## Massachusetts Physical Therapy Association 15 North River Road

15 North River Road Tolland, CT 06084 Fax: (860)656-9069

## Requirement Checklist for Approval of Continuing Education Hours

Sponsor Name:
Contact Person:
Phone: Email:
Address:
<del></del>
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. Checks should be made payable to APTAMA and mailed to 15 N. River Rd., Tolland, CT 06084
□ \$80 (1-3 hours) □ \$150 (4-7 hours) □ \$225 (7.5 or more hours)
Credit Card Information:
Type: MC VISA Discover Name on Card:
Account # Ex Date: CV
Mailing Zip Code
Signature
Course Information: The following must accompany the application.
COURSE SPONSOR  Name Organization Address Telephone Number Email Address

PROGRAM INFORMATION    Title   Date   Location   Fee Information   Cancellation Policy
TARGET AUDIENCE  Basic Intermediate Advanced Various
PROGRAM  Contact Hours Objectives *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 Course Outline Course Schedule 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"