



# Continuing Education Petition Form

Non-KIPS approved continuing education courses can be reviewed by petition only. A \$25 nonrefundable administrative fee is required for each course/event petitioned. Please be sure to include all relevant information and attach any supplemental information for the KIPS BOC to review.

## Contact Information

Name (First & Last): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## Course Information

Course Name: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Description of course:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of course:  Workshop  Home Study  Conference  Other

## Provider Information

Course Provider: \_\_\_\_\_ Contact Hours: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

## Payment Information

(complete below if petitioning prior to recertification, otherwise add total to Recertification Application above)

Payment of petition fee: \$25/course x \_\_\_\_\_ (Quantity) = \_\_\_\_\_ (Total Fee)

## Method of Payment

Check or Money Order Payable to: **KIPS**

Visa  Mastercard  AMEX  Discover

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV Code \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_