

!!ATTENTION!!

Please read this application in its entirety prior to sending it to CPTA for review.

ALL documents listed are required (unless otherwise noted).

ALL documents require specific elements to be included.

Have you included:

- The course brochure/course announcement, with the program schedule and course objectives included?
- The course bibliography/reference list?
- ALL speaker & lab assistant CVs/Resumes?
- Evaluation form?
- Certificate of Completion?
- Presenter PT license numbers & Informed consent form (only required if clients/patients/attendees are being used for demonstration)?

Until all required documents and elements are received by the CPTA, it will not be sent for review.

For questions regarding the Application Process or Processing Timeline, please visit our [General Questions FAQ](#) page on our website.

For questions regarding the Content of the Application and Definitions, please visit our [Application Content FAQ](#) page on our website.

If you have additional questions, please contact [Kristy Murchison](#).

Continuing Education Approval Application - SponsorApplication fee: \$155 per course (\$25 for District/SIG continuing education programs)**See page 3 for instructions**

**** If submitting a conference or series for approval, each course must be submitted as an individual application unless the participants are required to take the entirety of the program to receive credit.**

Check off the following documents to be sure they are included with the application. Failure to include all requested documentation will result in the application being delayed or rejected. See page 2 of application for details on documentation requested. Please allow up to 60 days for processing.

- ☐ Descriptive brochure or other method used to advertise the program
☐ Program schedule, including all scheduled breaks
☐ Bibliography of supporting material for course content
☐ Presenter qualifications (*speakers AND lab assistants*)
☐ Participant evaluation form (*including required elements*)
☐ Certificate of Completion (*including required elements*)
☐ Informed consent form (*if patients or clients are being used*)

☐ **Expedite Application (Additional \$50)**
 (48/72 Hour Response – See Restrictions Below)

Revised 12/10/15

Section 1: Applicant Information

Sponsor name:

Contact person:

Mailing address:

City:

State:

ZIP Code:

Telephone:

Fax:

Email address:

Website:

Type of provider: ☐ CPTA ☐ APTA ☐ Hospital ☐ Individual ☐ District/SIG of CPTA ☐ Professional education provider
☐ Education institution with an accredited PT/PTA program ☐ Other:

Section 2: Method of Payment

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx ☐ Check made payable to CPTA

Name as it appears on credit card:

Credit card number:

CVC#:

Expiration date:

Credit card billing address:

City:

State:

Zip Code:

Signature of cardholder:

Date:

Cardholder's Email Address:

Section 3: Program Information**Title of Program:**

Speaker(s) Name(s) (Do NOT write "See attached"; all speakers must be declared on this application) (*Attach CVs/Resumes with degrees and licenses*):

Lab Assistant(s) Name(s) (Do NOT write "See attached"; all lab assistants must be declared on this application) (*Attach CVs/Resumes with degrees and licenses*):

Date(s) of program (if self-study, indicate when program will become available):

Location of course (city, state):

Type of course: ☐ Face-to-face ☐ Web-based seminar ☐ Audio conference ☐ Self-study ☐ Other:

Instructional level: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced						
Proposed continuing education units: <i>(program schedule must be attached to verify contact hours and requested continuing education units)</i> Contact hours (excluding breaks, registration, and time set aside for evaluation): _____ divided by 10 = _____ CEU(s)						
Tuition and/or fees:						
Maximum Attendance:						
Lab information: Will there be a lab? <input type="checkbox"/> Yes (please complete this section) <input type="checkbox"/> No (please continue to the next section) What type of lab will be provided? <input type="checkbox"/> Demonstration/Observation <input type="checkbox"/> Hands-On/Technique If there is a hands-on/technique lab, what will the student to faculty ratio be? _____:1 <i>(This ratio is calculated by dividing the maximum attendance allowed by the number of speakers and lab assistants listed on the application. For all courses approved through the CPTA, the student to faculty ratio must be no greater than 16:1 if there is a hands-on lab component, including courses held outside of California.)</i>						
Direct Patient/Client/Participant Care: Will patients/clients/course participants be used during the course for demonstration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach a copy of the Informed Consent Form which will be given to patients/clients/participants)</i> If yes, please list the state and license number for ALL speakers and lab assistants who will be working with patients/clients/participants, even if they are not licensed in California and whether or not they are a physical therapist or physical therapist assistant <i>(California Practice Act Section 2630.5(c): (if additional space is needed, please attach a separate sheet)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name _____ State _____ License # _____</td> <td style="width: 50%;">Name _____ State _____ License # _____</td> </tr> <tr> <td>Name _____ State _____ License # _____</td> <td>Name _____ State _____ License # _____</td> </tr> <tr> <td>Name _____ State _____ License # _____</td> <td>Name _____ State _____ License # _____</td> </tr> </table>	Name _____ State _____ License # _____	Name _____ State _____ License # _____	Name _____ State _____ License # _____	Name _____ State _____ License # _____	Name _____ State _____ License # _____	Name _____ State _____ License # _____
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Assessment Procedures: Describe how the speaker(s) will assess whether the learning objectives have been met. <i>Examples: Written test, observation of laboratory work, oral questions, etc.</i>						
<input type="checkbox"/> Check if course has been previously approved by CPTA <i>(prior approval does not guarantee renewed approval)</i> CPTA approval number: _____ <input type="checkbox"/> Check if approved by other organizations List: _____						
Section 4: Supporting Documentation						
Presenter qualifications: Please attach curriculum vitae/resume or statement of qualifications for <u>each</u> speaker AND lab assistant <i>(not to exceed 10 pages in length)</i> . Include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience, and experience relevant to teaching course material. If applying for a self-study course, the course or module author must demonstrate expertise in the topic area.						
Descriptive brochure/course announcement: Attach the brochure or course announcement used to publicize the course. If the course is being advertised on a website, submit screenshots which show all of the required elements. Do NOT expect or assume your website will be seen during the review of your application. It is your responsibility to attach a brochure or screenshot. The following information <u>must</u> be included on the brochure/course announcement: <ul style="list-style-type: none"> Date and Location Speaker names, titles, and qualifications Learning objectives (must be clearly written to identify the knowledge and skills the participants should acquire during the course) Program schedule Type of instructional method(s) (lecture only, lecture w/demonstration, lecture w/hands-on/technique lab) Student-to-faculty ratio <i>(only necessary if course contains a hands-on/technique lab)</i> <p>Program content must be easily recognizable as pertinent to the physical therapy profession and in the areas of clinical application, clinical management, clinical research, clinical, behavioral, or basic science, or professional ethics and practice management (includes federal and state law, risk management, documentation, and reimbursement).</p>						

