

Request for Extension of Provisional Certification



Kansas Department for Aging and Disability Services (KDADS)

Date: ____/____/____

Please print or type all information.

Name: _____

Work Phone: (____) _____ - _____

Email: _____

Expiration Date as it appears on your current certificate : _____

Reason you are requesting an extension:

Expected date to complete your supervision hours to apply for KCGC Level I: _____

Brief description of your plan to complete certification:

Who do you plan to receive clinical supervisor from?

Please complete this form and e-mail or fax to:

Billie Fuller
Billie.fuller@kdads.ks.gov
Ph 785-296-6807
Fax 785-296-0256

You will receive a determination two weeks from the date the request was received by KDADS..