

# Class IV

## Professional Publication

(For authorship of a publication only)

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

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: \_\_\_\_\_

**Each Application MUST include ALL of the following or it will be denied:  
 \*PLEASE STAPLE ALL SUPPORTING MATERIALS TO THIS FORM\***

1. Copy of final publication for verification. If publication was entire book, we need only receive a copy of the Title Page and Table of Contents. If publication was for a chapter in a book, include copies of the Title Page, Table of Contents, and entire published chapter. All copies of published articles should be actual copies of what was published, not rough draft or notes.
2. \$20.00 late fee if application is being submitted 60 days after program date, payable to KOTA.

Title of book or journal where publication appears \_\_\_\_\_

Volume \_\_\_\_\_ Number (if journal) \_\_\_\_\_ Publication/copyright date \_\_\_\_\_

Chapter number or article title \_\_\_\_\_

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

**CIRCLE TYPE OF PUBLICATION, AUTHORSHIP, AND MAXIMUM NUMBER OF CONTACT HOURS BELOW:**

Type of Publication	Authorship	Contact Hours
Book Publication	Single Author	60
	Senior Author	50
	Co-Author	40
Original Paper	Contributing Author	25
	Single Author	25
	Co-Author	15
Review Paper	Senior Author	8
	Single Author	15
	Co-Author	8
Case Report	Single Author	15
	Co-Author	8
Abstract	Single Author	8
Book Review	Single Author	8

**ATTENTION:** This form is to be completed by individual therapists wanting contact hours for a Class IV Professional Publication. This form is not for Class I workshops. 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 \_\_\_\_\_