

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 ENGINEERING EXAM APPLICANTS

Enclosed is an application packet which includes one set of the necessary forms and instructions for making your application to the board to take the Principles and Practice of Engineering exam to become a licensed professional engineer in the state of Kansas. If you need more room than is provided on any of the forms, you may make copies of the blank forms and submit attachments.

FILING DEADLINES- The complete application filing deadline for the April exam is January 15 and for the October exam is June 15. 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; requisite references; official transcript; and verifications, where applicable; in accordance with K.S.A. 74-7018.

Any applicant with a baccalaureate engineering degree from outside the United States must have the evaluation of their degree in the Board office by the filing deadline. See "Special Instructions for Applicants With Baccalaureate Engineering Degrees From Outside the US."

REGISTER WITH NCEES FOR AN EXAM - Once your application has been approved by the Board and you are made "eligible to test" you will receive a letter with instructions to contact NCEES to register for the exam. You will pay a fee directly to NCEES for the exam and administration. Anyone requiring special accommodations to take the exam will make application for these directly to NCEES.

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. Photocopies of transcripts and transcripts transmitted via the internet are not acceptable.

REFERENCES- Each engineering engagement must be verified by your immediate supervisor to obtain credit, even if your experience is exempt from the direct supervision of a licensed engineer. You are required to have a total of at least three licensed professional engineers as references. The professional reference forms are to be returned directly to the board office from the person who is supplying the information. Individuals supplying references cannot be related to you.

ENGINEERING EXPERIENCE- Engineering work experience must be performed under the direct supervision of a licensed professional engineer, except that direct supervision of a licensed professional engineer is not required of the employees of any person, firm or corporation not offering services in the technical professions to the public, per K.A.R. 66-10-9(b)(2).

NOTE: Applicant must have completed all required engineering experience before applying for the PE Exam. Effective Nov. 1, 2002, no coop experience will be reviewed for work experience credit.

VERIFICATION OF FUNDAMENTALS EXAM - Send the Verification of Record form to the state board where you took the Fundamentals of Engineering exam (**if not Kansas**) with the instruction that the form be completed promptly and mailed directly to the Kansas Board.

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 checklist for use as you prepare your application.

CHECK LIST

- _____ Send completed application form, and professional experience record to the board office.
 - _____ Send *official* transcript with your application or have it forwarded from your school.
 - _____ Send a copy of your professional experience record and a reference form to each person who will verify your experience or act as a reference.
 - _____ Send reference summary form to board office.
 - _____ If you have performed any engineering work that is exempt from the direct supervision law, you must submit an exemption form for each exempted engagement.
 - _____ Send Verification of Record form to the state board where you took the Fundamentals of Engineering exam (**if not Kansas**). Check with that state board to see if they charge a fee for this service. Include a stamped envelope addressed to the Kansas State Board of Technical Professions to have the form returned directly to our office.
 - _____ If you have a baccalaureate engineering degree from outside the United States, have the evaluation of your degree forwarded to the board office by the deadline.
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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, FEES & DEADLINES MAY CHANGE. IT IS YOUR RESPONSIBILITY TO CONTACT THE BOARD OFFICE OR CHECK THE WEB SITE TO INSURE THAT YOU HAVE CURRENT INFORMATION

FILE NUMBER <small>OFFICE USE ONLY</small>		DATE
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KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

ENGINEERING APPLICATION for ORIGINAL LICENSE by EXAM

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) **Mail to:** _____ home
E-Mail Address _____ business

Citizenship: Are you a U.S. Citizen? Yes ____ (birth____ naturalized____) No ____ (If not, attach a recent photograph or other documentation that sufficiently identifies you and a copy of your alien registration.)

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 internet are not acceptable.)

3. REGISTRATION HISTORY - List any EIT Certifications, or any current licenses you presently hold and any national examinations you have previously taken in this or any other state.

