

PHYSICAL THERAPY CONTINUING EDUCATION SPONSOR APPLICATION

This application is required for each course/program offered by a sponsor and must be submitted by the sponsor at least 60 days in advance of the proposed course/program. Retroactive approval is NOT given.

INFORMATION:

- Continuing education (CE) is required to renew a physical therapy license/certificate. The minimum biennial requirement is 30 contact hours of physical therapy CE. For those PT's with a certificate of authorization to treat without referral (Direct Access), at least **10 of the 30 contact hours shall be in appropriate evaluative procedures to treat a person without referral.** The 30 hours must be completed during the twenty-four months preceding the expiration date (December 31 of each even year) of the license/certificate. **CE is not required for the first renewal of a license/certificate.**
- Continuing Education must be for the purpose of apprising the license/certificate holder of advancements and new developments in the practice of the physical therapy profession. Continuing Education must offer specific learning objectives geared to improve the professional competence of the license/certificate holder. No credit will be given for courses in office management, marketing, or practice building.
- The sponsor must document attendance/completion of a course by providing each attendee a certificate as noted in #3 below.
- **If the course has been approved for another biennial cycle, include a copy of the approval letter.**
- One (1) contact (instructional) hour equals 60 minutes of participation in an approved course/program.
- License/certificate holders may accrue all required hours in Distance Education Courses offered by pre-approved providers and through approved courses. All sponsors/providers must evaluate and assess the extent of learning that has taken place and provide a certificate of completion to the licensee.
- **Course approval will remain valid through December of the first even year. During this approval period, a course may be given on multiple dates/sites with no additional application required. After this approval period, a new application for the same course WILL be required. HOWEVER, at any time, if an approved course has a substantive change of content/presenter, a new application must be immediately submitted.**
- In order to better determine if your course meets the criteria for approval for **DIRECT ACCESS** hours, the Board is looking for the following in your application:
 1. Explicit written objectives that describe how the content will prepare the physical therapist to differentially diagnose a problem.
 2. Written evidence in the course outline that differential diagnosis content is being covered.Unless the entire course is related to differential diagnosis, it is RARE that an entire course would meet the criteria for direct access hours.

INSTRUCTIONS: THE FOLLOWING DOCUMENTS, APPLICATION, AND FEE MUST BE RECEIVED AT THE ABOVE ADDRESS AT LEAST 60 DAYS IN ADVANCE OF THE PROPOSED COURSE/PROGRAM.

1. A course outline (including time, detailed course description, and course objectives).
2. A **brief** resume/curriculum vitae of each instructor. Please limit to **two pages** per instructor.
3. A sample of the **Certificate of Attendance/Completion** to be issue to each attendee. The sample must contain: name of sponsor, title of course, date of course, total number of contact hours completed and (of the total) the number of hours (if any) involving evaluative procedures to treat a person without a referral, spaces for the name of the attendee, signature of the person verifying attendance, and "PA Board Approval Number:_____". The actual number will be provided by the Board with the approval notification.
4. **FEE: \$40.00 check or money order payable to "Commonwealth of PA",**
Fee is non-refundable. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

PHYSICAL THERAPY CONTINUING EDUCATION PROGRAM APPLICATION-FOR SPONSORS OF PROGRAMS

Name and phone number of person completing this application:

Last name First name Telephone number

Email address Fax number

1. Name of Sponsor _____

2. Sponsor Address _____

Street

City, State, Zip

3. Contact Person _____ Daytime Phone _____

I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18PA C.S. §4904 relating to unsworn falsification to authorities and may result in the revocation of my approval as a program sponsor. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. §4911.

4. Signature _____ Date _____

AS NECESSARY BELOW, PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEETS

5. Title of course _____

6. Date(s) of course _____ (Must be prior to 1/1/19) Course Location _____

7. Name(s) of instructor(s) _____

8. Method of verifying attendance/completion _____

9. Course is presented via: (check one)

- In-person instructor/speaker
- Distance education (correspondence, individual study, online)
- Combination of above

10. Total contact (instructional) hours of course _____

11. Of the total contact hours (in #10), number of hours (if any) which involve "evaluative procedures to treat a person without a referral" _____

BOARD USE ONLY

Approval Number _____

Board Member Reviewing _____ Approve _____ Disapprove _____

Date _____ Reason(s) for Disapproval _____