

Orthopaedic Physical Therapy Continuing Education Approval Application

A program of the
Orthopaedic Section, APTA, Inc.
www.orthopt.org

updated 10/03/02 by tf

Instructions:

Complete and submit a copy of the application and requested documentation at least 20 days prior to the first day of the course.

Please check off the following documents to be sure they are included with the application. Failure to include ALL requested documentation will result in the application being delayed or rejected.

- Course description (100 words or less)
- Course Objectives
- Bibliography of supporting material for course content
- Presenter qualifications. See page 2 for detailed information.
- Participant evaluation form OR check here if you would like to use the Orthopaedic Section's evaluation form.
- Program schedule including all scheduled breaks
- Certificate of completion OR check here if you would like to use the Orthopaedic Section's certificate of completion.

Continuing Education Approval Application

Section 1: Applicant Information (All applicants must complete this section)

Sponsor Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Telephone:	Fax:	
E-mail Address:	Web site:	

"It is the position of the Orthopaedic Section, APTA, Inc. that Orthopaedic Section continuing education opportunities be available to participants outside the profession of physical therapy and that related credentialing for all participants be consistent in the areas of content, goals and objectives in accordance with the Guide to Physical Therapist Practice and the Normative Model of Physical Therapist and Physical Therapist Assistant education. Professionals other than physical therapists or paraprofessionals may participate in cognitive components (learning) but not participate in the psychomotor (laboratory experiences) components unless validated within the practice scope of their profession.

By signing this application, I certify that this course does not promote the sale of a commercial product, follows positions from APTA addressing clinical continuing education and the information provided in this application is true and correct to the best of my knowledge.

Sponsor's Signature:	Date:
Printed Name:	Title:

** CLINICAL CONTINUING EDUCATION FOR INDIVIDUALS OTHER THAN PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS HOD 06-02-26-49 (Program 60) [Initial HOD 06-01-28-28]*

It is the position of the American Physical Therapy Association that:

Physical therapists and physical therapist assistants conducting clinical continuing education courses are obligated to identify target audiences and indicate in the printed, lecture, and advertising materials, that course content is not intended for use by participants outside the scope of their license or regulation.

Furthermore, they should make it clear when teaching elements of physical therapist patient/client management that subsequent use of those elements is physical therapy only when performed by a physical therapist or by a physical therapist assistant under the direction and supervision of a physical therapist, in accordance with Association policies, positions, guidelines, standards, and ethical principles and standards.

In the interest of public safety, physical therapists and physical therapist assistants should not conduct clinical continuing education courses that teach elements of physical therapist patient/client management to individuals who are not licensed or otherwise regulated, except as they are involved in a specific plan of care, and in accordance with Association policies, positions, guidelines, standards, and ethical principles and standards.

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Section 2: Program Information (All applicants must complete this information)

Title of Program: _____

Instructional Level (please check)

- ___ Basic (1) - This level assumes that participants have little information within the areas to be covered so that the focus of the activity is a general orientation and increased awareness.
- ___ Intermediate (2) - This level assumes that the participants have a general familiarity with the topic, so it focuses on increased understanding and application.
- ___ Advanced (3) - This level assumes thorough familiarity with the topic and focuses on advanced techniques, recent advances, and future directions.
- ___ Various (0) - This category indicates that a single level cannot be determined. It is intended for programs in which the instructional level may vary.

Location of Program (City, State): _____

Dates(s) of Program (A program may be provided more than one time and at different locations within one year from the date that the program is offered.)

Dates: _____

Proposed Continuing Education Units (Program schedule must be attached to verify contact hours and requested continuing education units.)

Contact Hours (excluding breaks): _____, divided by 10 = _____ CEU(s)

Presenter Qualifications:

Please attach curriculum vitae/resume of statement of qualifications for each speaker. Include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience or experience relevant to teaching course material.

Submit Application To:

Orthopaedic Section, APTA, Inc.
Continuing Education Approval Process
2920 East Avenue South, Suite 200, La Crosse, WI 54601
800/444-3982; 608/788-3965 FAX