

To whom it may concern,

Thank you for your interest in pursuing Rhode Island Chapter of The American Physical Therapy Association approval for your course. We strive to provide and support quality educational and informative seminars and courses for our membership. We ask that you please completely review and complete the attached information in order to proceed with the approval process.

Approval by the RIAPTA provides a number of promotional opportunities and will allow you to better market your course / seminar to members of the chapter. Approved courses are advertised on the chapter website with a listing providing information regarding registration, location, times as well as a citation as approved course work in conjunction with continuing education requirements across the state. Approved courses are certified to list on pertinent brochures and advertisements their affiliation as an approved course with the RIAPTA.

Please feel free to direct questions regarding RIAPTA course approval to tamara@leahymg.com We look forward to the opportunity to work with you in the provision of quality educational courses.

Respectfully

The RIAPTA Programs Committee

Rhode Island Physical Therapy Association

15 North River Rd
Tolland, CT 06084

Application and Checklist for Approval of Continuing Education Hours

Sponsor Name: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Program Title: _____

Date(s): _____ Tuition/Fees: _____

Location: _____

Contact Hours Awarded _____

Fee: The fee for RIAPTA approval of programming must be received at the time of the application. Payment may be in the form of a credit card or check through PayPal or a check may be made payable to the Rhode Island Physical Therapy Association and mailed to RIAPTA, 15 North River Rd. Tolland, CT 06084.

\$80 (1-3 hrs)

\$150 (4-7 hrs)

\$225 (8 or more hrs)

Exempt RIAPTA /APTA Component Program

If course is not approved the applicant, (course provider) will be refunded the fee less \$50.

Our PayPal email is RIAPTA@leahymg.com

The presenter must be able to provide evidence of qualifications consistent with the material presented and have at minimum two years of experience in the area of presentation. Evidence may include past presentation of material as well as publications associated with subject area.

**Rhode Island Physical Therapy Association
 15 North River Rd
 Tolland, CT 06084**

The following information or materials must be sent with the application. Approval will not commence until all materials are received by the RIAPTA

Course Sponsor

- Name
- Organization
- Address
- Telephone Number
- Fax Number
- Email Address

Program

- Contact Hours
- Objectives
- Course Outline
- Course Schedule
- Method of Instruction
- Participant Eval of Program

Program Information

- Title
- Date(s) of Program
- Location
- Fee
- Cancellation Policy

Proof of Attendance Certificate

(all of the below)

- Participants Name
- Presenters Name
- Title of Program
- Date(s) of Course
- Location of Attendance
- Number of approved contact hours/CEHS

Target Audience

- Basic
- Intermediate
- Advanced
- Open

Approved **Not Approved**

Approved Contingent On:

Reviewer Signature: _____ **Date:** _____