

# Class I

## Educational Experience

**MAXIMUM NUMBER OF CLASS I HOURS PER TWO-YEAR CYCLE: NO LIMIT  
(SELF-STUDY = 20 HOURS MAXIMUM)**

Mail to: KOTA, 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612  
Questions call (877) 904-0529

**Application MUST be submitted within 60 days of program date. Late fee of \$20.00 applies if more than 60 days.**

Therapist's Name \_\_\_\_\_ Kansas License # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Check here if any of the above information has changed.

**Each Application MUST include ALL of the following or it will be denied:**

**\*PLEASE STAPLE ALL SUPPORTING MATERIALS TO THIS FORM\***

1. Workshop brochure OR information including: \_\_\_ timetable \_\_\_ learning objectives \_\_\_ speaker(s) name(s) \_\_\_ number of contact hours. If college course, include \_\_\_ grade card and \_\_\_ copy of course description.
2. Copy of Certification of Attendance with number of contact hours listed. If certificate is not available, enclose brochure signed by each speaker. Speaker's name must be listed in brochure identifying them as a speaker.
3. \$20.00 late fee if application is being submitted 60 days after program date, payable to KOTA.

Program Title \_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_

Program Provider (as appears on certificate) \_\_\_\_\_

Speaker Names/Title/Present Position \_\_\_\_\_

**PRESENTERS OR CO-PRESENTERS** of Class I courses **DO NOT** use this form. You should submit a Class V: Credit for Presentation of Class I Form.

Contact Hours outlined on brochure/college credit \_\_\_\_\_ Contact Hours Requested\* \_\_\_\_\_

\* **NOTE:** One hour of college credit equals 10.00 hours of CEU credit.

Type of Program (check one):

\_\_\_ Seminar \_\_\_ Workshop \_\_\_ Lecture \_\_\_ Panel \_\_\_ Symposium \_\_\_ College Course \_\_\_ Self-Study/Online\*\*

**\*\*NOTE: SELF-STUDIES ARE LIMITED TO 20 HOURS PER 2 YEAR CYCLE**

**ATTENTION:** This form is to be completed by individual therapists wanting contact hours for a Class I experience. Contact hours will not be awarded until after the program has been attended. **NO EXCEPTIONS WILL BE ALLOWED.** If submitted incomplete, application will be denied. If denied upon first submission, you have 60 days to resubmit before a late fee is required. Notes from employers, airfare receipts, etc. are **NOT** proof of attendance.

(DO NOT WRITE BELOW THIS LINE)

Reviewer's Initials \_\_\_\_\_ Approved \_\_\_\_\_ Denial Reason \_\_\_\_\_

Contact Hours Awarded \_\_\_\_\_ Class \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Received \_\_\_\_\_ Late Fee \_\_\_\_\_ Date Denial Returned \_\_\_\_\_

Revised 04/2009