TYPE OF CERTIFICATE OR EXAMINATION	Original State	Date of Exam	Number of Hours	NCEES Exam YES OR NO	License or Certificate Number	Date License Issued
Fundamentals of Eng. Exam (EIT)						

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. **Engineering engagements must be explained in detail giving specific project 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 engineering in Column 2. Enter the portion of your time spent in engineering in Column 3. Columns 2 and 3 should equal Column 1. **Then, enter all column totals at the bottom of each column.**
4. Enter the name and professional license number of the individual who will verify each engagement. Send a reference form and a copy of your experience record to each individual listed in this column. Each engineering engagement must be verified to obtain credit. You are required to have at least three licensed professional engineers as references even if your experience is exempt from the direct supervision of a licensed engineer. If your supervisor is not licensed, you are required to get additional references from licensed professional engineers. NOTE: Any engineering work performed after May 1, 1988, must be under the direct supervision of a licensed engineer, except that direct supervision of a licensed engineer is not required of the employees of any person, firm, or corporation not offering services in the technical professions to the public, per K.A.R. 66-10-9(b)(2).

From (MM/YY)	To (MM/YY)	Experience Engagements	(1) Total Time	(2) Non- Engineering	(3) Engineering	(4) List the name(s) and Professional License Number(s) of the employer/supervisor(s) providing verification of experience beside the appropriate engagement
06/87	12/89	(a) XYZ Engineering 900 SW Jackson Topeka, KS 66612 Solid waste landfill design; remedial investigation of a former disposal site, leading to supporting conceptual design of a RCRA landfill cap; remedial investigation of a former gun-shooting range, leading to conceptual design of soil (lead) removal & fill replacement; compliance inspections of railroad maintenance and industrial facilities.	18 mo.	0	18 mo.	Jane Doe, PE KS License #20001 <b style="font-size: 1.5em;">SAMPLE

From (MM/YY)	To (MM/YY)	Experience Engagements	(1) Total Time	(2) Non- Engineering	(3) Engineering	(4) List the name(s) and Professional License Number(s) of the employer/supervisor(s) providing verification of experience beside the appropriate engagement
		TOTALS (COLUMN 1 = 2 + 3)				

NAME OF APPLICANT: _____

4. **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 and documents to:

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

APPLICATION FEE:

There is no fee due to the Board office with this application. The exam fee will be paid directly to the vendor after the application has been approved by the Board.

NOTE: Improperly completed and/or incomplete applications will be returned. 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

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

PROFESSIONAL ENGINEERING LICENSE BY EXAM

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:

Any engineering experience credit requested after May 1, 1988 for an exam applicant, must be performed under the direct supervision of a licensed Professional Engineer, unless that work is exempt from this requirement as defined in K.A.R. 66-10-9(b)(2). The applicant named above has given your name as a supervisor for 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 professional engineer 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

REFERENCE FORM

Print or Type Applicant's Name

1. Are you a licensed/registered professional engineer? _____ State _____ License No. _____
2. During what years did you know the applicant well? _____
3. What was your job relationship? Supervisor _____ Fellow employee _____
Other, please specify _____
4. Are you related to the applicant? _____
5. Briefly state your opinion of the applicant's capabilities in engineering. _____

6. Please read the enclosed experience record form. Indicate at the head of each of the following columns, the engagements (a, b, c, etc.) with which you are familiar and give the information asked for in each respective column.

ENGAGEMENT:	()	()	()	()
a. Is engagement accurately described by applicant?				
b. Was the applicant working under your direct supervision for the work performed?				
c. If work was performed after May 1, 1988, was there: A pre-job design conference between supervisor and EIT; A job/design review;				
A timely job/design interaction;				
And a post-job/design review?				
d. Did applicant have full responsibility?				
e. Did applicant receive close, moderate, or occasional supervision?				
f. Number of persons whose work the applicant directed.				
g. Percent of time spent in design or in supervising other designers.				
h. Percent of time spent in inspecting or supervising construction work.				

7. In your opinion did the experience that you are verifying meet the requirement of K.A.R. 66-10-9 (a) which states that the work experience shall expose the applicant to all phases of work integral to the discipline of engineering in which the applicant claims qualification to practice. Yes _____ No (If "No" please explain.)

I hereby certify that the information above is correct to the best of my knowledge and belief.

Name (Please type or print)

Signature AND Date - if not signing seal

Company Name and Position Title



REFERENCE SUMMARY FORM

Please list the name and license number of the supervisor that will be verifying each engagement:

ENGAGEMENT	NAME OF SUPERVISOR	PROFESSIONAL LICENSE NUMBER

NOTE: Supervisor must be licensed in order to receive credit for any experience after May 1, 1988. If supervisor is not licensed, exemption from direct supervision of licensed engineer form must be submitted.

