

# Class I Educational Experience

**MAXIMUM NUMBER OF CLASS I HOURS PER TWO-YEAR CYCLE: NO LIMIT**

Mail to: KOTA, 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612  
Questions call (785)232-8044

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

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

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

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

Email \_\_\_\_\_

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

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

1. Workshop brochure or information including: \_\_\_\_\_ timetable (except for Self Studies) \_\_\_\_\_ 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 \_\_\_\_\_

Sponsor or University \_\_\_\_\_

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

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):

\_\_\_\_ Live Webinar    \_\_\_\_ Workshop/Conference    \_\_\_\_ College Course    \_\_\_\_ Self-Study\*

**\*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. This form is NOT for sponsoring organizations applying for pre-approved contact hours for workshops being planned. 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 before a late fee is required. If denied again, late fee will NOT be refunded. Notes from employers, airfare receipts, etc. are NOT proof of attendance.

(DO NOT WRITE BELOW THIS LINE)

Therapist's Initials \_\_\_\_\_ Approved Date: \_\_\_\_\_ Contact Hours Awarded \_\_\_\_\_ Class \_\_\_\_\_

Denial Date: \_\_\_\_\_ Reason: \_\_\_\_\_

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