



Information for International Candidates Seeking Kansas Licensure

For applicants who completed their education program from an institution outside of the United States (U.S.).

Requirements for Initial Kansas License

Submission of a credential evaluation report that verifies:

Equivalent bachelor's degree from a regionally accredited college or university.

- Completion of an approved teacher preparation program in the subject or field in which licensure is sought.

If the primary language in your country of origin is not English or you do not hold a degree from a U.S. college/university:

Passing scores on an English proficiency exam - Test of English as a Foreign Language (TOEFL iBT).

Fingerprint background check clearance is required for all applicants.

Complete the Application Form

Obtain a credential evaluation report:

You must have all of your official education credentials/transcripts evaluated by one of the National Association of Credential Evaluation Services (NACES) member educational credential evaluators listed at <https://www.naces.org/members>.

The evaluator will verify the equivalency of your academic credentials to degree(s) awarded by an accredited institution of higher education in the U.S. In addition, the credential evaluator must verify the completion of a teacher education program, including teaching subject area(s) and grade level preparation.

Request a course-by-course evaluation.

Attach experience verification and verification of teaching credential if applicable.

If you have completed additional coursework and/or degrees through a U.S. college or university, **attach official transcripts** in sealed envelopes from every institution where coursework was completed or email to etranscripts@ksde.org.

Fees

Include **\$70** fee (*check or money order*) and mail all documents together in a single packet. **Do not combine this fee with the background fee if you are submitting fingerprints.**

Fingerprints

Obtain fingerprints from a qualified law enforcement agency – submit the card and fingerprint background check fee of **\$57** as directed in the fingerprint card instructions. (**DO NOT BEND CARDS**).

Any attached verifying documents, such as experience verification must be in English and translations must be completed by an independent translator and notarized.

Please note:

An incomplete packet will be returned unprocessed.

The application and background check **fees** are **nonrefundable**, and **do not guarantee a license will be issued**.

If you wish to seek licensure in a teaching subject area not verified by the credential evaluation report, you will need to contact a Kansas teacher education institution. The Kansas institution will determine your eligibility for the additional endorsement area. They may be able to recommend you for provisional licensure and identify courses you would need to complete for full licensure in the additional subject area.

Contact teacher licensure at tlalicense@ksde.org if additional information is required.

The average processing time is four to six weeks.



Kansas Educator License Application

Section I:

APPLICANT

Birthdate (MM/DD/YYYY)

Gender

Male

Female

Nonbinary

LEGAL NAME

First name

Middle name

Last name

All prior names (*maiden, alias, previous married, etc.*)

Mailing address

City

State

Zip

Phone

Alternate phone

Email address (*Please provide an email address that will be active throughout the application process so that we may notify you of the changing status of your application.*)

ETHNICITY (*Mark only if applicable.*)

Hispanic/Latino

RACE (*Mark one or more as applicable.*)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or

Other Pacific Islander

White

Choose not to designate

MILITARY SERVICE

1. Are you or your spouse a current member of any branch of the United States Armed Services (*Army, Marine Corps, Navy, Air Force, Space Force or Coast Guard*) U.S. military reserves or any state's National Guard?

Yes (*If yes, skip to question 5.*)

No

2. Are you or your spouse a former member of any branch of the United States Armed Services (*Army, Marine Corps, Navy, Air Force, Space Force or Coast Guard*) U.S. military reserves or any state's National Guard with an honorable discharge?

Yes (*If yes, skip to question 5.*)

No

3. Are you a current resident of the state of Kansas?

Yes (*If yes, skip to question 5.*)

No

4. Do you intend to establish residency in the state of Kansas?

Yes

No

Kansas leads the world in the success of each student.

Section II:

PROFESSIONAL CONDUCT

5. Please answer the following professional conduct questions.

a. Have you ever been convicted of a felony?

No

Yes

b. Have you ever been convicted of any crime involving theft, drugs or a child?

No

Yes

c. Have you ever entered into a diversion agreement or otherwise had a prosecution diverted after being charged with any felony?

No

Yes

d. Are criminal charges pending against you in any state involving any of the offenses in questions 5a or 5b?

No

Yes

e. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action in any state?

No

Yes

f. Have you ever been disbarred or had a professional license or state issued certificate denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in Kansas or any other state?

No

Yes

g. Is disciplinary action pending against you in any state regarding a teacher's or administrator's certificate or license?

No

Yes

h. Have you ever been terminated, suspended or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores?

No

Yes

i. Have you ever falsified or altered assessment data, documents or test score reports required for licensure?

No

Yes

Section III:

ASSURANCE

SIGNATURE AND DATE REQUIRED

I certify that I am of good moral character and that the information on this application is true and complete to the best of my knowledge.

I understand that any misrepresentation of facts may result in the denial or revocation of my certificate or license.

