

Connecticut Physical Therapy Association
Quality Management & Practice Committee

15 North River Road

Tolland, CT 06084

Fax: (860)656-9069

Requirement Checklist for Approval of Continuing Education Hours

Sponsor Name: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Program Title: _____

Dates: _____ Tuition/Fees: _____

Location: _____

CEHs awarded (1 hour equals 1 CEH): _____

Fee: Fee must be received with application. Credit card/check payments should be made on PayPal (I.D. is info@ctpt.org) or mail checks made payable to Connecticut Physical Therapy Association.

Course Provider*:

\$80 (1-3 hours) \$150 (4-7 hours) \$225 (8 or more hours)

Exempt CPTA Program/ APTA Component Program

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

Signature _____

Course Information: The following must accompany the application.

COURSE SPONSOR

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

PROGRAM INFORMATION

- Title
- Date
- Location
- Fee Information
- Cancellation Policy

TARGET AUDIENCE

- Basic
- Intermediate
- Advanced
- Various

PROGRAM

- Contact Hours
- Objectives
- Course Outline
- Course Schedule
- Instructional Method
- Ratio Participant to Presenter (hands on workshop)
- Participant Evaluation of Program

REQUIREMENTS OF PRESENTER (one of the following)

- Qualifications Consistent with Material Presented
- Two Years Experience in the Area Present
- Publications or Previous Presentation in this Topic
- Evidence base practice if available
- Current CV of presenter with any of the above included is acceptable

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
- Competency Disclaimer Statement – information provided should be used within scope of practice

Reviewer Signature: _____ Date: _____

Approved

Approved contingent On:

Not Approved
