

Kansas Occupational Therapy Association
Application for Pre-Approval of Continuing Education Programs
for Occupational Therapists/Certified Occupational Therapy Assistants
April 1, 2015 through March 31, 2017

Fill in form neatly and completely, attach required information, and return to:
KOTA, 825 S. Kansas Avenue, Suite 500, Topeka, KS 66612
Ph. (785) 232-8044 Fax (785) 233-2206
email: centraloffice@kotaonline.org

Provider Name: _____

Contact Person: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Email: _____

Provider Website: _____

Each Application MUST INCLUDE the following:

1. Program brochure with timetable and learning objectives
2. Curriculum Vitae for each speaker.
3. Check payable to KOTA for calculated Application Fee
4. The number of Certificates of Attendance for estimated number of Kansas OTs: _____

Program Title: _____

Date(s): _____ Tuition/Fee to Attend: _____
(for dates unknown at time of application – please call or email request for original rosters and certificates)

Location(s): _____

Faculty/Speaker Names and Title (Attach short Curriculum Vitae for each speaker):

Name: _____ Title: _____

Name: _____ Title: _____

Contact Hours (including all sessions) outlined in brochure: _____ [.1 CEU = 1 contact hour (60 minutes)]
Lunch/Breaks/Exhibit/Registration times should not be included and cannot be awarded CEU's

CEU Approval requested for: partial* [] or [] entire program attendance **(Mark with X)**

*If partial credit, specify number of hours to be listed on certificates _____.

Calculate Application Fee:

CEU Fee (\$25.00/hour requested): _____

Late Fee (\$20.00 if application not received
60 days prior to the program): _____

Total Enclosed: _____

If application is denied, fees will not be returned. By submitting this application, the sponsor agrees to submit an original roster, distributed upon approval, to KOTA for purposes of recording CEU's within thirty (30) days following the program date and to provide each attendee a certificate, also provided by KOTA upon approval of program. Notification of this program opportunity will be listed on the KOTA website (www.kotaonline.org/Events/calendar.html), including a link to the provider's website as listed above.

(DO NOT WRITE BELOW THIS LINE)

Date Approved _____ Therapist's Initials _____ Approved Denied CEUs Awarded _____ Class _____

Date Received _____