

Individual Application (Form 3-2009)

(College or University Course)

Applicant:

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 (TBPTE), §341.3, Qualifying Continuing Education Units.

(1) College or university courses easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, science, or risk management may be submitted by licensees for consideration of their CE requirement.

(A) Documentation required for submission includes the course syllabus for each course and an official transcript. To be considered, the course must be at the appropriate educational level for the physical therapist or physical therapist assistant.

(2) One (1.0) CEU is credited for each satisfactorily (grade of C or higher) completed credit hour. If course contact hours are specified in the syllabus, 1.0 CEU is credited for every 10 contact hours in courses where the licensee earned a grade of C or higher.

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.

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:

- Course Syllabus
- An Official Unopened School Issued Transcript
(Please include transcript with application and payment)
- \$30.00 Payment and Fee Sheet

Special Note: Please do not print or copy this application on double sided sheets. Only single sided pages will be accepted. Electronic transcripts **will not** be accepted as an official transcript. Only one college course should be submitted per application.

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 TBPTE criteria for the ethics and professional responsibility CE requirement, please visit 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.

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

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

Individual Application (Form 3-2009)

(College or University)

Section 1: Institute Information		
School Name:		
Mailing Address:		
City:	State:	ZIP:
Telephone:	Website:	

Section 2: Participant Information		
Participant:	License Number:	
Mailing Address:		
City:	State:	ZIP:
Daytime Telephone:	Cell Phone:	
E-mail Address:	FAX:	
<i>Level of your Education:</i> <input type="checkbox"/> PTA <input type="checkbox"/> PT <input type="checkbox"/> MPT <input type="checkbox"/> DPT <input type="checkbox"/> Other _____		

<i>Office Use Only:</i> Check Number:	Check Amount:	Number of Applications:
--	---------------	-------------------------

Section 3: Course Information

Instructional Level: Basic Intermediate Advanced Various
 (State Requirement Stuff and Level Description)

Course Number and Title:

Are you applying for Supplemental Ethics Approval? Yes No
(If yes, please include any additional supporting documents)

Location of Program:
 (City/State or Web Based/Online)

Semester:
 Spring Summer I Summer II Fall Clinical Rotation

Duration of Course:
Example: Date Began to Date completed (1/21/08 to 5/8/08)

Have you included a course syllabus? Yes No

Have you included an official unopened school issued transcript? Yes No

How is this course relevant to the practice of PT?
(Please include attachments to support the relevance.)

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

Section 5: Signature

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>
---	---

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"/> <u>One Year Fees</u>	<input type="checkbox"/> <u>Two Year Fees</u>
<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: _____