

Health Professional Licensing Administration for the D.C. Board Physical Therapy

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

1	Name of Organiza	ition			
2.					
<u>~•</u>	Street Address				
3.					
	City	State	Zip Code	Area Code and Telephone #	<u>‡</u>
4. Po	erson Responsible				
	Title				
5. Pı	mt d				
5. N	umber of clock hour	s requested (r	minimum of 50 minute	es = 1 clock hours; no fractions or	breaks allowed)
7.	Course Site (City, State)		<u>(</u>	Course Date	
8. letter		n previously	approved?[]Yes[]	No If Yes, please provide a copy	of the approval



9. Is the course Beginner or Intermediate					
	method for recording attendance during the program (supply form used):				
11. Is the co	urse in-person, online or both.				
12. How doe	s this course relate to the practice of Physical Therapy?				
1. Attach	a: description of the course objectives.				
a.	an outline of the course content; (Agenda, description, website a description of the teaching methods to be employed)				
b.	a description of the teaching methods to be employed and any instructional media to be utilized.				
	Attach a time schedule for the course that describes how the course time will be utilized.				
d.					
e. f.	Attach a copy of a Pre and PostTest. Attach a copy of the evaluation form.				
1.	Attach a copy of the evaluation form.				
g.	Course Certificate- stated by the course instructor, clearly states the organization providing of the				
1.	course; signed by the course instructor, clearly states the organization providing the course.				
h. i.	CV of the course of all instructors(s)				
j.	Anticipated number of participants:				
3	· · · · · · · · · · · · · · · · · · ·				



Signature of Person Submitting this Application	Title	
	Date	

This approval is good as long as there are not any changes to either the program content or the instructors for the program.

* Only the following types of continuing education programs are pre-approved and approval for acceptance in the District of Columbia: All continuing education programs provided directly by the American Physical Therapy Association (APTA), APTA Approved Providers, state or local occupational therapy associations, accredited healthcare facilities, and accredited colleges or universities.



