



Application Requirements for Specialty Certification

Date of Application: _____/_____/_____

Name _____

Address _____

Email address: _____

Kinesiotherapy Registration Number _____

Specialty Area: Please specify below

- | | |
|--|--|
| <input type="checkbox"/> Adaptive Sports | <input type="checkbox"/> Kinesiotaping |
| <input type="checkbox"/> Assistive Technology Professional | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Posture Evaluation |
| <input type="checkbox"/> Cardiac Rehabilitation | <input type="checkbox"/> Research Specialist |
| <input type="checkbox"/> Driver Rehabilitation | <input type="checkbox"/> Seating/Mobility |
| <input type="checkbox"/> Ergonomic Evaluation | <input type="checkbox"/> Senior Fitness Specialist |
| <input type="checkbox"/> Functional Capacity Evaluation | <input type="checkbox"/> Senior Home Safety Specialist |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Health Coach | |

Criteria for Specialization:

To be recognized as a specialist, one must obtain the designated credentials in the desired area of Specialization. A one-time registration fee of \$25 is paid, once all specialization requirements have been met. Specialization credentials are reviewed every two years through a renewal application process (with no fee), so that certifying body credentials are being adhered to.



Submit the following documentation:

1. Proof of certification recommended by COPSKT for specialty area.
2. Written documentation from supervisor(s) regarding completion of 2000 clinical hours specific to specialty area (see verification form below)
3. Course objectives and program agenda for lecture given to staff or community of interest regarding subject matter
4. COPSKT Certification fee of \$25.00. Make checks payable to COPSKT or pay online using this link: <https://akta.org/product/specialization-application-fee>

Signature_____

Send application and the items above to **AKTA 118 College Drive #5142 Hattiesburg, MS 39406** or via email to CCBKT@akta.org.



To: Continuing Competency Coordinator

Date: __/__/__

Regarding: VERIFICATION OF SPECIALIST CERTIFICATION HOURS

Name of Applicant: _____

Specialty Designation: _____

Documentation of Hours of Experience (2000 hrs are required):

Verified by: _____

Title: _____