

Sponsor Application (Form 1-2009)

Sponsor:

We are including this cover page to assist you in completing the attached application. This application is only for sponsors; which means you will be issuing credit to your participants. This application is based on mandatory continuing education requirements for licensed Texas physical therapists and physical therapist assistants as specified in the rules of the Texas Board of Physical Therapy Examiners (TBPTE), §341.3, Qualifying Continuing Education Units.

If you are a participant of a course that is not currently approved, or an individual seeking approval, please use the CEAP Application Form 2-2009. This form is available at www.tpta.org under the continuing education link.

Text in this form appearing in *small italics* is excerpted or summarized from the rules as set out in the Texas Administrative Code. To see the full text of the TBPTE rules for section 341.3 visit www.tpta.org and click on the CE tab.

Documentation: The following items **must be attached** to the application. Failure to include documentation will result in the application being **delayed** or **rejected**.

Please check off the following documents to be sure they are included with the application in the order they are listed:

- Presenter(s) C.V.s, resume or biography. **Please limit Presenter Qualifications to 2 pages.**
- Course Objective and outline of program content.
- Program schedule, including all scheduled breaks. (This information is used to calculate contact hours).
- Sample participants' evaluation. (This is the form the participants use to give feedback to the sponsor).
- Sample certificate of completion. (If applying for individual approval, a copy of the certificate of completion is needed). **Sponsors: All certificates of completion must include the following information: 1) Sponsor Name; 2) Title of course; 3) Participant's Name; 4) Participant's License Number; 5) Course Approval Number; 6) Contact hours/CEUs; 7) Date and location the course was held/will be held; 8) Signature block of the person authorized to sign certificates**
- Fees – Based on scale dependant on contact hours. *See Fee Sheet and don't forget to include payment.*

If a brochure is available, please provide a single sided copy of each page. Other supporting documentation may also be submitted. **If all information is not included, your application will not be processed.**

Note: Please do not print or copy this application on double sided sheets. **Only single pages will be accepted.**

Supplemental Ethics Approval will require a separate application. Please download Ethics Application (Form 8-2009).

Applications will not be processed if the payment and fee sheet is not enclosed.

Make check payable to: Texas Physical Therapy Association

Submit the completed form and all attachments to:

Continuing Education Approval Program
Texas Physical Therapy Association
701 Brazos Street, Suite 440, Austin, Texas 78701

Purchase orders are not accepted.
If you send one, the application will be returned to you.
If you have any questions please contact us at (512) 477-1818

Sponsor Application (Form 1-2009)

Section 1 – Sponsor Information: All applicants must complete this section. (Please read all Sections)

This application is being submitted by the Sponsor of the course.

Sponsor Name

Contact Person

Mailing Address

City

State

ZIP

Person to Person

For use by TPTA Staff

Telephone number:

General Customer Service

Website:

Telephone:

Fax:

E-mail address:

Section 2 -- Co-Sponsor Information (if applicable)

Co-Sponsor Name

Co-Sponsor Contact Person

Mailing Address

City

State

ZIP

Person to Person

For use by TPTA Staff

Telephone number:

Telephone

FAX

E-mail address:

Website:

Office use only
Number of Applications:

Check Amount:

Check Number:

Section 3 -- Education information: All applicants must complete this section.

Program Information

Has this program been previously approved? YES NO

Type of Program Approval

If "yes" under what TPTA approval number: _____

Traditional Onsite Course: Live Presentation

Home-Study: Printed Material Web Based Text

Live Web Broadcasting Via Satellite

Web Based Video/Audio Webinar

Are you applying a one-year approval period or a two-year approval period? 1 Year 2 Year

Title of Program:

Date(s) and Time(s) of program (*STATE REQUIREMENTS: A program may be provided more than one time and at different locations within one year from the date that the program is offered without payment of additional fees.*)

Date approval is to begin (recommend it be the date of first course offering.)

If no date is given, the course will be valid for one year from the date it is approved. _____

Dates and Locations of Program for Traditional Onsite Course

Dates (MM/DD/YYYY), City, State, Zip Code (Attach schedule if presented in multiple locations.)

- 1.
- 2.
- 3.

Ongoing or Home Study (Specify dates for which you are requesting approval to begin.) _____

Proposed Continuing Education Units (Program schedule must be attached to verify contact hours and requested continuing education units.) Hours are calculated and expressed in decimal format i.e. 30min.= 0.5 hours then, divided by 10 to determine CEU's.

Home Study: Number of Pages _____
Must include a table of contents

Traditional Onsite Course: Schedule included

Web Based: Number of Words _____

Letter explaining how hours were calculated

Total Contact hours excluding breaks: _____, **convert to decimal format:** _____, **divided by 10 =** _____ **CEU(s)**
(e.g. Total Contact hours excluding breaks: 1:15, convert to decimal format: 1.25, divided by 10 = 0.125 CEU's)

Presenter Name (or author for home-study program)

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

How is this presenter(s) qualified to teach this subject and why?

