

# Application for IPTA Approval Continuing Education Course Offerings

Please refer to the Criteria for Approval of Continuing Education Course Offerings before filling out this form. All pertinent information should be sent to:

**Mail:** Illinois Physical Therapy Association  
ATTN: Sharon Meyerhoff  
Continuing Education Approval Request  
905 N. Main St.  
Naperville, IL 60563

**Phone:** (630) 904-0101

**Email:** [smeyerhoff@ipta.org](mailto:smeyerhoff@ipta.org)

**Fax:** (630) 423-9554

**1. Sponsor:** \_\_\_\_\_

**2. Coordinator:**

Name		Title	
Street Address			
City	State	Zip	Phone
Email Address			Fax

**3. Title of Education Offering:** \_\_\_\_\_

**4. Date(s) and Location(s) Offered:**

_____	_____	_____	_____	_____	_____	_____
Date	City	State	Date	City	State	
_____	_____	_____	_____	_____	_____	_____
Date	City	State	Date	City	State	

**5. Instruction Level:** Please check one. See Criteria for a complete description of each level.

Basic       Intermediate       Advanced       Various

**6. Intended Audience:**  PTs       PTAs       Other: \_\_\_\_\_

**7. Program Content Area:** (Choose the ONE area that most closely matches the program content)

Acute Care       Administration       Cardiopulmonary       Clinical Electrotherapy       Education  
 Geriatrics       Neurology       Orthopedics       Pediatrics       Research       Sport       Other

**8. Number of Contact Hours:** \_\_\_\_\_ (this excludes any breaks, lunches, introductions, or non-instructional activities)

**9. Previously Approved Courses:** Please indicate if this course offering has been previously approved by IPTA.

New Course Offering       Previously Approved by the IPTA

**10. Course Information:** The following information must be included with new applications. Please refer to the Criteria for a complete description of each item below. The information provided in marketing materials or brochures may not be sufficient for the purpose of this review. The IPTA cannot process incomplete applications.

- a. **Course Description**
- b. **Measurable Course Objectives**
- c. **Time Schedule & Program Content**
- d. **Format and Method of Instruction**
- e. **Instructors' Curriculum Vitae**
- f. **Sample of Course Evaluation Form**
- g. **Reference List/Bibliography List (must include three references within the last 5 years)**
- h. **Application Fee**  
Fee per course made payable to the Illinois Physical Therapy Association. Add a \$50.00 "rush" fee for applications received less than 30 days prior to the course offering date.
- i. **Marketing Method Used** (ie flyer, email, website)

**11. Disclosure Statement:** (Please check one)

- The presenter of this continuing education program **HAS NO** proprietary interest in a product, instrument, device, service or material discussed during this event. This interest encompasses grant/research support, consultation, honorarium, stock or other financial/material support.
  
- The presenter of this continuing education program **HAS** a proprietary interest in a product, instrument, device, service or material discussed during this event. This interest encompasses grant/research support, consultation, honorarium, stock or other financial/material support. In advance of the learning event, the provider will disclose his/her proprietary interest and the source of any compensation related to the presentation. **Enclosed with this application is the statement describing the presenter's proprietary interest.**

**12. Coordinator Statement:** Please sign the statement agreeing to all of the terms and conditions listed below.

**As Coordinator, I agree to perform the following:**

1. Implement the educational offering.
2. Maintain accurate participant records for a minimum of five (5) years.
3. Respond to requests for records.
4. Issue a certificate to each participant who successfully completes the course which contains the following:
  - Name and Sponsoring Agency
  - Title of Educational Offering
  - Date and Location of Presentation
  - Name and Signature of Coordinator or Sponsor Representative
  - Name of Participant
  - CE Credit Awarded
  - Statement of Approval by the Continuing Education Committee of the IPTA
5. The following statement must be included on any marketing material/brochures: ***"This course content is not intended for use by any participants outside the scope of their license or regulation."***
6. The following statement may be included in course publicity and **must** be shown on course certificate issued to participants:  
***"The Illinois Chapter Continuing Education Committee has approved this course according to the Criteria for Approval of Continuing Education offerings established by the Illinois Physical Therapy Association."***
7. I, the sponsor, understand that course approval decisions are based on information in hand on the date below. Changes must be submitted for re-review to the Continuing Education Committee for an additional fee. In addition, I understand that I am responsible for verifying attendance and maintaining records for each program.