I hereby grant the permission and authorize the Kansas State Department of Education to verify all responses with any mental health facility or governmental agency including a release of any information concerning myself in the child abuse and neglect central registry records, and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges, adjudications or convictions, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge and exonerate the Kansas State Department of Education, its employees and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of the Kansas State Department of Education and may be considered a public record.

Applicant Printed Name

Birthdate (MM/DD/YYYY)

Signature of Applicant

Date

Include a **\$70** application fee made payable to the Kansas State Department of Education.

- Money order or cashier's check preferred. Personal checks accepted.
- **DO NOT SEND CASH!**

Mail to:

TEACHER LICENSURE
KSDE
900 SW JACKSON ST STE 106
TOPEKA KS 66612-1212

Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

KSDE is no longer printing and mailing paper licenses

You can view, save or print a copy of your license online at **License Look-up** at <https://appspublic.ksde.org/TLL/SearchLicense.aspx>. Enter the requested information and hit **Search**. When the search is completed, your license information page will display and you will see a button to **Print License**. You may save a PDF and/or print a copy of your newly issued license using the Print License button.

You may also track your application processing through License Look-up. As soon as your status goes to **Printed** or **Not Active**, the **Print License** button will become available and will remain available to you throughout the validity of your license. A license or certificate printed from the License Look-up website may be considered an **official copy** for district files.



Verification of Accredited Experience

SECTION I:

APPLICANT

Birthdate (MM/DD/YYYY)

Gender

Male

Female

Nonbinary

LEGAL NAME

First Name

Middle Name

Last Name

All prior names (*maiden, alias, previous married, etc.*)

Mailing Address

City

State

Zip

Phone

Alt Phone

Email

Section II:

This section to be completed by current school district or private school administrator.

Signed hard copy in a sealed official school envelope OR email as attachment to experienceform@ksde.org.

Coordinate submission with the applicant.

Name of School System

State Accredited School and/or District?

YES

NO (*If not state accredited, please attach verification of accreditation status.*)

SCHOOL/DISTRICT ADMINISTRATOR

Name

Title/Position

Phone

Mailing Address

City

State

Zip

Kansas leads the world in the success of each student.

I verify the applicant was employed in our school system as listed below and the applicant’s employment qualified as accredited experience:

QUALIFYING EMPLOYMENT

Beginning date (MM/DD/YYYY)	Ending date (MM/DD/YYYY)	Assignment*	Grade Level

Employment is (choose one):

Full-time under contract. At least 0.5 full-time equivalent (FTE) but less than full-time. Less than half-time.

Beginning date (MM/DD/YYYY)	Ending date (MM/DD/YYYY)	Assignment*	Grade Level

Employment is (choose one):

Full-time under contract. At least 0.5 FTE but less than full-time. Less than half-time.

Beginning date (MM/DD/YYYY)	Ending date (MM/DD/YYYY)	Assignment*	Grade Level

Employment is (choose one):

Full-time under contract. At least 0.5 FTE but less than full-time. Less than half-time.

* List specific assignments for qualifying assignment (examples: elementary education K-6, science 5-8, principal pre-K-12, school counselor pre-K-12, reading specialist pre-K-12 etc.)

Signature of District Representative

Date



Fingerprint Requirement for Licensure

The Kansas State Board of Education adopted regulation changes regarding requirements for a fingerprint-based records check. **These changes will affect veteran educators who have never submitted fingerprints** as part of any previous application for a Kansas certificate or license issued by the Kansas State Department of Education (KSDE).

Fingerprint Requirement

If you are submitting any of the following, you will be required to submit a complete set of fingerprints, and a \$57 fingerprint processing fee:

- First Kansas certificate or license
- Renewal of an expired Kansas certificate or license
- If the applicant has never submitted fingerprints as part of any previous application for a Kansas certificate or license, submit fingerprints* at the time of the next license application

Time requirements to consider

If this is your first license or your license is expired, **make sure you submit your license application and fee no later than six months after you submit the fingerprint card* and fee** or you will be required to submit a new card and fee.

** You must use the Kansas preformatted card (FBI, FD258). Only one card is required.*

Fingerprint Instructions

Step 1

Schedule your appointment:

Call your local law enforcement agency or fingerprint entity to **schedule an appointment**.

Ask if they use **Livescan** with electronic submission directly to Kansas Bureau of Investigation (KBI). Please note, this option only available in Kansas.

If yes: Skip step 2 of the **Livescan section** of this document.

If no: **Confirm** that the agency has the **Kansas Preformatted Card (FBI, FD 258)*** finger print card.

If the fingerprint entity does not have the required form request a blank fingerprint card online [here](#)¹.

Step 2

What to bring with you to your appointment:

Blank fingerprint packet attached only needed if Livescan electronic submission is not available.

At least one form of **picture ID**.

Background Waiver Form (available online [here](#)²).

Check or cash: Agencies may charge a fee to take your prints, this is separate from the \$57 charged by KBI to conduct background checks.

