



LETTER OF COMPLETION

If applying for a temporary permit, a Letter of Completion will be accepted in lieu of an official transcript when all degree requirements have been met, and an official transcript is not yet available. The official transcript with final degree awarded must be received by the Kansas Board of Healing Arts (“Board”) before a permanent license can be issued. The applicant should complete the top section. The school or program should complete the bottom portion and return directly to the Board. **This Letter of Completion must be received directly from the school or program and be completed in full.**

I, hereby authorize the school or program listed below to provide any and all information pertaining to my education at that institution to the Board. I request a designated official complete this form and email to KSBHA_Licensing@ks.gov or mail it directly to the Board.

Full Name: _____

Other Names Used (if applicable): _____ Date of Birth: ____/____/____

Name of School or Program: _____

Signature: _____ Date: _____

It is hereby certified that _____ attended _____,
(Applicant Name) (School or Program Name)
in _____ beginning _____ with a completion date
(City, State) (mm/dd/yyyy)
of _____. The applicant pursued and completed all requirements for the program of
(mm/dd/yyyy)

Occupational Therapy according to the standard of accreditations prevailing at the time. It is further certified that the applicant received or will received the following degree.

Degree or Certificate

Signature of President, Registrar, Dean, or Director of Course

Date