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Signature of Coordinator

Date

# Application Fee

## PLEASE SELECT ONE

- Application Fee (\$100)  
Must be postmarked at least 30 days in advance of course offering
- Application Fee **PLUS Advertising** (\$150)  
IPTA web ad ([www.ipta.org/events](http://www.ipta.org/events)). Approval process may take up to 30 days. Ad can only be offered after approval, so submit as early as possible for full advertising advantage. All ads are posted by the IPTA using a standard template.
- Application Fee **PLUS Rush Processing** (\$150)  
For course dates that do not meet the advance 30 day notice requirement. Advertising is not offered with this option.
- Application Fee **PLUS Rush Processing & Advertising** (\$200)  
For course dates that do not meet the advance 30 day notice requirement. All ads are posted by the IPTA using a standard template. Choose this option if you want your application with ad to be given top priority ahead of all other regular applications.

**Please fill out credit card information on next page.**

# Credit Card Information

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Name on Credit Card

Please check one:  Visa  MasterCard  Discover  American Express

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Credit Card Number

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Expiration Date

Amount

---

Signature

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Check box for receipt  Email for receipt:

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## Marketing & Advertising

If you have purchased a Continuing Education Ad with your course approval, please send the following information in an email to the Chapter office at [ipta@ipta.org](mailto:ipta@ipta.org) once your course has been approved. Course approval process may take up to 30 days. Ad can only be offered after approval, so submit as early as possible for full advertising advantage. All ads are posted by the IPTA using a standard template.

The subject line of emails should be “[NAME OF COURSE], CE Advertising Content” and each email should include:

### Email Content

- Course Name
- Presenter(s) & Titles
- First Course Date & Location (please list in the format below)
  - [COURSE DATE]
  - [VENUE NAME]
  - [VENUE ADDRESS]
  - [CITY], [STATE] [ZIP CODE]
  - [VENUE PHONE NUMBER]
- Contact Information
  - [CONTACT NAME]
  - [CONTACT EMAIL]
  - [CONTACT PHONE NUMBER]

### Email Attachments

- Word Document with:
  - Course Title
  - Presenter(s) & Title(s)
  - Course Description
  - Course Objectives
  - Course Date(s) & Location(s) (please list in the format below)
    1. [COURSE DATE]  
[VENUE NAME]  
[VENUE ADDRESS]  
[CITY], [STATE] [ZIP CODE]  
[VENUE PHONE NUMBER]
    2. [COURSE DATE]  
[VENUE NAME]  
[VENUE ADDRESS]  
[CITY], [STATE] [ZIP CODE]  
[VENUE PHONE NUMBER]
- Link to Website
- PDF of Marketing Brochure/Flyer

