

Request for Extension of Certification

Kansas Department for Aging and Disability Services (KDADS)



Date: ____/____/____

Please print or type all information.

Name: _____

Work Phone: (____) _____ - _____

Email: _____

Certificate for which you are requesting extension (please check one):

____ KCGC Level I

____ KCGC Level II

Expiration Date as it appears on your current certificate : _____

Reason you are requesting an extension:

Extensions may be granted for a maximum of 6 months from the expiration date of certification.

Brief description of your plan to complete certification:

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

Carol Spiker

Carol.Spiker@ks.gov

Ph 785-296-2269

Fax 785-296-0256

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