

PHYSICAL THERAPY CONTINUING EDUCATION PROGRAM APPLICATION- INDIVIDUAL

INFORMATION:

- 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.
- 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: INDIVIDUAL MUST SUBMIT THE APPLICATION AT LEAST ONE DAY PRIOR TO THE FIRST DAY OF THE COURSE. SUPPLEMENTAL DOCUMENTATION (BELOW) MAY BE SUBMITTED AFTER COMPLETION OF THE COURSE.

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.
5. **SEE PAGE 2. ADDITIONAL PRE-APPROVED PROVIDERS AND APPROVING AUTHORITIES HAVE BEEN ADDED TO THE BOARD'S REGULATIONS. PLEASE REFER TO §40.67 AND §40.192 FOR COMPLETE REGULATIONS**

PLEASE NOTE: CONTINUING EDUCATION REGULATIONS FOR THE STATE BOARD OF PHYSICAL THERAPY HAVE RECENTLY CHANGED.

§ 40.67. Continuing education for licensed physical therapist.

(1) Provided that the course or program otherwise meets the requirements in subsection (c)(2) and the provider issues to each attending licensee a certificate of completion record in accordance with subsection (b)(1), a course or program of continuing education from a provider preapproved under this paragraph is approved by the Board.

- (i) The following providers are preapproved:
 - (A) APTA or its components.
 - (B) FSBPT and its jurisdictions.
 - (C) A physical therapist or physical therapist assistant educational program accredited by CAPTE.
 - (D) The American Heart Association and the American Red Cross and their component organizations, only for purposes of providing continuing education in identifying and responding to emergency health conditions.
 - (E) An organization credentialed by APTA to confer a fellowship in a specialty, only for purposes of conferring the fellowship.
 - (F) An organization credentialed by APTA to offer a residency program, only for purposes of the residency program.
 - (G) The American Board of Physical Therapy Specialization or its successor organization, only for specialty certification.
 - (H) Any provider whose course or program is certified by FSBPT's ProCert, approved by FSBPT or its jurisdictions, or approved by APTA or its components, for those courses or programs so certified or approved.

§ 40.192. Continuing education for certified physical therapist assistant.

(1) Provided that the course or program otherwise meets the requirements in subsection (c)(2) and the course or program provider issues to each attending certified physical therapist assistant a certificate of completion record in accordance with subsection (b)(1), a course or program of continuing education from a provider preapproved under this paragraph is approved by the Board.

- (i) The following providers are preapproved:
 - (A) APTA or its components.
 - (B) FSBPT and its jurisdictions.
 - (C) A physical therapist or physical therapist assistant educational program accredited by CAPTE.
 - (D) The American Heart Association and the American Red Cross and their component organizations, only for purposes of providing continuing education in identifying and responding to emergency health conditions as required under subsection (a)(1).
 - (E) Any provider whose course or program is certified by FSBPT's ProCert, approved by FSBPT or its jurisdictions, or approved by APTA or its components, for those courses or programs so certified or approved.

PHYSICAL THERAPY CONTINUING EDUCATION PROGRAM APPLICATION-FOR INDIVIDUALS

Name and phone number of person completing this application:

_____	_____	_____	_____
Last name	First name	Telephone number	Fax number
_____		_____	_____
Address		License number	email address

1. Name of Course Sponsor _____
2. Sponsor Address _____
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 _____

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AS NECESSARY BELOW, PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEETS

5. Title of course _____
6. Date(s) of course _____ (Must be prior to 1/1/21) 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 _____