

**Class III**  
**Professional Readings/Audio/Videotapes**  
(where Certificates of Completion were NOT awarded)

**MAXIMUM NUMBER OF CLASS III HOURS PER TWO-YEAR CYCLE: 2 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 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 \_\_\_\_\_

**Professional Readings: (Please submit copy of front of book and table of contents)**

Title of Book or Journal \_\_\_\_\_ Publication Date \_\_\_\_\_

Edition \_\_\_\_\_ Volume \_\_\_\_\_ Number (if journal) \_\_\_\_\_

Author(s) \_\_\_\_\_

Chapter(s) and Title(s) of Article(s) Read \_\_\_\_\_

Start and Completion Dates of Reading (approximate) \_\_\_\_\_

Length of article or book \_\_\_\_\_ Contact Hours Requested \_\_\_\_\_

Synopsis of article: \_\_\_\_\_

**For Audio and Videotapes:**      \_\_\_ Audio    \_\_\_ Video

Title of audio/video \_\_\_\_\_

Length of audio/video \_\_\_\_\_ Contact Hours Requested \_\_\_\_\_

**ATTENTION:** This form is to be completed by individual therapists wanting contact hours for a Class III. This form is NOT for sponsoring organizations applying for pre-approved contact hours for workshops being planned. 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 \_\_\_\_\_