

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 or if student was supervised by two therapists

_____ 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)

Date Received _____

Revised 04/2011