CCH Application Form

Sponsor Contact Information

Sponsor/Company Name: ____________________________________________________________

Contact Person: ________________________________________________________________

Address: ______________________________________________________________________

Phone: ______________________ Fax: ______________________

Email: __________________________

Website: ______________________________________________________________________

Program Information  Note: Ethics programs must contain information pertinent to Georgia laws.

Title: __________________________________________________________________________

Dates: __________________________ Tuition/Fees: _________________________________

Location: ______________________ City/State: ________________________________

Check all that apply: □ Facility adequate for anticipated attendance

□ Patients

□ Equipment & instructional aids consistent with program objectives

Faculty/Speaker(s) Name(s), Credentials: __________________________________________

Audience: □ PT  □ PTA  □ PT/PTA Students  □ Other, please specify_____________________

Contact Hours Outlined in Brochure: ______________ CCHs Requested: ______________

Anticipated Attendance: ______________ Type of Program (i.e., seminar, online): ______________

Submission Instructions

Return one complete copy via mail or courier, at least 6 weeks before the course of:

1. Application for Approval of CCHs (this form with all fields completed)
2. Draft of Program Brochure or Outline (must include time per topic)
3. Course Description
4. Course Objectives
5. Pre/Post Test
6. Course Evaluation
7. Biographical Data for Each Speaker
   (where/when professional university degree obtained & competence in subject matter)
8. Application Fee
   (4.00 Hours or Less: $150  4.01 - 16.00 Hours: $200  16.01 Hours or More: $250)

You must submit one complete copy of this entire application (items 1 - 7) and payment via mail/courier or e-mail (info@ptagonline.org).

CCH providers wanting to renew a course are required to submit a complete application with appropriate payment. PTAG does not auto-renew courses.

Method of Payment

☐ Check payable to PTAG  ☐ VISA  ☐ MC  ☐ Discover  ☐ AMEX  Amount: $___________

Name on Credit Card: ____________________________________________________________

Check/Card #: ________________________________________________________________

Expiration Date: ___________  CVV/CVC: ________ Billing ZIP: ________________

Cardholder Signature: __________________________________  Date: ________________

Return to
Physical Therapy Association of Georgia
(PTAG) 2900 Delk Road Suite 700, PMB 321
Marietta, GA 30067

Questions?
Contact PTAG Executive Office at info@ptagonline.org or 770-433-2418.

8/9/2019