

New Mexico Continuing Education Sponsor Approval Application

The New Mexico Chapter of the American Physical Therapy Association (NMAPTA), through the continuing education committee, is an entity authorized by the New Mexico Physical Therapy Licensing Board to review and approve continuing education courses, programs and activities that contribute to the participant's professional development in the practice of physical therapy.

For CEU inquiries, such as Licensing Board Rules and Regulations, please contact the New Mexico State Licensing Board at http://www.rld.state.nm.us/b&c/ptb/. The listing of approved courses may be found at www.nmapta.org.

A. Obtaining and Submitting an Application

- 1. An application form and instruction sheet for review of a course or activity for CEUs may be obtained at www.nmapta.org.
- 2. All applications and supporting information about a course must be submitted in English.

B. Application Packet

Required Documentation: The following items must be attached to the completed application for processing. Failure to provide these items will result in the application being incomplete and the process delayed or application rejected. Application fees are non-refundable.

- 1. A copy of the current application form with all required documentation included.
- 2. A course description and learning objectives for the course.
- 3. A detailed course schedule that outlines course content and breaks
- 4. A course brochure, if available.
- 5. Identification of the target audience.
- 6. Identification of the instructional level of the course: basic, intermediate, advanced or multi-level.
- 7. A summary statement that describes how the content of the course is relevant to physical therapy.
- 8. A description of the faculty or presenter qualifications to teach the course content.
- 9. A method of evaluation of the course or program.
- 10. A mechanism for verifying participants' attendance and course completion. Example: a certificate of completion.
- 11. Bibliography of at least five references from peer-reviewed journals.

C. Application Fees

1. Reasonable and customary fees for reviewing and processing applications for CEU credit are established and collected by NMAPTA. The current application fee schedule is as follows:

1-5 Contact Hours - \$75

6-10 Contact Hours - \$125

11-15 Contact Hours - \$175

16-20 Contact Hours - \$225

Above 20 Contact Hours - \$250

- 2. Individual seeking approval for a course they attended \$40
- 3. Application fees are NONREFUNDABLE.

Submit the completed application form, application fee, and all required documentation to: newmexico@apta.org.

All applications **must** be submitted electronically.

Zip files are not permitted through our e-mail server. Therefore, if there is a problem receiving documents, someone will contact you and ask that the files be uploaded to an online Drop Box or sent on a CD or flash drive.



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Section 1: Sponsor Informa	tion			
Sponsor Name				
Contact Person				
Mailing Address				
City	State	Zip Code		
Telephone	FAX			
E-mail Address	Website			
Section 2: Program Informa	tion			
Has this program been previously	approved? []YES	If "yes" under what approval number		
Type of Program Approval: [] Traditional Onsite Course	gram Approval: raditional Onsite [] Home-Study [] Other			
Title of Program				
Location of Program				
[] City, State	[] Home Study [] Via Satellite	[] Web Based [] Other		
Date(s) and Time(s) of Program (The course will be	n be approved for one year	from date of approval).		
[] Dates for Traditional O (attach schedule if pres	ensite Course sented on multiple dates)	[] Ongoing or Home Study (specify dates for which you are requesting approval)		
Proposed Continuing Educatio (Program schedule must I education units).		ntact hours and requested continuing		
Contact hours excluding b	oreaks: hours, divide	d by 10 = CEU(s)		

Presenter (or Home Study Course Author) Qualifications

(Programs must be presented by a licensed health care provider, or by a person with appropriate credentials and/or specialized training in the field. Program providers are prohibited from self-promotion of programs, products and or services during the presentation of the program.)

Note: Any physical therapist or physical therapist assistant instructing an educational seminar, which includes hands-on demonstrations, must hold a current New Mexico license or apply for a temporary license. This temporary license may NOT be used to practice physical therapy for any other purposes than for the continuing education program for which it was issued. (Instructor application available on the New Mexico Physical Therapy Licensing Board's web page under "Forms")

Mexico Physical Tr	Mexico Physical Therapy Licensing Board's web page under "Forms")						
Please list qualification	s below or att	ach, as necessary:					
,		,					
Instructional Level [] Basic	[] Intermediate	[] Advanced	[] Multi-level			
Learner Objectives			() ()				
,	•	•	to the physical therap nagement, behavioral s	<i>y</i> .			

Please list course objectives below or attach, as necessary:

the participants should acquire during the course.)

Instructional Methods

(Examples: lecture, live or taped demonstrations, laboratory, reading of printed material and illustrations, etc).

science. Learner objectives must be clearly written to identify the knowledge and skills

Please list course description below or attach, as necessary. Also, please attach a bibliography of at least 5 references from peer-reviewed journals.

Evaluation Procedures

(Describe how the presenter will determine whether the course objectives have been met. Examples: written test, observation of laboratory work, oral questions, etc. The procedures used to assess a licensee's participation and attainment of objectives must be described).

Please list course evaluation procedures below and attach samples.

Please review the cover page to ensure you have attached all required documentation. Failure to provide these items will result in the application being incomplete and the process delayed or application rejected.					
Section 3: All Applicants	Must Com	plete This Section			
Application must be accompa orders are not accepted.	nied by a ch	neck, money order or cr	edit card payment. Purchase		
NOTE: The application fee is	not refundal	ble even if approval is r	not granted.		
I certify that the information p	rovided in th	is application is true an	d correct.		
Signature		Date			
Printed Name					
Title					
Payment: ☐ Check	□ Visa	☐ MasterCard	☐ American Express		
Total Cost:	_				
The approval process will r	ot be initia	ted without payment.			
Please make checks payak	ole to NMA	PTA. Checks should	be sent to:		
		NMAPTA airfax Street, Suite 20 andria, VA 22314	5		
If sending by UPS/FedEx, p	olease sen	d to:			
		NMAPTA airfax Street, Suite 20 andria, VA 22314	5		
Credit Card Number:			Exp. Date:		
Print Name of Cardholder:					
Cardholder Signature:					
Billing Zip Code:					

Office use only Date Rcvd____ Tracking Number____