

APPLICATION FOR APPROVAL OF CONTINUING PHYSICAL THERAPY EDUCATION INDIVIDUAL LICENSEE

Florida Physical Therapy Association Continuing Education Department

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FOR OFFICE USE ONLY

FPTA Accreditation Number: _____

Notice of Decision by FPTA:

Approved Denied

Date approved: _____

FPTA Staff: _____

CE Broker Published Tracking # 10- _____

Approved for calendar year: 20 _____

PLEASE TYPE INFORMATION OR PRINT LEGIBLY

NOTE: Applications submitted by individual licensees for attendance at a non pre-approved program must be received prior to course dates or within sixty (60) days after the expiration of the same licensure period in which the course was completed.

1. Name, Address and Phone Number of Individual Applicant:

Email address of applicant:

2. Name and address of Course Provider:

3. Course Providers: (if known)

Phone (Area Code)

FAX (Area Code)

Email:

4. Requesting approval for calendar year 20_____
(credit given only for year applied)

Date of this application: _____

5. Please list date(s) & location of course

6. Fee: Fee must be received with application in the form of a credit card, (MC, VISA or American Express) check, or money order made payable to Florida Physical Therapy Association.

Individual Licensee seeking Individual Approval:

- \$20.00 (Submitted prior to course dates or within sixty (60) days after attendance at the program.) (non-refundable)
- \$100.00* (Submitted later than sixty (60) days after attendance at the program.)

*If course is not approved, the fee less \$50.00 is refundable. (If all information is not provided, there may be additional fees.)

Type of Card: ___ Mastercard ___ VISA ___ American Express

Credit Card Number _____

Exp. Date _____

7. Program or Course Name:

8. Nature of Program:

- Live Presentation/Class/Lecture
- Homestudy/Audio/Video/Internet
- Teleconference/Satellite-Live/Real Time
- Conference
- Other - Please describe _____

9. Please attach program outline that fully describes course and time devoted to each topic, including program objectives.
One CEH = 50 minutes
.5 CEH = 25 minutes
(Does not include breaks or scheduled meal times.)

10. Please attach curriculum vitae/bio for each speaker; include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience or experience relevant to teaching course material. (A summary of this information, i.e., course brochure, is acceptable.)

11. Describe relevance of program content to the profession or practice of Physical Therapy. Attach separate sheets as necessary.

12. Please include a copy of the certificate of completion for the course you are applying for approval. CE hours will not be submitted to CEBroker without the certificate of completion.

The information provided in this application is true and complete to my knowledge. (Please Print)

Name of Person Submitting Application: _____

Signature of Applicant: _____

Date: _____

License Number of Person seeking approval: _____

(must be included for application approval)

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Total CEHs in the following areas of certification:

_____ Professional ethics	_____ Clinical education	_____ Clinical practice
_____ Clinical research	_____ Clinical management	_____ Clinical science
_____ Basic sciences	_____ Risk management	_____ HIV/AIDS
_____ Florida law relating to physical therapy		_____ Medical errors

_____ TOTAL CONTINUING EDUCATION CONTACT HOURS REQUESTED