

Class II

In-services (Attended or Presented)

Typically a 2-hour or less event occurring at your facility or presented by someone within your facility.

**MAXIMUM NUMBER OF CLASS II HOURS PER TWO-YEAR CYCLE:
4 FOR ATTENDING AND 4 FOR PRESENTING**

Mail to: KOTA, 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612
Questions call (877) 904-0529

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 (_____) _____ Email _____

PLEASE STAPLE ALL SUPPORTING MATERIALS TO THIS FORM

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

1. Handouts or other brief description of in-service.
2. Copy of Certification of Attendance or attendance sheet signed by instructor or proof of presentation (if you are the presenter, see below).
3. \$20.00 late fee if application is being submitted 60 days after program date, payable to KOTA.

In-service Title _____

Date(s) _____ Location _____

Speaker Names/Title/Present Position* _____

Check here if you are the **instructor** of the Class II program* _____

***NOTE:** Instructors must include proof of the number of contact hours that you presented. This proof must be written on letterhead stationery and include supervisor's signature or may be a list of attendees showing your name and number of contact hours presented.

Contact Hours Requested _____

ATTENTION: This form is to be completed by individual therapists wanting contact hours for a Class II (ATTENDED OR PRESENTED). 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 _____ Denial Reason _____

Contact Hours Awarded _____ Class _____ Date Approved _____

Date Received _____ Late Fee _____ Date Denial Returned _____