

<p>FPTA District</p> <p>APPLICATION FOR APPROVAL OF CONTINUING PHYSICAL THERAPY EDUCATION</p> <p>Florida Physical Therapy Association Continuing Education Department 800 N Calhoun St, Suite 1A, Tallahassee, FL 32303 850-513-0083 * FAX: 850/224-5281 www.fpta.org</p> <p>APPLICATION IS FOR (1) CALENDAR YEAR</p> <p>YEAR REQUESTING APPROVAL FOR: _____</p> <p>Date of Submission: _____</p> <p>Date of Course: _____</p> <p>District Requesting approval: _____</p>	<p>FOR OFFICE USE ONLY</p> <p>FPTA Accreditation Number: _____</p> <p>FPTA Approval Status:</p> <p>___Approved ___Denied</p> <p>Decision Date: _____</p> <p>Approved by: _____ Total CEHs _____</p> <p>Live _____ Live Webinar _____ Homestudy _____</p> <p>CE Broker Tracking # 20 - _____</p>
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Submission Format

Type information or print legibly, illegible documents will not be reviewed. Only one course can be submitted per application. The completed application may be submitted electronically or via fax. There is no charge to the district for approval.

Deadlines

Completed applications must be submitted at least thirty (30) days prior to course date. Submission for approval does not guarantee approval. It is recommended that this information be submitted as early as possible to ensure appropriate information is provided to course participants.

Course Information

Course name: _____

Instructor(s) name: _____

Instructor(s) phone: _____

Instructor(s) email: _____

District contact name: _____

District contact email: _____

Number of Continuing Education Hours Requested: _____

One (1) CEH=50 minutes

CEU conversion: 1 CEU = 10 CEH hour

Note: Breaks and scheduled meal times are not included in CEH calculations

Instructor Background

Has any course instructor ever been barred from presenting a course in any state in the US?

No ___ Yes ___ If yes, explain: _____

Has any course instructor ever lost his or her license or been barred from practicing in any state in the US?

No ___ Yes ___ If yes, explain: _____

Is there any litigation pending against or complaint filed against any course instructor license and/or expertise?

No ___ Yes ___ If yes, explain: _____

Presentation Format

Please check and/or circle descriptions

- Live presentation:** Indicate whether lecture, lab or both; specify time & content in schedule
 - Lecture**
 - Lab**
- Real Time Interactive Distance:** Teleconference; Satellite, Webinar, Videoconference, Digital Conferencing
- Multiple simultaneous offerings?** ___no ___yes If yes, please provide description. ___

- Other:** please describe _____

Professional education of course instructor(s)

Indicate all that apply

<input type="checkbox"/> Acupuncture physician <input type="checkbox"/> Allopathic physician <input type="checkbox"/> Athletic Trainer Certified <input type="checkbox"/> Chiropractor <input type="checkbox"/> Dentist <input type="checkbox"/> Dietician - registered <input type="checkbox"/> Educator with terminal degree (e.g. MBA, PhD)	<input type="checkbox"/> Exercise physiologist <input type="checkbox"/> Homeopath - licensed <input type="checkbox"/> Licensed social worker <input type="checkbox"/> Massage therapist - licensed <input type="checkbox"/> Naturopath - licensed <input type="checkbox"/> Nutritionist - certified <input type="checkbox"/> Occupational Therapist Registered <input type="checkbox"/> Orthotist	<input type="checkbox"/> Osteopathic physician <input type="checkbox"/> Pharmacist - licensed <input type="checkbox"/> Physical therapist <input type="checkbox"/> Physical therapist assistant <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Prosthetist <input type="checkbox"/> Psychologist-licensed	<input type="checkbox"/> Religious leader: licensed/trained/ordained/recognized by state <input type="checkbox"/> RN/NP/Nurse Specialist <input type="checkbox"/> Speech Language Pathologist
Other (e.g. Complementary or alternative practitioner) please describe: 			

Content Relevance to PT Practice:

Indicate the general category of overall course content.

Clinical Practice	Practice	Other
<ul style="list-style-type: none"> <input type="checkbox"/> Bariatric <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Clinical Research <input type="checkbox"/> Evidenced Based Practice <input type="checkbox"/> Geriatrics <input type="checkbox"/> Integ/wounds <input type="checkbox"/> Joint Manipulation <input type="checkbox"/> Medical <input type="checkbox"/> Neuro <input type="checkbox"/> Ortho; musculoskeletal <input type="checkbox"/> Other <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Peds <input type="checkbox"/> Physical Agents <input type="checkbox"/> Soft Tissue Mob <input type="checkbox"/> Sports related 	<ul style="list-style-type: none"> <input type="checkbox"/> Basic Sciences <input type="checkbox"/> Clinical Education <input type="checkbox"/> Documentation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Florida Law re: PT <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Management/Administration <input type="checkbox"/> Medical Errors <input type="checkbox"/> Medical Sciences <input type="checkbox"/> Medicare/Federal Law <input type="checkbox"/> OSHA Guidelines <input type="checkbox"/> Professional Ethics <input type="checkbox"/> Risk Management 	<ul style="list-style-type: none"> <input type="checkbox"/> Alternative/ Eastern Practice Describe: <input type="checkbox"/> Complementary/Eastern Practice Describe: <input type="checkbox"/> Other:

Checklist: required attachments to application

- Course brochure and/or schedule:** Fully delineate the time devoted to each topic area.
- Program objectives:** The objectives of the program should clearly indicate the relevance to physical therapy practice for all course submissions.
- A current reference list used for course in AMA or APA format is required.** Upon review of course, additional materials may be requested.
- CV(s) or resume(s) of speaker(s):** Documents should clearly indicate credentials in area of course content and license numbers. Bios included in brochures or advertising are not sufficient.

For each section of the course, describe its relevance to physical therapy.

Is there evidence basis for the information provided in this course?

If yes, attach sample articles/studies highlighting the evidence.

If not, provide rationale for the relevance and a brief summary of why there is no evidence basis at this time.

It is the intent of the Continuing Education Committee of the FPTA to ensure that material being submitted for course approval is current and evidence based to the extent that there is research to support the content.

If research is not available, a written summary of why evidence-based research is not available and a summary of relevance and theory with reference citations is required.

The information provided in this application is true and complete to my knowledge.

Signature of person submitting application: _____

Date: _____