Rhode Island Physical Therapy Association

PO Box 459, Tolland, CT 06084

Fax: (617) 695-0144 Email: [ptceuapproval@gmail.com](mailto:nhapta@leahymg.com)

Requirement Checklist for Approval of Continuing Education Hours

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition/Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEHs awarded (1 hour equals 1 CEH):

Fee: Fee must be received with application. Credit card or check payments accepted.

Credit card payment should be made online at [www.riapta.com](http://www.riapta.com) and the receipt included with the application.

Checks should be made payable to RIAPTA and mailed to RIAPTA, PO Box 459, Tolland, CT 06084.

Course Provider\*:

□ $80 (1-3 hours) □ $150 (4-7 hours) □ $225 (7.5 or more hours)

□ Exempt RIAPTA Program/ APTA Component Program

\*If course is **not approved**, the fee less $50 is refundable.

Signature

**Mandatory Course Information**:

The following information must accompany the application.

**COURSE SPONSOR PROGRAM INFORMATION**

Name Title

Organization Date

Address Location

Telephone Number Fee Information

Email Address Cancellation Policy

Check or Copy of CC Payment Receipt

**PROGRAM TARGET AUDIENCE**

Contact Hours Basic

Course Outline Intermediate

Course Schedule Advanced

Objectives Various  
 \*Must be behavioral and objective

* Course Bibliography   
   \*a minimum of 5 peer reviewed articles published in the last 5 years to support the content of course

Instructional Method

Ratio Participant to Presenter (hands on workshop)

Participant Evaluation of Program

**REQUIREMENTS OF PRESENTER**

Please submit current CV of presenter: one of the following should be present within the CV

Qualifications Consistent with Material Presented

Two Years Experience in the Area Present

Publications or Previous Presentation in this Topic

Research in topic presented

**PROOF OF ATTENDANCE CERTIFICATE, INCLUDING**

Participant’s Name

Presenter’s Name

Title of Program

Date(s) of Course

Location of Attendance

Number of Approved CEH’s

The certificate should include some version of a Competency Disclaimer Statement – An example would be: “Information provided should be used within scope of practice”