(Please include written attachments to support)

Instructional level Basic Intermediate Advanced Various

(STATE REQUIREMENTS: The content must be identified by instructional level.)

Learner Objectives *(STATE REQUIREMENTS: Program content must be easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, or science, or risk management... Additionally, program providers are prohibited from self-promotion of programs, products and/or services during the presentation of the program... Program objectives must be clearly written to identify the knowledge and skills the participants should acquire and be consistent with the stated instructional level.)*

Complete this sentence:

At the conclusion of this program, the learner will be able to....

TPTA recommends that program objectives be measurable, scientific or educational in nature.

How is this course relevant to the practice of PT?

(Please include written attachments to support)

Instructional Methods *(Examples: lecture, live or taped demonstrations, laboratory, reading of printed material and illustrations, etc. STATE REQUIREMENTS: The instructional methods related to the objectives must be identified and be consistent with the stated objectives.)*

Participants' Evaluation of the Program *(Describe how participants evaluate the course and presenter. Attach a sample evaluation form. STATE REQUIREMENTS: The participants must evaluate the program. A summary of these evaluations must be available to the board-approved organization upon request. For traditional onsite courses, send a summary of the participants' evaluations within 45 days following completion of the course. For home study and web-based courses, send a summary at least every 120 days.)*

Section 4 – Record Keeping Information: All Sponsor must complete this section.

STATE REQUIREMENTS: Records of each participant who attains the program objectives must be maintained for four (4) years. A Summary of evaluations and list of participants are due 45 days after the completion date of the course.

Name of the organization responsible for maintaining participants records?

How are records maintained?

Where are records maintained?

How long are records maintained?

(Should be for at least 4 years)

Name of the person who is responsible for maintaining participant records? _____

Phone Number:

Email:

Individuals authorized to sign Completion Certificates must sign below and attach a sample certificate of completion.

Name	Signature

Section 5 –Signature: All applicants must complete this section.

I understand and certify that the information provided in this application is true and correct and that if audited I will comply with any request for additional information in the time specified. I further acknowledge that if there are any changes in the administration of this course/program I will promptly notify TPTA of those changes.

Signature

Date

Printed Name

Title

Please do not forget to sign above or your application will be delayed!

Have you included your fee sheet and payment? YES NO

Note: If the above-mentioned items are not included with your application, approval may be delayed or your application returned to you.

Continuing Education Approval Program

Administered by the Texas Physical Therapy Association
701 Brazos Street, Suite 440, Austin, Texas 78701
512-477-1818 www.tpta.org

Please Read

All Instructions

Peer-Review System (PRS) CEAP Fee Sheet

One fee sheet is required for each application

<p>Payment Information:</p> <ul style="list-style-type: none"> ➤ Payment MUST accompany the application. ➤ PURCHASE ORDERS ARE NOT ACCEPTED. 	<p>Payment may be made by check or money order payable to the <u>Texas Physical Therapy Association.</u></p>
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Date:
Sponsor/Institution Name:
Name of person/participant submitting application:

Please check the box or boxes that apply. *(More than one may be selected)*

I am an individual seeking an Individual Approval for a course that I attended.
 _____ Individual Peer-Reviewed application fee is \$40.00
 (Please initial)

_____ College Course Review fee is \$30.00
 (Please initial)

I am a Sponsor seeking an Individual Approval for the presentation, authorship or the development of a course for my presenter(s).
 Individual Approval Fee is \$40.00 I am paying the individual approval fee: \$_____. _____
 (Please initial)

I am a Sponsor seeking a Supplemental Speaker Approval.
 Supplemental Speaker Fee is \$20.00 I am paying for _____ for a total fee of \$_____. _____
 (the number of courses) (Please initial)

I am a Sponsor seeking approval for peer review. *(please see table below for pricing)*
Peer Review Sponsor Fees *(the following fees are nonrefundable)*
(please select check the appropriate CEUs and one or two years)

CEUs	<input type="checkbox"/> One Year Fees	<input type="checkbox"/> Two Year Fees
<input type="checkbox"/> 0.39 or less CEUs	\$55.00	\$83.00
<input type="checkbox"/> 0.4 – 0.79 CEUs	\$90.00	\$135.00
<input type="checkbox"/> 0.8 – 1.19 CEUs	\$130.00	\$195.00
<input type="checkbox"/> 1.2 – 1.59 CEUs	\$170.00	\$255.00
<input type="checkbox"/> 1.6 – 1.99 CEUs	\$170.00	\$255.00
<input type="checkbox"/> 2.0 or more CEUs	\$200.00	\$300.00

I will be paying by: Money Order No: _____ Check No: _____
 Payment made by check or money order should be made payable to **Texas Physical Therapy Association**

For Official Use Only

Invoice:

Total:	_____
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