

# Class VI

## Level II Fieldwork Supervision

**MAXIMUM NUMBER OF CLASS VI HOURS: 10 PER CYCLE**

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.

Name of supervised student \_\_\_\_\_

Student's school/academic program \_\_\_\_\_

Name of contact/department head \_\_\_\_\_

Fieldwork facility name & location \_\_\_\_\_

Name of licensee's facility/employer supervisor \_\_\_\_\_

Phone of contact \_\_\_\_\_ Email \_\_\_\_\_

Fax number for contact \* \_\_\_\_\_

(\*fax number used for supervision verification purposes)

Dates of supervision \_\_\_\_\_ through \_\_\_\_\_

Indicate contact hours requested\*:

\_\_\_\_\_ 5 contact hours for minimum of 6 weeks fieldwork supervision or equivalent

\_\_\_\_\_ 10 contact hours for minimum of 12 weeks fieldwork supervision or equivalent

\*These are the only available contact hours options for Class VI Fieldwork Supervision as outlined in OT rules and regulations.

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

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

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

Revised 04/2009