

Class VI

Level II Fieldwork Supervision

MAXIMUM NUMBER OF CLASS VI HOURS: 24 PER CYCLE

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 after supervision.

Therapist's Name _____ Kansas License # _____

Address _____ City/State _____ Zip _____

Home Phone (_____) _____ Email _____

Name of supervised student _____

Name of Facility _____

Dates of supervision _____ through _____

Facility.Supervisor Phone _____ Email _____

CONTACT HOURS
(One Contact Hour Per One Week of Supervision)

REQUESTED NUMBER OF HOURS: _____

If available, submit verification certificate provided by University program.

VERIFIED SIGNATURE OF HOURS BY SUPERVISOR

(Supervisor of Licensee/Facility/Employer)

DATE

*These are the only available contact hours options for Class VI Fieldwork Supervision as outlined in OT rules and regulations.

ATTENTION: This form is to be completed by individual therapists wanting contact hours for Class VI. 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.

(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 _____