



COPY AS NEEDED

For Applications Submitted by Sponsor Sponsor Agrees To:

1. Attach the program content, objectives, and time frame agenda to application. Incomplete applications will be returned.
2. Record and retain attendance and clock hours.
3. Issue a certificate of attendance/completion to each licensee who attends the program. The certificate will include the sponsor's name and HOC approval number ; the program title, presenter, site, and date; the name of the licensee; and the total number of CE clock hours earned by the licensee.
4. Notify HOC in case of program rescheduling, cancellation, or change of instructors.

For Applications Submitted by Licensee:

1. Attach the program content, objectives, and time frame agenda to application. Incomplete applications will be returned.
2. Retain all documentation for upcoming license renewal.

The Department will monitor prior approved activities. This may include on-site visits, written inquires, audits, requests for additional information, and questionnaires.

I verify that the information contained in this application and attachments is accurate and I agree to provide the documentation and notification listed above.

\_\_\_\_\_  
Person Submitting Application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Phone number and email address

Send completed form and attachments to:

Health Occupations Credentialing  
Kansas Department for Aging and Disability Services  
503 S Kansas  
Topeka KS 66603

(785) 296-1250  
betty.domer@kdads.ks.gov  
\_\_\_\_\_

AGENCY USE ONLY

\_\_\_\_ Approved

\_\_\_\_ Approved as Modified

\_\_\_\_ Disapproved

\_\_\_\_ Change in Core Area

\_\_\_\_ Change in Clock Hours

\_\_\_\_ Other: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_