



**APPLICATION FOR APPROVAL OF
CONTINUING PHYSICAL THERAPY EDUCATION
INDIVIDUAL LICENSEE**

Florida Physical Therapy Association
Continuing Education Department
800 N Calhoun St, Ste 1A, Tallahassee, FL 32303
850-222-1243 * FAX: 850/224-5281
Email: info@fpta.org
www.fpta.org

FOR OFFICE USE ONLY:

FPTA Accreditation Number: _____

Decision by FPTA:

____ Approved ____ Partial Approval ____ Denied

CEHS Approved: _____ Live _____

Date Approved: _____ HS _____

Date licensee notified: _____

Certificate: Yes No

Decision by: _____

CE Broker Published Tracking # _____

Approved for Calendar Year: _____

Approved for Licensure period: _____

PLEASE TYPE INFORMATION OR PRINT LEGIBLY. INABILITY TO READ DOCUMENT MAY RESULT IN REJECTION OF APPLICATION. ONLY ONE COURSE CAN BE SUBMITTED PER INDIVIDUAL APPLICATION.

Applications submitted by individual licensees, PTs or PTAs, for attendance at a non-pre-approved continuing education program must be received prior to the course dates or within (60) days of course completion or a **late fee** will be incurred. Submission for approval of a non-pre-approved course does not guarantee approval, but does not diminish the value of individual choice. The approval process can take up to 8 weeks. It is recommended that licensees do not wait until the end of the licensing period to apply for approval.

Attachments to application - required:

- **Course brochure and or schedule, CV or resume of speaker(s)** clearly indicating credentials in area of course content (please note that bios included in brochures or advertising may not be sufficient) and a **program outline** that must fully describe the time devoted to each topic area, including program objectives.
 - One CEH = 50 minutes, .5 CEH = 25 minutes
 - CEU conversion: 1 CEU = 10 CEH hours
- **Certificate of completion** submitted upon completion of the course
- Note: Breaks and scheduled meal times are not included in CEH calculations.
- **Check or money order** made payable to: FPTA (if credit card information not provided)

Date of Submission: _____ Date(s) of Course: _____

NAME OF COURSE:

Individual Applicant: Name: LAST: _____ FIRST: _____

FL License # _____ Email (required): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Process Fee: Fee must be received with application in the form of current and valid credit card information (MC, VISA, American Express, Discover), check/money order, made payable to: Florida Physical Therapy Association.

Individual Application approval fees:

\$30.00 for courses worth 1-9 hours of continuing education and if submitted prior to the course dates or within sixty (60) days after attendance at the program. This fee is non-refundable whether or not the course is approved. If all information is not provided there may be additional fees.

\$50.00 for courses worth 10 or more hours of continuing education and if submitted prior to the course dates or within sixty (60) days after attendance at the program. This fee is non-refundable whether or not the course is approved. If all information is not provided there may be additional fees.

\$100.00 If submitted later than sixty (60) days after attendance at the program. If all information is not provided there may be additional fees. If the course is not approved, the fee less \$50.00 is refundable.

Please check here if paying by credit card (see attached form)

Course Provider Name:

City and state where course was taken:

Presentation format, please check:

- Live presentation such as Lecture; Interactive; Classroom
- Home study/non-interactive: Audio; Video; Internet (Online e.g. WebCT, Tegrity), DVD, CD, hard copy workbooks/assigned readings
- Real Time Interactive Distance: Teleconference; Satellite, Webinar, Videoconference, Digital Conferencing
- Conference
- Other: please describe _____

Relevance of course to PT Practice:

TOTAL CONTINUING EDUCATION CONTACT HOURS YOU ARE REQUESTING _____

Acknowledgment of Individual Florida PT/PTA Licensee Seeking Approval:

The information provided in this application is true and complete to my knowledge. I understand that submission for application for approval does not guarantee approval, and that it may take 6 – 8 weeks or longer to receive written and or electronic confirmation of the final decision.

Name of Person Submitting Application for Approval (Please Print): _____

Signature of Applicant:

Date: _____ FL License # _____

For Office Use Only:

Total CEHs in the following areas of certification:

<input type="checkbox"/> Clinical Practice <input type="checkbox"/> Clinical Research <input type="checkbox"/> Evidenced Based Practice <input type="checkbox"/> Professional Ethics	<input type="checkbox"/> Practice Management/ Administration <input type="checkbox"/> Basic Sciences <input type="checkbox"/> Medical Sciences <input type="checkbox"/> Florida Law re: PT	<input type="checkbox"/> Medical Errors <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> OSHA Guidelines <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Clinical Education	<input type="checkbox"/> Risk Management <input type="checkbox"/> Documentation <input type="checkbox"/> Medicare/Federal Law <input type="checkbox"/> Other: Describe:
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_____ TOTAL CONTINUING EDUCATION CONTACT HOURS APPROVED

Notes/Comments:



Credit Card Authorization Form

Please complete and fax back to **FPTA at 850.224.5281** or mail with your application.

Name: _____

Date: _____ **Amount to be Charged:** _____

Reason for Charge: _____

Credit Card Information (We accept MasterCard/Visa, Discover and American Express)

Cardholder Name: _____

Card Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Corporate Cards: Provide address where the credit card statements are received.

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

I hereby authorize **Florida Physical Therapy Association** to process payment for the above services by method of the charge card information given.

Card Holder Signature: _____ **Date:** _____

Florida Physical Therapy Association Group Federal Tax ID: 59-6135438

Note: *Your card will be charged upon receipt, unless otherwise noted. This form must accompany any order in which you would like to use a credit card. Once your credit card has been charged, this information will NOT be retained in our office.*