

Wyoming Board of Physical Therapy

Emerson Building RM 104
2001 Capitol Avenue
Cheyenne, WY 82002
(307) 777-5403

Statement of Continuing Education Activities

NAME: _____

To ensure you receive CEU credit, you must provide your type and number. PT PTA Number: _____

According to Chapter 6, Section 3 of the Wyoming State Board of Physical Therapy Rules and Regulations, "license and certificate holders shall provide a signed and notarized statement on the form provided by the Board listing the continuing education courses upon renewal. The Board, in its discretion, may require additional evidence necessary from a license or certificate holder to verify compliance."

Note: Successful completion of the jurisprudence exam is required and shall satisfy two (2) of the required twenty (20) hours. You may download the exam from the website <http://plboards.state.wy.us/ptherapy/renewal.asp>.

Type or print neatly, illegible forms cannot be processed. If additional space is needed, photocopy an additional sheet and attach. Continuing education must have been taken between **October 2, 2012 and October 1, 2014** in order to count toward renewal.

This form and the jurisprudence exam must be submitted in addition to your renewal application and fee. If it is not, your renewal will be considered incomplete and your license or certificate will expire

All information for each activity submitted as continuing education must be itemized below.

DATE(S)	COURSE/ACTIVITY	PROGRAM SPONSOR	HOURS

Total hours submitted _____

WARNING

Making a false statement on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. 6-5-303.)

AGREEMENT, AFFIDAVIT AND NOTARIZATION

In signing this statement, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming State Board of Physical Therapy, and W.S. 33-25-101 through 116.

Signature of Applicant

Date

STATE OF: _____

COUNTY OF: _____

Signed and sworn to or affirmed before me on _____, 20____, by

Notary Public

SEAL

My Commission Expires: _____