

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 GEOLOGY EXAM APPLICANTS

Enclosed is an application packet that includes one set of the necessary forms and instructions for making your application to the board to take the Practice of Geology exam and become a licensed geologist 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 March exam is December 15 and for the October exam is July 1. 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**. **(Any applicant with a foreign baccalaureate geology degree must have their application filed by November 15 for the March exam and May 15 for the October exam to allow sufficient time for the degree to be evaluated.)**

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.)

REFERENCES- In accordance with **K.A.R. 66-10-13 (d)**, you are required to have at least three references who are familiar with your geology experience. One reference may be a licensed professional engineer. Two references must be licensed geologists. 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.

GEOLOGY EXPERIENCE- Geology work experience must be performed under the direct supervision of a licensed professional geologist for work performed after July 1, 2000, except that direct supervision of a licensed geologist 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. 66-10-13(b)(2)**.

NOTE: Applicant must have passed the Fundamentals of Geology Exam and completed all required experience before applying for the 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 Geology exam (**if not Kansas**) with the instruction that the form be completed promptly and mailed directly to the Kansas Board.

SPECIAL ACCOMMODATIONS - The Kansas Board will make every effort to accommodate disabled candidates. If you are in need of accommodations a letter of explanation describing

accommodation needed must be attached to this application and submitted by the application deadline.

Please see web site for Exam Fees and Exam Dates.

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. **Your application must be approved by the board, and you must have written confirmation from the Board Office in order to be admitted to an examination.**

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 or money order 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 verify your experience or act as a reference.
 - _____ Send exam response form to board office.
 - _____ Send reference summary form to board office.
 - _____ If you have performed any geology 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 state where you took the Fundamentals of Geology 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.
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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.

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. Enter the name 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 geology engagement must be verified to obtain credit. You are required to have at least three references who are familiar with your geology experience verify your experience (even if your experience is exempt from the direct supervision of a licensed geologist). **NOTE: Any geology work performed after July 1, 2000, must be under the direct supervision of a licensed geologist, except that direct supervision of a licensed geologist 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. 66-10-13(b)(2).**

From (MM/YY)	To (MM/YY)	Experience Engagements	(1) Total Time	(2) Non-Geology	(3) Geology	(4) Name & Professional License Number of Reference
		(a)				

From (MM/YY)	To (MM/YY)	Experience Engagements	(1) Total Time	(2) Non-Geology	(3) Geology	(4) Name & Professional License Number of Reference
		TOTALS (COLUMN 1 = 2 + 3)				

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, 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:

(See Fee Schedule on web site for proper fee.)

Make checks or money orders payable to: **Kansas State Board of Technical Professions.**

NOTE: Improperly completed and/or incomplete applications will be returned. 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. Anyone not appearing for an examination must again pay the examination fee.

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

REFERENCE SUMMARY FORM

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

ENGAGEMENT	NAME OF SUPERVISOR

NOTE: Supervisor must be licensed in order to receive credit for any experience after July 1, 2000. If supervisor is not licensed, exemption from direct supervision of licensed geologist form must be submitted.

OTHER REFERENCES

Please list the three professional references. Acceptable professional references are either a licensed geologist or a licensed professional engineer. **Only one reference from a licensed professional engineer will be accepted.**

NAME	LICENSE NUMBER
1.	
2.	
3.	

PLEASE RETURN THIS FORM WITH YOUR APPLICATION

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 GEOLOGY 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 geology experience credit requested after July 1, 2000 for an exam applicant, must be performed under the direct supervision of a licensed geologist, unless that work is exempt from this requirement as defined in K.A.R. 66-10-13(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 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**

Betty Rose, Executive Director

REFERENCE FORM

Print or Type Applicant's Name

1. Respondent's licensure: Geologist _____ 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 geology. _____
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 July 1, 2000, was there: A pre-job conference between supervisor and applicant;				
A job review;				
Timely job interaction;				
And a post-job 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.				

