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**Request for Extension of**

**KCGC Certification**

***Please open the form and fill in the grey boxes by typing in Microsoft Word and email to the address provided. Handwritten applications will not be processed.***

**Date:**

**Name:**

**Work Phone:**

**Email:**

**[ ]  KCGC-I**

**[ ]  KCGC-II**

**Expiration Date as it appears on your current certificate:**

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

**Reason you are requesting an extension:**

**Brief description of your plan to complete the certification process:**

**Please complete this form and e-mail to:**

**Carol Spiker**

**carol.spiker@ ks.gov**

**785-296-2269**

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