Kansas
Department of Wildlife, Parks and Tourism

REHABILITATION HANDS-ON EXPERIENCE

Minimum of 100 Hours Required

SAVE
PRINT
CLEAR

Applicant Name:_____

Total Number of Hours Completed: _____

Address:_____

City Zip:_____

Phone: _____

Date of Activity	# of Hours	Species	Description of care and/or treatment involved:	Name & Daytime Phone Number of each person you trained under

Date of Activity	# of Hours	Species	Description of care and/or treatment involved:	Name & Daytime Phone Number of each person you trained under