledge/Competence	_____	_____	_____

8. Other comments: _____

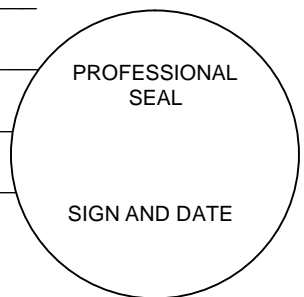
Name of Respondent _____

Respondent's Licensure: Geology _____ Professional Engineering _____
 Jurisdiction _____ License # _____
 Year _____

Name of Respondent's Firm _____

Position in Firm _____

Address: _____



VERIFICATION OF RECORD

To: Kansas State Board of Technical Professions
900 SW Jackson, Suite 507
Topeka, KS 66612-1257

(Name)

(Address)

From: _____
(Board Making Certification)

(City) (State) (Zip)

XXX-XX-_____
(Last 4 digits of SS#)

I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

	Cert. Number	Date Issued	Valid Until	Date Applied
<input type="checkbox"/> Intern Geologist	_____	_____	_____	_____
<input type="checkbox"/> Geologist	_____	_____	_____	_____

II. MINIMUM REQUIREMENTS WERE:

- | | Hours | Results | ASBOG® | Exam Date |
|---|----------------------|-----------------------|--------|-----------|
| <input type="checkbox"/> 1. Written Examination | FG _____
PG _____ | _____ | _____ | _____ |
| <input type="checkbox"/> 2. Oral Examination | _____ Hrs. | | | |
| <input type="checkbox"/> 3. FG Accepted from: | _____ | | | |
| PG Accepted from: | _____ | | | |
| <input type="checkbox"/> 4. Comity with | _____ | | | |
| <input type="checkbox"/> 5. Education and Experience: | _____ Yrs. Education | _____ Yrs. Experience | | |
| <input type="checkbox"/> 6. Other: Please give details on reverse side. | | | | |

III. INVESTIGATION AND/OR COMPLAINTS (Give details on reverse side.)

- | | |
|---|--------------------|
| <input type="checkbox"/> 1. An investigation is in progress on the above named. | Yes _____ No _____ |
| <input type="checkbox"/> 2. A complaint has been filed against the above named. | Yes _____ No _____ |
| <input type="checkbox"/> 3. Disciplinary action has been taken against the above named. | Yes _____ No _____ |

By: _____

Title: _____

(Board Seal)

Date: _____

STATE BOARD OF: _____

Kansas State Board of Technical Professions

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 GEOLOGISTS

If you were 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 after July 1, 2000 in another state:

- (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 geologists (ASBOG®) examination, consisting of a geology fundamentals section and a professional geology practice section.