

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 (_____) _____ 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 ___ 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 _____

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 _____