LIST OTHER REFERENCES WHO ARE LICENSED

(ONLY IF YOU HAVE NOT LISTED A MINIMUM OF 3 LICENSED PE SUPERVISORS ABOVE)

NAME	LICENSE NUMBER
1.	
2.	
3.	

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

The Kansas State Board of Technical Professions is utilizing the following guidelines as Section Policy as it pertains to K.A.R. 66-10-9(b)(2), which states that engineering work shall be directly supervised and verified by a licensed, professional engineer for work performed after May 1, 1988, except that direct supervision of a licensed professional engineer is not required of the employees of any person, firm or corporation not offering services in the technical professions to the public, although verification by the applicant's supervisor is still required.

GUIDELINES FOR DIRECT SUPERVISION

It is the position of the Kansas State Board of Technical Professions that the phrase "direct supervision" shall mean that there are clear indications of phased interaction between the professional acting as the supervisor and the I.E. (Intern Engineer). Such interaction should include: (1) a pre-job/design conference, (2) a job/design review, (3) timely job/design interaction, and (4) a post-job/design review.

While this phased interaction is not required to transpire in the same geographic location; at a minimum, the supervising professional shall review the job/design site to determine the applicability of the I.E.'s approval.

In the event that direct supervision is not available within the firm/organization, the Kansas State Board of Technical Professions may allow the job/design supervision to occur outside of the firm/organization, with a licensed P.E. of the appropriate discipline, providing the above requirements are met.

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 Engineer	_____	_____	_____	_____
<input type="checkbox"/> Professional Engineer	_____	_____	_____	_____
<input type="checkbox"/> Intern Land Surveyor	_____	_____	_____	_____
<input type="checkbox"/> Land Surveyor	_____	_____	_____	_____

II. MINIMUM REQUIREMENTS WERE:

- | | Hours | Results | NCEES | Exam Date |
|---|----------------------|-----------------------|-------|-----------|
| <input type="checkbox"/> 1. Written Examination | FE _____ | _____ | _____ | _____ |
| | PE _____ | _____ | _____ | _____ |
| | FLS _____ | _____ | _____ | _____ |
| | PLS _____ | _____ | _____ | _____ |
| Other _____ | | | | |
| <input type="checkbox"/> Examination Option: (Discipline) | _____ | | | |
| <input type="checkbox"/> 2. Oral Examination | _____ Hrs. | | | |
| <input type="checkbox"/> 3. FE/FLS Accepted from: | _____ | | | |
| PE/PLS 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.)

- 1. An investigation is in progress on the above named. Yes _____ No _____
- 2. A complaint has been filed against the above named. Yes _____ No _____
- 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

SPECIAL INSTRUCTIONS FOR APPLICANTS
WITH BACCALAUREATE ENGINEERING DEGREES FROM OUTSIDE THE US

All baccalaureate engineering degrees from outside the United States must be evaluated by an acceptable foreign degree evaluator before educational credit may be considered by the board. According to K.A.R. 66-9-4, a college or university program that is adequate in its preparation of students for the practice of engineering means a baccalaureate engineering curriculum accredited by the accreditation board for engineering and technology (ABET). Any other engineering curriculum which has not been accredited by ABET but has been evaluated and found to be of an equivalent standard, may be reviewed and accepted by the board.

The application forms for conducting this evaluation may be obtained by contacting an acceptable foreign degree evaluator from the following list (as of Nov. 1, 2006):

THE CENTER for Professional Engineering Education Services
PO Box 720010
Miami, FL 33172
Website: www.cpees.org
Telephone: 1-800-464-7650

NOTE: ALL QUESTIONS REGARDING THE EVALUATION OF YOUR DEGREE SHOULD BE DIRECTED TO THE EVALUATOR.

The Board of Technical Professions will make the final determination of whether your education meets the educational requirement per K.A.R. 66-9-4.

You are encouraged to send your degree materials as soon as possible since a thorough evaluation of educational credentials could take several months. The evaluation is due in our office by the filing deadline, January 15 for the April exam and June 15 for the October exam. Do not send an application until the evaluation of your degree has been approved by the Board.