

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 KDHE 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 KDHE 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 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

Send completed form and attachments to:

Health Occupations Credentialing
Kansas Department of Health and Environment
Curtis State Office Building
1000 SW Jackson Street, Suite 200
Topeka KS 66612-1365

(785) 296-6796
dstaab@kdhe.state.ks.us

AGENCY USE ONLY

____ Approved

____ Approved as Modified

____ Disapproved

____ Change in Core Area

____ Change in Clock Hours

____ Other: _____

Reviewed by: _____ Date _____