7. In your opinion did the experience that you are verifying meet the requirement of K.A.R. 66-10-13 (a) which states that the work experience shall expose the applicant to all phases of work integral to the discipline of geology 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)

 Company Name and Position Title



The Kansas State Board of Technical Professions is utilizing the following guidelines as Section Policy as it pertains to **K.A.R. 66-10-13(b)(2)**, which states that geology experience shall be directly supervised and verified by a licensed geologist for work performed after July 1, 2000. However, direct supervision of a licensed geologist shall not be required of the employees of any person, firm or corporation that does not offer services in the technical professions to the public.

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 employee. Such interaction should include: (1) a pre-job conference, (2) a job review, (3) timely job interaction, and (4) a post-job 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 site to determine the applicability of the employees 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 supervision to occur outside of the firm/organization, with a licensed geologist, providing the above requirements are met.

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
 900 SW Jackson Street, Suite 507 Topeka, Kansas 66612
 http://www.kansas.gov/ksbtp (785) 296-8612

**PRACTICE OF GEOLOGY EXAM
 RESPONSE FORM**

NAME:

MAILING
ADDRESS:

Phone Number (8:00 a.m.-4:30 p.m.)

Please check the exam you wish to take. Submit this form and the appropriate fee by the deadline.

Practice of Geology Exam

	<u>Exam Dates</u>	<u>Application Deadline</u>
_____	October	July 1
_____	March	December 15

I understand that the Board does not give refunds of examination fees or excused absences. If I should reschedule the exam for another date, I must pay the examination fee again.

Signature _____

Date

Kansas State Board of Technical Professions

In accordance with K.S.A. 74-7041: minimum qualifications of applicants seeking licensure as geologists are the following:

- (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;
- (b) proof of at least four years of experience in geology of a character satisfactory to the board; and
- (c) the satisfactory passage of the Fundamentals of Geology Exam.

Practice of Geology Examination Dates for 2007 Through 2008

MARCH

MARCH 2, 2007

MARCH 7, 2008

OCTOBER

SEPTEMBER 28, 2007

OCTOBER 3, 2008

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

Requirements for Geology Candidates for Licensure by Examination

Pipeline	Classification	Maximum Credit for Education	FG	Experience Required for Exam	Total Education and Experience
A	Graduate from an accredited institution with a BS or BA major in geology and a MS in geology	5 years	0*	3 years	8 years
B	Graduate from an accredited institution with a BS or BA or higher degree with a major in geology	4 years	0*	4 years	8 years
C	Graduate from an accredited institute in a four-year academic degree program other than geology, but with 30 semester hours or 45 quarter hours in geology	4 years	0*	4 years	8 years

* Fundamentals Exam in Geology (FG) is required prior to taking the Practice of Geology Exam.

Fundamentals Exam does not require any experience, may be taken in Senior year of college.

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: _____

Application for the Evaluation of Foreign Educational Credentials
This form must be completely filled out and printed or typed clearly.

1. Name _____
Last or Family First Middle

2. Other Names Used _____ 3. Date of Birth ____/____/____

4. Country of Birth _____ 5. Country of Nationality _____

6. Mailing Address _____ 7. Daytime Phone _____
Street or Post Office Box Fax number _____

_____ 8. Social Security Number ____/____/____
City State (Country) Zip/Postal Code

9. Institutions Country Attendance* Degree(s)-Major
Attended from mo-yr to mo-yr

*Please explain on a separate sheet of paper any gaps in your academic studies.

I certify that the information provided in this application is true and correct. I understand that the Kansas State Board of Technical Professions (KSBTP) reserves the right to request additional information from me and/or the institution(s) listed above in order to provide an accurate and complete evaluation of my credentials. In such case, I shall authorize said institution(s) to release said additional information. Any omissions or misrepresentation of facts pertaining to my application, my academic history and/or degree(s) may result in the refusal of KSBTP to issue the evaluation of my credentials, may render any representation previously made by KSBTP regarding my credentials null and void, and may subject me to a further investigation.

Applicant's name (print)

Applicant's signature