Bibliography of supporting material for course content:

The bibliography must include at least 5 works published within the last 5 years and should include peer-reviewed articles that were used to create and support the content of the course. The bibliography is separate from works published by the author. The bibliography must be legible. If the bibliography is presented on a PowerPoint slide, please copy and paste to a word document.

Participant Evaluation Form:

Attach a copy of your program evaluation form. Sponsors are required to send a summary of the participants' evaluation within 60 days following completion of the course.

The following questions are required elements which must be on the evaluation form:

- Were the course objectives met?
- Was evidence provided to substantiate material presented?
- Were personal experience and observation the primary source of information?
- Was a commercial product promoted?
- If yes, did you feel that product promotion was the sole purpose of the course?

Certificate of Completion:

Attach a sample *Certificate of Completion*. The PT Licensing Board of California requires all licensed PTs and PTAs in the state to maintain records of all continuing competency courses they complete.

The following items are required elements which must be on the sample certificate per the PT Licensing Board of California:

- Course Title
- Course Sponsor Name
- Course Date(s)
- Number of CEUs or Contact Hours Earned
- CPTA's CEU Approval Number

Program sponsors, speakers and lab assistants are prohibited from self-promotion of programs, products, and/or services during the presentation of the program.

By signing this application I certify that:

- *All information is true and correct.*
- *This course does not promote the sale of a commercial product.*
- *If patients or clients are being used, ONLY the faculty member(s) with current Physical Therapy license(s) will provide patient care.*
- *All necessary documents are attached and contain all required elements.*

Signature _____

Date _____

Application Process

1. Application must be completed by the course sponsor. Sponsor is defined as the organization which processes payment for the course, manages payment and issues credit to the participants.
2. Once the application is received in the CPTA office, an initial screening will be conducted of the application to ensure completeness. If there are issues with the application or changes to be made, you will be contacted via email.
3. Payment will be processed upon receipt in the CPTA office. No refunds will be issued once payment is processed, including in the event the application is denied.
4. Once the application has been processed and deemed complete, it will be sent for review, the Review Committee has up to 30 business days to issue an initial response.
*****Expedited Applications:** If the application has **LESS** than 10 speakers, it will be processed and a response will be sent within 48 hours (business days only). If the application has **MORE** than 10 speakers, it will be processed and a response will be sent within 72 hours (business days only).
 - a. 48 or 72-hour time period does NOT include weekends or holidays.
 - b. Expedited service is only available for the initial review process. If an application is denied, it will be subject to the denial process (stated below).
 - c. CPTA will be closed from December 23, 2016 to January 1, 2017. Therefore, the last date to submit an expedited application will be December 19, 2016.

Submitting your application

Applications must be submitted to the CPTA office **at least one week prior to the start of the course.**

Mail

Complete and mail **one (1) copy** of the application **and** requested documentation to:

California Physical Therapy Association
1990 Del Paso Road
Sacramento, CA 95834

Fax

Complete and fax **one (1) copy** of the application **and** requested documentation to (916) 646-5960.

Email

Complete and email the application and all requested documentation in a single pdf file and send to Kristy Murchison at kmurchison@ccapta.org.

IMPORTANT: Leave the payment area BLANK. Our office will contact you to take payment over the phone.

Approvals

If approved, your course approval will be valid for one year from the date of the first course offering. Approvals are valid at any location the course sponsor provides the course offering as long as the content and speakers were approved in the original application.

You will be required to submit your Summary of Evaluations within 60 days following any course offering. Failure to submit your summary could result in future applications being denied.

Denials

If approval is denied, you will have 30 days to correct the application and submit additional materials, and it will be reconsidered. The CPTA will respond to the Course Sponsor within 30 days from receipt of additional documentation. Reasons for denial may include but are not limited to:

- Program material and/or learning objectives not relevant to the field of Physical Therapy
- The course promotes the sale of a commercial product
- Speaker(s) or lab assistant(s) not qualified to present course material
- Speaker(s) or lab assistant(s) conducting direct patient care did not provide a valid Physical Therapy License number
- Student-to-faculty ratio is excessive when a technique/hands-on lab is being utilized
- The bibliography does not provide sufficient, current evidence to support the course content
- Requested documentation is missing from the application

Application Amendments

If a modification to the course title, instructor(s), lab assistant(s) or number of contact hours is needed, please download our CEU Amendment Application from our website and submit the new information with a \$30 approval fee. Expedited service is available for an additional \$50, and is subject to the same regulations listed under number four above.

Advertising

Once your course is approved, all upcoming course dates will be listed in our database of approved course listings. If additional course dates are offered, please email them to Kristy Murchison to add them to the database.

Additional advertising options for your course are available to purchase on the [CPTA website](http://www.ccapta.org).