# Criteria for Approval of Continuing Education Offerings

1. **The Sponsor** is an individual or company that has administrative and financial responsibility for the program. All course approvals are non-transferable and do NOT constitute a co-sponsorship agreement with the Illinois Physical Therapy Association.
2. **The Coordinator** is an individual designated by the sponsor and agrees to perform all of the tasks outlined in the Coordinator Statement. The Program Coordinator Statement is listed in item #12 of the Application. It is the responsibility of the Coordinator to read, understand and comply with the procedures within this document.
3. **The Title of the Educational Offering** is descriptive of the content to be presented. According to the *Rules for Administration of the Illinois Physical Therapy Act* established by the Illinois Department of Finance and Professional Regulation, "All CE activities shall be relevant to the advancement, extension and enhancement of providing patient/client management, including but not limited to physical therapy examination, evaluation, intervention, and prevention and providing physical therapy services or fulfilling the other professional roles of physical therapist or physical therapist assistant. Courses not acceptable for the purpose of this definition include, but are not limited to, estate planning, financial planning, investments, and personal health..."
4. **The Dates and Locations Offered** refers to the date, city, and state where the course is being presented. The course may be offered multiple times during the approval period, providing it maintains the exact same sponsor, instructor(s), title, content and time schedule. Include all dates and locations on a separate page, if the allotted space is inadequate. To add additional dates for a course that has been approved, please notify the IPTA Office. The Illinois Physical Therapy Association (IPTA) does not approve courses retroactively. **Advertisement of your course(s) is available in the PT Priority and on the IPTA website for an additional fee.**
5. **The Instructional Level** is the assumed level of knowledge that the participants have before taking the course. The four Instructional Levels are outlined below:
  - Basic (1)** - This level assumes that participants have little information within the areas to be covered so that the focus of the activity is a general orientation and increased awareness.
  - Intermediate (2)** – This level assumes that the participants have a general familiarity with the topic, so it focuses on increased understanding and application.
  - Advanced (3)** – This level assumes thorough familiarity with the topic and focuses on advanced techniques, recent advances, and future directions.
  - Various (0)** – This category indicates that a single level cannot be determined. It is intended for programs in which the instructional level may vary.
6. **The Intended Audience** is the group(s) of professionals that would benefit most from the course offering. According to the Rules for Administration of the Illinois Physical Therapy Act, "All programs shall be open to all licensed physical therapists and physical therapist assistants and not be limited to the members of a single organization or group."
7. **The Program Content Area** is the area of concentration reflected by the content of your course offering. Choose the one area that most closely matches your program's content.
8. **The Number of Contact Hours** you are applying for is the total time spent in instructional activities excluding time spent for lunch, breaks, registration, social functions, networking and other non-instructional activities. For courses that are one (1) hour in length, at least 50 minutes of an hour must be spent in learning activities in order for the session to be valued at 1 contact hour. The Illinois Rules specify that for courses longer than one hour, CE credit will be allocated in half-hour increments. For the purposes of rounding, 50 minutes of an hour must be spent in learning activities in order to round up to the next hour.

9. **The Number of Contact Hours** you are applying for is the total time spent in instructional activities excluding time spent for lunch, breaks, registration, social functions, networking and other non-instructional activities. For courses that are one (1) hour in length, at least 50 minutes of an hour must be spent in learning activities in order for the session to be valued at 1 contact hour. The Illinois Rules specify that for courses longer than one hour, CE credit will be allocated in half-hour increments. For the purposes of rounding, 50 minutes of an hour must be spent in learning activities in order to round up to the next hour.

10. **The Course Information** refers to the documents and fees listed below that the Sponsor must include with this application. These documents and fees are necessary for a review of the course offering by the IPTA. Please read the criteria listed below for each of the nine (9) items.

a. **The Course Description** accurately identifies the material to be presented.

b. **The Measurable Course Objectives** are clearly stated and also include methods to evaluate a participant's attainment of the specified learning outcomes. State the way(s) in which you will measure the participants' knowledge and skills when the course is completed. For example you might use a written test, a question and answer session, observation of lab work, submitting an essay, etc. They must also satisfy the following additional requirements:

1. The objectives are appropriate to the content of the offering.
2. The objectives are appropriate to the level of the intended learner. The IPTA Continuing Education Committee strongly urges each sponsor to ensure that the content of the course is appropriate and relevant to the level of audience specified and that the instructor is fully aware of the composition of the audience.
3. The objectives are realistic and attainable in the time allotted.
4. The objectives are relevant to the practice of physical therapy.
5. The objectives indicate the outcomes which can be reasonably expected from participation in the course.
6. An evaluation assessment designed to measure participant achievement of stated objectives has been submitted.

