Rhode Island Physical Therapy Association

PO Box 459, Tolland, CT 06084

Fax: (617) 695-0144 Email: ptceuapproval@gmail.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”