

Class V

Presentation of Class I Workshop or College Course

Class V credit NOT given for presentation of Class II in-services.

MAXIMUM NUMBER OF CLASS V HOURS: 30 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.

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

PLEASE STAPLE ALL SUPPORTING MATERIALS TO THIS FORM

1. **PRESENTATION:** Workshop brochure or information including timetable, learning objectives, and your name as speaker or co-speaker. If co-presenter, submit letter from your co-presenter(s) indicating number of contact hours YOU presented.
2. **COLLEGE COURSE:** Copy of course catalog listing you as instructor. If co-instructor, submit letter written by instructor whose name is listed in the catalog indicating the total percentage of the course that YOU instructed. If instructor's name is not listed in catalog, send a syllabus of class with instructor's name listed.
3. \$20.00 late fee if application is being submitted 60 days after program date, payable to KOTA.

_____ Workshop _____ College Course _____ Co-presenter/instructor _____ Sole presenter/instructor

Workshop or college course title _____

Date(s) _____ Location _____

Sponsor or University: _____

Length of workshop _____ If college course, % of course instructed by you _____

Length of your presentation _____ If college course, % of course instructed by you _____

Class V Contact Hours Requested _____ (3 contact hours of credit for one hour of presentation, not to exceed 30 contact hours)

NOTE: Submit contact hours you attended during remainder of workshop on Class I application form and attach to this Class V request.

ATTENTION: This form is to be completed by individual therapists wanting contact hours for Class V. 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)

Reviewer's Initials _____ Approved _____ Denial Reason _____

Contact Hours Awarded _____ Class _____ Date Approved _____

Date Received _____ Late Fee _____ Date Denial Returned _____