

Class III

Professional Readings/Audio/Videotapes (Certificates of Completion were NOT awarded)

MAXIMUM NUMBER OF CLASS III HOURS PER TWO-YEAR CYCLE: 2 TOTAL HOURS

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.

Professional Readings:

Title of Book or Journal _____ Publication Date _____

Edition _____ Volume _____ Number (if journal) _____

Author(s) _____

Chapter(s) and Title(s) of Article(s) Read _____

Start and Completion Dates of Reading (approximate) _____

Length of article or book _____ Contact Hours Requested _____

Synopsis of article: _____

For Audio and Video: _____ Audio _____ Video

Title of audio/video _____

Length of audio/video _____ Contact Hours Requested _____

ATTENTION: This form is to be completed by individual therapists wanting contact hours for a Class III. If submitted incomplete, application will be denied. If denied upon first submission, you have 60 days to resubmit before a late fee is required.

(DO NOT WRITE BELOW THIS LINE)

Therapist's Initials _____ Approved _____ Denial Reason _____

Contact Hours Awarded _____ Class _____ Date Approved _____

Date Received _____ Late Fee _____ Date Denial Returned _____