\$57 check or money order, made payable to KSDE. This fee needs to be sent to KSDE in the same envelope with your completed fingerprint card.*

DO NOT COMBINE the background fee and the license application fee.

Bring a pre-addressed, stamped envelope large enough to accommodate the fingerprint card.

Mailing Address:

TEACHER LICENSURE
KSDE
900 SW JACKSON STR STE 102
TOPEKA KS 66612-1212

Step 3

During your appointment:

Complete the personal information on the fingerprint card, **as directed by the officer** taking your prints.

Have the officer place the following into the stamped, pre-addressed envelope, seal it and mail it directly to KSDE:

- Completed card.
- \$57 background fee.
- Completed Background Waiver Form.

* You must use the *Kansas Preformatted Card (FBI, FD 258)*.

¹ KSDE Fingerprint Card Order webpage: <https://www.ksde.org/Agency/Division-of-Learning-Services/Teacher-Licensure-and-Accreditation/Licensure/Fingerprint-Card-Order-Form>

² Background Waiver Form, KSDE (PDF): https://www.ksde.org/Portals/0/TLA/Licensure/Fingerprint%20Waiver%20and%20Privacy%20Form%20KBI%2005_2018.pdf

Livescan Instructions

Step 1

Schedule appointment:

Call your local law enforcement agency or fingerprint entity to **schedule an appointment**.

Ask if they use **Livescan** with electronic submission directly to the KBI. Please note, this option only available in Kansas.

If yes: Move to Step 2.

Step 2

What to bring with you to your appointment:

At least one form of **picture ID**.

Livescan instruction attached.

Background Waiver Form (available online [here](#)³).

Check or cash:
Agencies may charge a fee to take your prints. This is separate from the \$57 charged by KBI to conduct background checks.

Step 3

During your appointment:

Complete the personal information, as directed by the officer taking your prints.

Provide the officer taking your prints with the KSDE code: **902KS1600**

Step 4

After your appointment:

Log into [Kansas Licensure Application System \(KLAS\)](#)⁴* If you are a new user you will need to register.

Click the Fingerprint Payment Portal.

1. Fill out applicant form.
2. Upload signed waiver.

Return to welcome screen.

Print to review data that will be submitted to KSDE.

Pay (button will appear below when 1 and 2 are complete)

Print Report

Log off

*** DO NOT PAY BEFORE YOUR PRINTS ARE SUBMITTED.** Only pay online if you are using Livescan for your fingerprints.

³ Background Waiver Form, KSDE (PDF): https://www.ksde.org/Portals/0/TLA/Licensure/Fingerprint%20Waiver%20and%20Privacy%20Form%20KBI%2005_2018.pdf

⁴ KLAS website: https://appspublic.ksde.org/KLAS_userAuth/

Fingerprinting Information

Applicant

The following documents are required to be taken with you to the fingerprinting agency. Failure to provide any of these documents may result in refusal to have fingerprints taken.

- Government issued photo ID
- Waiver and Privacy Statement
- Fingerprinting Information document
- 9x12 stamped envelope addressed to (to mail waiver statement back to your agency):

TEACHER LICENSURE
KSDE
900 SW JACKSON STR STE 102
TOPEKA KS 66612-1212

Fingerprinting agency

Please verify identity with government issued photo ID. If needed, complete the "To Be Completed By the Fingerprinting Agency" portion of the Waiver and Privacy Statement found on page 3. Please place the waiver statement in the provided envelope and mail.

Military ID's: THIS IS FOR ACTIVE MILITARY SPOUSES ONLY. Please enter this in the MISC dropdown box of your livescan. **This is important for billing reasons.**

Branch: _____

ID Number: _____

This agency has been approved by the KBI. Please submit completed fingerprint submission via livescan.

Fingerprint Card Type

42 Civil – State and Federal Identification Fee

Reason Fingerprinted:

82 - ADAM WALSH

Processing Fee Code:

Fee Billed to Agency

Originating or Agency Account Number (AAN):

902KS1600 – KANSAS STATE BOARD OF EDUCATION

*If you have any questions, please call the KBI Ident Unit at (785) 296-4038.

Updated 8/8/2024

WAIVER AGREEMENT AND FBI PRIVACY ACT STATEMENT

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) _____ to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A. 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b); 34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted

12

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)
- * criminal fingerprint cards also require an arrest charge and date of arrest.
- * civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <lialison@leo.gov>.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
- 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

1. LOOP



CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH

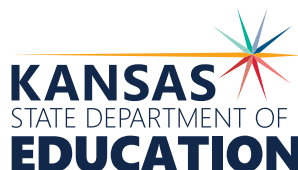


ARCHES HAVE NO DELTAS

FD-258 (REV. 9-9-13)

For more information, contact:

Teacher Licensure
(785) 296-2288
(785) 296-7933 - fax



900 S.W. Jackson Street, Suite 102
Topeka, KS 66612-1212
(785) 296-3201
www.ksde.org