



Application Requirements for Specialty Certification

Date of Application: _____/_____/_____

Please provide the following for review.

Name _____

Address _____

Email address: _____

Kinesiotherapy Registration Number _____

Specialty Area: Please specify below

- | | |
|--|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Assistive Technology Professional | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Posture Evaluation |
| <input type="checkbox"/> Driver Rehabilitation | <input type="checkbox"/> Seating and Mobility Specialist |
| <input type="checkbox"/> Ergonomic Evaluation | <input type="checkbox"/> Health Coach |

Submit the following documentation:

1. Proof of certification recommended by COPS-KT for specialty area.
2. Written documentation from supervisor(s) regarding completion of 2000 clinical hours specific to specialty area.
3. Course objectives and program agenda for lecture given to staff or community of interest regarding subject matter
4. COPS-KT Certification fee of \$50.00. Make checks payable to COPS-KT.

Signature _____

Send application and the items above to **AKTA 118 College Drive #5142 Hattiesburg, MS 39406**