

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 a) copy of front of book and b) table of contents)

Reading Guidelines: 5-9 Pages = .25 Hours 10 Pages = .5 Hours 11-40 Pages = 1.0 Hours 41-100 Pages =
1.5 Hours 101 + Pages = 2.0 Hours

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 Video Recordings: _____ 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 Date: _____ Contact Hours Awarded _____ Class _____

Denial Date: _____ Reason: _____

Date Received _____ Late Fee _____ Date Denial Returned _____