

# 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:** \_\_\_\_\_

\_\_\_\_\_  
**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 \_\_\_\_\_ Denial Reason \_\_\_\_\_

Contact Hours Awarded \_\_\_\_\_ Class \_\_\_\_\_ Date Approved \_\_\_\_\_

Date Received \_\_\_\_\_ Late Fee \_\_\_\_\_ Date Denial Returned \_\_\_\_\_