

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
<http://www.kansas.gov/ksbtp/> (785) 296-3053

**Suite 507, Landon State Office Building
900 S.W. Jackson Street
Topeka, Kansas 66612-1257**

IMPORTANT INFORMATION FOR THE REINSTATEMENT OF LICENSE

Attached is an application packet for applicants who wish to reinstate their Kansas professional license. The application packet includes one set of the necessary forms. If you need more room than is provided on any of the forms, you may make copies of the blank forms and submit attachments.

DOCUMENTATION: The Board does not accept a record compiled by any national council (NCEES, NCARB, CLARB) as documentation for reinstatement. You must submit the forms contained in this packet.

CONTINUING EDUCATION REQUIREMENTS: As per K.A.R. 66-14-8, each reinstatement applicant is required to submit proof of compliance with the continuing education requirements in accordance with K.A.R. 66-14-1 through 66-14-12. Complete the "Reinstatement Continuing Education Report Form" and **send only documentation** for the number of required PDH's (20 or 30). The Board will review only the PDH's necessary to meet the required number for reinstatement.

APPLICATION FOR REINSTATEMENT OF LICENSE

I, _____, Kansas Licensed _____, License No. _____
(Full Name) (Profession)
do hereby apply for reinstatement of my license which lapsed _____
(Expiration Date)

In making this application, I do hereby affirm the following information (Use attachments if needed):

1. The reason I allowed my license to lapse in Kansas is _____
2. The reason I wish to reinstate my license is _____
3. The base state where my professional examinations were taken is _____
4. What other states have you maintained licenses in during the period your license was lapsed? _____
5. Have you ever been convicted of a felony, had any Board disciplinary action commenced against you, or been subject to any disciplinary action or investigation in any state at any time concerning your professional license including the period since your license has been lapsed with the Kansas Board? _____ Yes
_____ No. If yes, please state the jurisdiction and provide a detailed explanation (use attachment, if needed). _____

I do hereby further affirm that during the period in which my license has not been in good standing with the Kansas Board, I have violated no other provision of the statutes, and rules and regulations of Kansas, except as specifically described below:

Signature

Date

SUBSCRIBED AND SWORN TO before me this _____ day of _____,

My term expires _____

SEAL

(Notary Public)

Please indicate your correct mailing addresses in the space below.

HOME ADDRESS

BUSINESS NAME & ADDRESS

Daytime Phone No. _____ I prefer to receive my mail: _____ Home
_____ Business

REFERENCE SUMMARY FORM

Please list the name of the licensed professional references from whom we can expect to receive a verification:

- 1. _____
- 2. _____
- 3. _____

NOTE: List references who can verify the professional experience listed in your update letter to the Board. These individuals must be licensed in the profession for which you are seeking reinstatement, and must not be under your direct supervision nor relatives to you.

Your reinstatement application will be presented to the Board for review when the following documents have been received:

- q Application Form, signed and notarized
- q Professional Resumé of Experience
- q Professional References
- q Continuing Education PDH Report Form & Documentation of Attendance

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

THE APPLICATION MUST BE COMPLETE AND 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
 900 SW Jackson, Suite 507 Topeka, KS 66612

EXPERIENCE VERIFICATION REFERENCE FORM

To be completed by Applicant:

1. Your Name: _____

2. Employed by: You may use attachments if needed:

Date of Employment (From – To):

3. Job
 Title: _____

4. Duties & Responsibilities Performed: _____

Reference Name & Address:

To the Reference: The above applicant has filed a reinstatement application with this Board. In accordance with K.S.A. 74-7025, the above named applicant has given your name as someone who has personal knowledge of the applicant's professional qualifications for licensure.

To assist them, the Board requests your cooperation in answering the questions carefully and with the utmost frankness. The Board will hold your reply in confidence. Your action in returning the questionnaire promptly will be appreciated by the Board and will expedite the disposition of the application.

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

ALL INFORMATION ON THIS FORM IS FOR THE USE OF THE BOARD ONLY AND WILL BE CONSIDERED BY THE BOARD AS CONFIDENTIAL.

TO BE COMPLETED BY REFERENCE:

- 1. Name _____
- 2. I am a licensed _____ in the state of _____, license number _____.
- 3. Professional relationship to applicant (i.e., supervisor, co-worker, etc.) _____

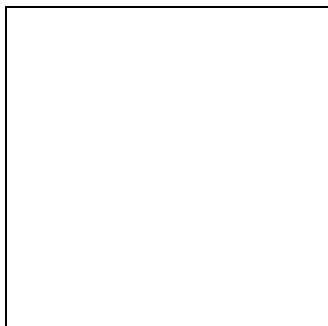
- 4. I have known the applicant _____ years, from _____ to _____.

Do you concur with the applicant's job title and description on the previous page, including time, type of work and duties?
_____Yes _____No

Comments

Further comments on applicant's ability, professional attitude and responsibility in work performed.

Any additional comments on applicant's qualifications to become reinstated in Kansas and assume the responsibilities connected therewith:



Please seal, sign, and date

SIGNATURE: _____

NAME (PLEASE TYPE OR PRINT) _____

COMPANY NAME AND POSITION TITLE _____

BOARD OF TECHNICAL PROFESSIONS
 900 SW JACKSON, SUITE 507
 TOPEKA, KS 66612
 (785) 296-4800

Reinstatement

Name _____

License # _____

REINSTATEMENT CONTINUING EDUCATION REPORT FORM

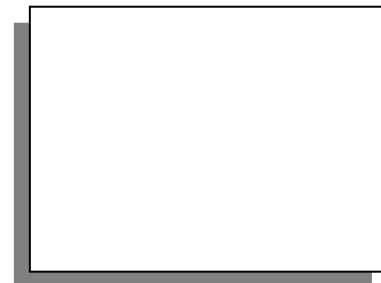
| Dates of Activity MM DD YY | Title of Program | Name of Sponsoring Organization Location (City & State) | Duration | Instructor/Speaker's Name | Number PDHs Earned | Office Use Only |
|-------------------------------|------------------|--|----------|------------------------------|--------------------------|--------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

List only the number of courses needed to meet required PDHs.

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report.

6 PDH claimed (Total lines 1-5) _____

Please Seal the Audit Form
Sign and Date over your Seal
on Each Page



SEE CONTINUING EDUCATION WEB PAGE FOR INFORMATION:
<http://www.kansas.gov/ksbtp/ceinfo.html>

- § Rules & Regulations
- § Frequently asked questions and answers
- § Table for computation of credit
- § Time schedule for reporting continuing education

Completing the PDH Report

1. List the continuing education offerings you attended on the enclosed PDH report form.
2. Photocopy your documents to verify CE activities. Keep originals for own records.

There should be documentation for each activity listed. Examples:

- a. Title page of book or article if asking for credit for writing,
- b. Minutes of meeting if officer or committee chr./member of organization,
- c. Bulletin or agenda of class taught,
- d. College grade report, or
- e. Certificates of attendance.