c. An instructional **Time Schedule** for each day's activities is provided which delineates the breakdown of program content, activities and instructors (if more than one) by hour. All activities, both instructional and non-instructional (registration, breaks, lunch, etc.) should be included in the time schedule. The **Program Content** is clearly and specifically described and satisfies the following additional requirements:

1. The content reflects the stated objectives.
2. The content is appropriate to the level of learner.
3. The time allotment is realistic and attainable for the content described.
4. The content is relevant to the practice of physical therapy.
5. The content must be consistent with the APTA Code of Ethics and the Guide to Physical Therapist Practice.

d. **The Format(s) and Method(s) of Instruction** to be utilized are clearly stated in this document. A course offering may include one or more methods, i.e. lecture, lab, panel discussion, question and answer session, etc. to facilitate learning.

e. **The Instructors' Resumes/Curriculum Vitae** is a resume of information which establishes each instructor's qualifications in the area of content to be presented. All instructors presenting information during the course should have a resume submitted as part of this application. In addition, the sponsor must disclose, in advance of the learning event, any instructor's proprietary interest in any product, instrument, device, service or materials discussed during the event, and the source of any compensation related to the presentation.

f. **A Course Evaluation Plan or tool** is designed to evaluate the objectives, content, instructors, and relevance of the program to the individual therapist.

g. **A Reference List/Bibliography List** is an annually updated listing of documented research (i.e., articles or books) that supports the course content. Please include recent research done within the past three years.

h. **The application fee** is a non-refundable fee for each individual or repetitive course offered in Illinois within a one year approval period. Each course requires a separate application and fee. The application fee covers the cost of the application approval process only, and approval is not guaranteed.

We ask that all required documents and payment are received in our office **a minimum of thirty (30) days prior** to the date the course will be offered. Please allow at least three (3) days for mail delivery. If your application is sent to IPTA with less than thirty (30) days until the course is offered, please include an additional \$50.00 "rush" fee and be sure all required information is included with the application to avoid delay. Any applicable payment should be made

to the Illinois Physical Therapy Association and must accompany the application. The application fee is waived for course offerings from educational institutions in the State of Illinois that have a current PT or PTA program of study.

All pertinent information should be sent to:

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**ATTN: Sharon Meyerhoff**  
Continuing Education Approval Request  
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Naperville, IL 60563

**Phone:** (630) 904-0101  
**Fax:** (630) 423-9554

**Email:** [smeyerhoff@ipta.org](mailto:smeyerhoff@ipta.org)

Checks should be made payable to Illinois Physical Therapy Association.

**i. Marketing Materials/Brochures** are advertisements published by the sponsor of the course offering. Published information should include:

1. A complete description of the educational offering
2. Course objectives
3. A detailed description of program content, the time schedule, the intended audience and level of instruction
4. Names and qualifications of instructors
5. CE credit available
6. The following statement on any marketing material/brochures: **“This course content is not intended for use by participants outside the scope of their license or regulation.”**

**Letters j. and k. below are applicable to self-study applications only.**

**j. A Sample Test** is a test that is representative of the material in the actual test document that is given to participants. According to the *Rules for the Administration of the Illinois Physical Therapy Act* (section 1340.61) published by the Illinois Department of Finance and Professional Regulation there must be some mechanism (such as a post-test) used to confirm successful completion of the self-study. Satisfactory completion might be based on the completion of the course including a passing score on the posttest.

**k. A Participant Record** is a record of 6 – 10 participants containing documentation showing the actual amount of time each participant spent completing the event. A Participant Record might look like the following:

Six individuals were selected to complete a pilot course. Each participant recorded the actual amount of time spent completing the course.

Student 1	16 hours
Student 2	12 hours
Student 3	10 hours
Student 4	14.5 hours
Student 5	8.5 hours
Student 6	11 hours

The average is 12 hours and becomes the standard contact hours for the course.

**11. The Disclosure Statement** must include a statement of explanation if the second box is checked.

**12. Program Coordinator Statement** must be signed, dated and returned with this application.