

Kansas Occupational Therapy Association

KOTA * 825 S. KANSAS AVE SUITE 500 * TOPEKA, KS 66612

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Visit us on the web at www.kotaonline.org * Email: centraloffice@kotaonline.org

CEU Management Enrollment April 1, 2009 – March 31, 2011 CEU Cycle

Enrollment Application

This packet contains important information regarding applications for approval of CEUs in the state of Kansas for the current cycle. The new cycle begins April 1, 2009 and ends March 31, 2011. The KOTA office administers the CEU Management System and will report your CEUs to the Kansas Board of Healing Arts at the appropriate time. When you have reached your required number of CEUs, you will be sent a congratulatory from KOTA.

Filing Fees

The CEU Management System enrollment fee is **\$75.00**.

Enrollment Procedure

Please complete the form below to enroll in the OT/OTA CEU Management System. It is very important to include ALL information asked for so your records can be maintained accurately while supplying the necessary information to the Board of Healing Arts at license renewal time. If your name, address or other information changes during this period, you must notify the KOTA office immediately in writing in addition to the Kansas Board of Healing Arts office. It is very important that the Kansas Board of Healing Arts and our office have your current name and address listed in the same manner for accurate licensing.

CEU Requirements

We recognize 1 hour (60 minutes) to equal 1 hour of contact time unless otherwise noted on the Reference Table inside the CEU Renewal Folder. CEU hours are required for all OTs and OTAs in the state of Kansas according to licensure date as follows.

Date of Original/Reinstated Licensure:	Total CEUs required for current cycle:
Prior to 4/1/2009	40
4/1/2009-3/31/2010	20
After 4/1/2010	0

CEU Application Process

All CEU application forms are included in the CEU Renewal Folder, available for download at www.kotaonline.org or you may contact the KOTA office to have copies mailed to you. A new application form completed in its entirety along with ALL supporting documentation must be submitted for each course to be reviewed. Keep a copy of each submission for your records. DO NOT submit KOTA pre-approved courses. The provider will submit remit attendance to our office, and credit will be given based on the sign-in roster returned to KOTA by the provider. Retain the certificate for your files.

Detach and complete this form and mail your check for CEU fees to:
KOTA * 825 S. KANSAS AVE SUITE 500 * TOPEKA, KS 66612

Name _____

Kansas License Number _____ Original/Reinstated License Date _____

Address _____

City, State ZIP _____

Home Phone () _____ Work Phone () _____

E-mail Address _____

Payment Information

Check Enclosed Visa MasterCard Discover

Card Number _____ Exp Date _____

Signature _____