

## Individual Application (Form 2-2009)

Individual:

We are including this cover page to assist you in completing the attached application. 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 (TBPE), §341.3, Qualifying Continuing Education Units.

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 TBPE rules for section 341.3 visit [www.tpta.org](http://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:**

- 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).
- Copy of Original Certificate of completion. **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) Contact hours/CEUs;**  
**6) Date and location the course was held/will be held; 7) Signature of the person authorized to sign certificates**
- \$40.00 Payment and Fee Sheet

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.**

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

**Supplemental Ethics Approval:** If you are applying for approval for an Ethics course and want it to be considered for supplemental approval as meeting the TBPE criteria for the ethics and professional responsibility CE requirement, please visit [www.tpta.org](http://www.tpta.org) and click on the CE tab to find **ALL** the components that need to be included in the objectives of the course. Check the box under Section 3, "Title of Course" to annotate that you are applying for Supplemental Ethics approval.

Applications will not be processed if payment and Fee Sheet are 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

**Individual Application (Form 2-2009)**

<b>Section 1 – Sponsor Information: All applicants must complete this section. (Please read all)</b>		
This application is being submitted by an individual seeking CEU's .		
Sponsor Name (Sponsor is the organization that you took this course with)		
Contact Person		
Mailing Address		
City	State	ZIP
Person to Person Telephone number:		For TPTA use only
General Customer Service Telephone:	Website:	
Fax:	E-mail Address:	

<b>Section 2: Participant Information</b>		<input type="checkbox"/> PT	<input type="checkbox"/> PTA
Participant Name:	License Number:		
Mailing Address:			
City:	State:	ZIP:	
Daytime Telephone:	Fax:		
E-mail Address:	Cell Phone:		

<i>Office use only</i> Number of Applications	Check Amount:	Check Number:
--	---------------	---------------

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

<b>Program Information</b>	Has this program been previously approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
Type of Program Approval	If "yes" under what TPTA approval number:
<b>Traditional Onsite Course:</b> <input type="checkbox"/> Live Presentation <input type="checkbox"/> Live Web Broadcasting <input type="checkbox"/> Via Satellite	<b>Home-Study:</b> <input type="checkbox"/> Printed Material <input type="checkbox"/> Web Based Text <input type="checkbox"/> Web Based Video <input type="checkbox"/> Webinar
<b>Title of Program: (Are you applying for Supplemental Ethics Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No)</b>	
<b>Date(s) and Location(s) of program</b> <i>(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.)</i>	
<input type="checkbox"/> Dates (MM/DD/YYYY), City, State, Zip Code (Attach schedule) Or <sup>1.</sup> <input type="checkbox"/> Ongoing or Home Study (Specify dates for which you are requesting approval to begin and end) _____	
<b>Proposed Continuing Education Units</b> (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.	
<input type="checkbox"/> Home Study: Number of Pages _____ (Must include a table of contents) <input type="checkbox"/> Traditional Onsite Course: Schedule included <input type="checkbox"/> Web Based: Number of Words _____	
<b>Total Contact <u>hours</u> excluding breaks: _____, convert to decimal format: _____, divided by 10 = _____ CEU(s)</b> <i>(e.g. Total Contact hours excluding breaks: 1:15, convert to decimal format: 1.25, divided by 10 = 0.125 CEU's)</i>	
<b>Presenter Name</b> (or author for home-study program)	
<b>Presenter Qualifications</b> <i>(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.)</i>	
<b>How is this presenter(s) qualified to teach this subject and why?</b> (Please include written attachments to support)	
<b>Instructional level</b> <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Various <i>(STATE REQUIREMENTS: The content must be identified by instructional level.)</i>	

**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....

**How is this course relevant to the practice of PT?** (Please attach written documents to support.)

**How does this course enhance your ability to provide care?** (Please attach written documents 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 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

## Peer-Review System (PRS) CEAP Fee Sheet

All Instructions

One fee sheet is required for each application

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

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:**

<b>Total:</b> _____
---------------------