



Application for Registration by the Council on Professional Standards of Kinesiotherapy

First application for eligibility Second application for eligibility Previous certification expired Cert# _____

Date of Applica-on: ____/____/____

Exam Date: January July

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.

<i>University Name</i>	<i>State</i>	<i>Dates Attended</i>	<i>Major</i>	<i>Degree Awarded</i>	<i>Degree Date</i>

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.

<i>Location</i>	<i>Supervisor</i>	<i>Dates Attended</i>	<i># of</i>	<i>Duties</i>

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 Examina-on Applica-on Fee: \$100.00
- Exam Fee: \$400.00 due aVer determination of eligibility
- 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.



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