Please complete form. Handwritten forms will NOT be accepted. Print, sign and mail to:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

www.kansas.gov/ksbtp 785-296-3053
900 SW Jackson Street, Suite 507, Topeka, KS 66612

APPLICATION FOR RETURN TO PRACTICE

INSTRUCTIONS: This application is for an individual who has been on "Retired" status and would like to return to active practice with a Kansas license for Professional Engineering, Architecture, Geology, Landscape Architecture or Land Surveying.

Mail complete Return to Practice application to KSBTP address listed above:

1. **Application Form with signature (Page 1). Handwritten forms will be returned.**
2. **Continuing Education Report Form (Page 2) which lists 30 PDHs earned in previous 2 years from date of this application. Include copies of supporting documentation.**

Continuing Education requirements: As per K.A.R. 66-14-6(d), each applicant must submit proof of compliance with the continuing education requirements in accordance with K.A.R. 66-14-1 through 66-14-12. (See www.kansas.gov/ksbtp.) Complete the "Continuing Education Report Form" and send only documentation for 30 PDHs earned in previous 2 years from date of this application for Board review. Applicant will be notified of Board action.

A resident of another jurisdiction may meet the continuing education requirements as per K.A.R. 66-14-10.

Name: _____

Kansas License Number: _____ **Profession:** _____

Home Mailing Address: _____

_____

Business Name and Mailing Address: _____

_____

Please send official mail to: ◯ **Home** ◯ **Business**

Phone Number: _____ **E-mail address:** _____

I am applying for return to practice of my Kansas professional license. In making this application, I affirm the above information is correct and do further affirm that during the period in which my license was on other than active status with the Kansas Board, I have violated no other provision of the statutes and rules and regulations of Kansas, except as specifically described: _____

_____.

_____ _____

Signature **Date**

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

CONTINUING EDUCATION REPORT FORM

Name: _____

Kansas License Number: _____ **Profession:**_____

Instructions: For **Return to Practice**, applicants are required to submit proof of 30 PDHs of continuing education earned in previous two years from date of this application. List Continuing Education activity and attach documentation for 30 PDHs.

Date of Activity	ActivityTitle/Description/ Presenter's Name	Sponsoring Organization and Location of Activity	PDHs Earned

TOTAL PDHs (This report): _____

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

Professional Seal with Signature and Date

_____ **Signature**

_____ **Date**