### Date of Application: \_/ /

### Exam Date: January July

First application for eligibility Second application for eligibility Previous certification expired *Cert #:*

### Last Name First Name

**MI**

**Date of Birth** / /

**Gender:** Male Female

**E‐Mail Address** **Phone** ‐ ‐

**Mailing Address** Street: Apt:

City State Zip

**Professional Work Experience**: Full Time Part Time Waiting for Certification to begin Practice Present Position

Employer\_

Address: Street

City State Zip

Supervisor Name

Title\_ Phone

**Education:** Submit an official academic transcript for ***EACH*** college/university listed below. A student transcript copy is acceptable if it is the official student copy from the school. All transcript information must be in English or be accompanied by a notarized translation to English. Ensure all required courses for eligibility are listed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***University Name*** | ***State*** | ***Dates Attended*** | ***Major*** | ***Degree Awarded*** | ***Degree Date*** |
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**Clinical Experience in Rehabilitation:** A minimum of 1,000 hours of clinical experience. All

## experience must be under the supervision of a Registered Kinesiotherapist (RKT). The supervisor must submit a written letter of verification.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Location*** | ***Supervisor*** | ***Dates Attended*** | ***# of Hours*** | ***Duties*** |
|  |  |  |  |  |
|  |  |  |  |  |
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Do you require special arrangements due to physical or cognitive impairments? Yes No

### If Yes, please check the following special arrangements you are requesting and include documentation with this application according to the instructions for individuals with special arrangements. If the required information is not provided, special arrangements will not be made.

Reader Marker Separate Room Double Test Time Extended Test Time by 1.5 Sign Language Interpreter

# Service Fees:

### Non‐refundable Examination Application Fee: $60.00

* **Exam Fee: $200.00 due after determination of eligibility**

**Mail all of these items to:**

Doris A. Woods, Ph.D., R.K.T, Director, BoR-KT

6775 Brint Road

 Sylvania, OH 43560

**Is everything enclosed?**

* application form
* **All** official transcripts
* letter from supervisor documenting rehab experience
* application fee
* **Returned Check Fee: $35.00**

**Payment:**

**Check Money Order**

**Please make checks and money orders payable to “COPS‐KT” Credit Card**

**Please contact** **info@akta.org** **for information on online payment**

Once eligibility is approved a study guide will be sent to submitted address above.

Check this box if you do not wish to be contacted about continuing education courses through the sale of mailing labels, or other professional opportunities by other organizations.