

# Class VI

## Level II Fieldwork Supervision Application and Verification Form

**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 of program date. Late fee of \$20.00 applies if more than 60 days.**

This form is to be first completed by individual therapists wanting contact hours for Class VI. If submitted incomplete, application will be denied. If denied upon first submission, you have 60 days to resubmit before a late fee is required. Application will then be submitted to supervisor for verification using fax number provided.

Therapist's Name \_\_\_\_\_ Kansas License # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Check here if any of the above information has changed.

Name of **supervised student** \_\_\_\_\_

Dates of supervision \_\_\_\_\_ through \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Name of licensee's facility/employer Supervisor \_\_\_\_\_

Facility/Supervisor Phone \_\_\_\_\_ Email \_\_\_\_\_

Fax number \* \_\_\_\_\_

(\*fax number used for supervision verification purposes)

### CONTACT HOURS

*(One Contact Hour Per One Week of Supervision)*

REQUESTED NUMBER OF HOURS: \_\_\_\_\_

VERIFIED NUMBER OF HOURS BY SUPERVISOR: \_\_\_\_\_

\_\_\_\_\_  
Signature of licensee's facility/employer Supervisor

\_\_\_\_\_  
Date

**Supervisor Instructions: Please verify the number of hours, sign, date and fax back to the KOTA Central Office (785) 233-2206.**

(DO NOT WRITE BELOW THIS LINE)

Date Received \_\_\_\_\_