

**VIRGINIA PHYSICAL THERAPY ASSOCIATION
CONTINUING EDUCATION APPROVAL APPLICATION**

Applicant: We are including this cover page to assist you with completing your application. The application is based on the law passed in 2001 in the state of Virginia regarding continued competency of practitioners licensed by the Board of Physical Therapy.

The Law: The Board must address in its regulations continuing education, testing and/or any other requirement which would address the following: a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients and f) knowledge of the changing health care system.

Content of the Regulation: In order to renew a license biennially the practitioner must complete a Continued Competency Activity and Assessment Form, which is provided by the Board and must indicate completion of at least **30 hours of continuing learning activities for physical therapists and 30 hours of continuing learning for physical therapist assistants. The total hours must be made up of two types:**

Type I continuing learning activities are those documented by an approved organization to designate learning activities for credit or other value. Approving organizations must be one of the following:

- 1) The Virginia Physical Therapy Association
- 2) The American Physical Therapy Association or any of its components
- 3) Local, State or federal government agencies
- 4) Regionally accredited colleges or universities
- 5) Health care organizations accredited by the Joint Commission on Accreditation for Healthcare Organizations (JCAHO)
- 6) The American Medical Association- Category I Continuing Medical Education course
- 7) The National Athletic Trainer's Association

All of the Type I hours must be earned in face-to-face settings, interactive courses or other interaction with peers.

Physical Therapists are required to obtain at least 15 hours of Type I and Physical Therapist Assistants must obtain at least 10 hours of Type I. All required hours may be Type I.

The remainder of the required hours may be Type II continuing learning activities which may or may not be approved for credit by an approved organization but which shall be related to the practice of physical therapy. Physical therapists and physical therapist assistants shall document their own participation in Type II learning activities.

Purpose of this Application: This application is to be used for the approval of **Type I** courses only. Courses that do not meet the requirements set forth on this application may qualify for Type II consideration under the terms of the law by evaluation by the Virginia State Board of Physical Therapy.

Required Documentation: The following items must be attached to the completed application for processing. Failure to provide these items will result in the application being incomplete and the process will be delayed or application rejected. **Application fees are assessed from the date the fully completed application is received.**

- Outline of program content including course objectives. Course objectives should be behaviors that are meaningful to the participant, achievable in the time available for the course, and measurable by the presenter.
- Program schedule, including all scheduled breaks
- Attach a minimum of 5 references. References must be the most current evidence-based citations available. Peer-reviewed journal publications are preferred. References are required to either offer evidence to support the course material or to identify the lack of evidence in the literature. This will allow for course participants to adequately evaluate their continued learning experiences.
- Presenter(s) biosketch outlining qualifications. **Please limit to 2 pages per presenter.**
- Sample certificate of completion
- Sample course evaluation form

The VPTA supports the use of the APTA's Guide to Physical Therapist Practice. Please consider this when developing your course materials and attempt to use Guide terminology whenever possible.

Submit the completed form, application fee and all attachments to:

VPTA Continuing Education Committee

C/o Julia Rice

1111 North Fairfax Street, Alexandria, VA 22314-1488

If you have any questions please contact Julia Rice at 800-999-2782 ext 3235 or email vpta@apta.org

**Virginia Physical Therapy Association
Continuing Education Approval Application**

1111 North Fairfax Street
Alexandria, VA 22314-1488

ph 800-999-2782 ext. 3235
fax 703-706-8575

Section 1: Must be completed by course sponsor.

Sponsor Name		
Contact Person		
Mailing Address		
City	State	Zip
Telephone	Fax	
E-mail address	Website	
Co-sponsor name (if applicable)		
Mailing Address		
City	State	Zip
Telephone	Fax	
E-mail address	Website	

Section 2: May be completed by sponsor or presenter (if both then both must sign Section 4)

Program Information
Title of program:
Location of program: (list all locations and dates if multiple)
Date(s) and Time(s) of Program: attach schedule
Proposed number of contact hours: contact hours excluding breaks, attach schedule
Presenter(s)
Presenter Qualifications: attach biosketch. Outline specific experience of presenter in regards to this program's content and teaching methods.
References: Attach a minimum of five references related to the course material. References must be the most current evidence-based citations available. Peer- reviewed journal publications are preferred. References are required to either offer evidence to support the course material or to identify the lack of evidence in the literature.

Instructional Level:

- Beginner** **Intermediate** **Advanced**

Learner Objectives: (must relate to items a-f of the law for continued competency referenced on the cover page of this application) Course objectives should be behaviors that are meaningful to the participant, achievable in the time available for the course, and measurable by the presenter. Complete this sentence: “at the conclusion of this program, the learner will be able to...”

Instructional Methods: (examples: lecture, lab, live or taped demonstrations)

Evaluation procedures: (describe how the presenter will determine whether the learner objectives have been met. Examples: written test, observation of skills in laboratory, oral questions, etc.)

Participants’ evaluation of program: (describe how the participants evaluate the course and presenter. Attach sample of evaluation form)

Section 3:

Record Keeping Information	
Virginia State Requirements: Records of each participant who attains program objectives must be maintained for four (4) years. Participants must be issued a certificate of completion that includes a) name of sponsoring agency, b) title of educational offering, c) date and location of presentation, d) name and signature of authorized individual, e) contact hours for individual participant, f) statement of approval by VPTA	
Where/how are records maintained?	
Who is responsible for maintaining participant records?	
How long are records maintained?	
Individuals authorized to sign Completion Certificates (attach sample certificate)	
Name	Signature

Section 4:

Fee payment	
All fees payable to the Virginia Physical Therapy Association MUST accompany application. The course fee covers review of one course speaker, for each additional speaker a review fee of \$30 will apply. Fees are based on the number of contact hours applied for.	
Application made and fee paid by sponsor:	
<input type="checkbox"/> 1-4 contact hours \$180 <input type="checkbox"/> >4-12 contact hours \$240 <input type="checkbox"/> >12-20 contact hours \$300 <input type="checkbox"/> >20 contact hours \$400 <input type="checkbox"/> Additional speaker fees \$30 for second speaker and each additional	
Fees may be discounted by 10% for applications submitted greater than 60 days in advance of the course date.	
Applications made less than 15 days in advance of the course dates will not be accepted.	
Payment method:	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card # Name of credit card holder: Signature: Zip Code for card billing address:	
I certify that the information provided in this application is true and correct.	
Signature	Printed Name
Title	Date

