

District CE Application Instructions

- 1. Fill out the application form below and attach all appropriate supporting materials.
- 2. The following course material should be included when submitting the application: (Series courses or congruent courses must be applied for separately)

(Basic Info)	Audience	Program
 Contact Name Organization Address Telephone Email Address Course Name Date/Location Fee info/cancellation 	 Est. # of attendee's Type of course: Basic Intermediate Advanced Various 	 Contact Hours Objectives Course Outline Course Schedule (include breaks) Instructional Method Ratio Participant to Presenter Course evaluation Bibliography (must contain at least 5 citations from reputable reviewed journals published within past 5 years that support content of course. Presenters: current CV of presenters

Helpful hint - use these website resources as guides: http://www.sbm.org/UserFiles/file/ObjectiveVerbs.pdf https://www.apa.org/ed/sponsor/resources/objectives.pdf

Because the approval process may take up to 4 weeks, it is recommended that the application process be started at least eight (8) weeks prior to the course. Once approval has been granted, an approval letter will be emailed to the contact person listed on the application form. This letter is valid for up to 1 year from the date it was approved.

3. Course Renewal

If you are renewing a course that has previously been approved by the APTA New York, you may submit a shortened version of the application. Payment is required prior to submitting the renewal application. Please be sure to include the following:

- Presenters (verify references still fall within 5-year time frame)
- Copy of original approval letter
- Objectives of shortened version must correlate with the original approval
- Shortened schedule and original schedule

(Should you have any questions regarding your course approval, please contact Karen Curran at: nvptceapproval@amail.com)

Guidelines for Events

Registration Set-up

The following information is needed form Districts in order to arrange continuing education registration through the Chapter office:

- Course title, date, time, and location
- Brief description of the course
- Speaker biography
- ❖ All information you would like collected on the registration form (i.e. name, address, etc.)
- ❖ Number of CEHs that will be earned
- ❖ Cost please be sure to set the non-member price at least 50% higher than the member price.
- Cancellation/refund policy this should include the number of days before the program that the cancellations will be accepted and the amount of money, minus and administration fees that will be refunded.

Registration Forms & Sign-in Sheets

The following information must be included for the form and template:

- Course title
- Course # (located on CEH approval letter)
- Speaker name
- Location/Online
- Date
- ❖ Name of attendee
- Credential (PT/PTA/STU)
- Email Address
- ❖ PT/PTA license #
- Blank space for sign-in/sign-out of course

CEH Certificates

Once the course is completed, you are required to submit the following information:

- Approval letter
- Excel spreadsheet with attendee information (email in Excel format attachment)
- Sign-in sheets (if applicable)
- Evaluation forms or an evaluation summary
- Course information must be included (Course name, date, location, presenter name)

^{**}For those Districts that choose to create registration forms themselves, please note that only the Chapter office has the ability to set up invoices for any fees that will be charged. **

All required information should be sent to Erin Stack at estack@aptany.org. When the certificates are completed, they will be emailed to the participants. If an attendee does not provide an email address or there is an error with the email address provided, the certificate will be forwarded to the contact who sent in the paperwork.

** Certificates will be processed within 30 days of receiving the required post-course materials. Processing will be subject to delay for any missing documentation. **

Karen Curran 160 Sylvia Street, Platteville, WI 53818 nyptceapproval@gmail.com

Continuing Education Application Form

Sponsor Name:				
Contact Person:				
Contact Email A	ddress:			
Phone Number:				
Address:				
Course Name:				
Proposed Hours	s (50 Minutes equals 1 CEH):			
Type of Course: () Basic () Intermediate () Ad			nced () Various	
Estimated # of Attendee's:		Ratio of	Ratio of Attendee's to Presenter:	
Program Tuitio	n Fee's:			
Date	Location (Facility, Addr	ess)	Presenter(s)	
	FOR OFFICIA	L USE ONL	Y	
Date Received:_		Course Approval #:		
Approved:	Not Approved:	A	pproved Contingent:	
Comments:				
Reviewed Bv:			Date:	