

**2010 APPLICATION FOR
SPONSORSHIP OF HOME STUDY
CONTINUING EDUCATION**

*Alabama Physical Therapy Association
2820 Columbiana Road
Birmingham, AL 35266-0551
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www.ptalabama.org*

FOR OFFICE USE ONLY

Notice of sponsorship by ALAPTA:
Sponsored: for _____ Contact Hours
Sponsorship Denied:
Date: _____ Staff: _____
Expiration date: _____ (24 months from date of sponsorship)
Fee received: _____
Course Approval #: _____

PLEASE TYPE INFORMATION OR PRINT LEGIBLY

NOTE: Applications submitted by individual licensees for attendance at a non pre-approved program must be received within thirty one (31) days after the date the course was completed (i.e. date on certificate) OR within thirty one (31) days after the expiration of the same licensure period in which the course was completed. Please allow 6 wks for sponsorship decision to be returned.

Requesting approval for a NEW course. **Requesting approval of a course be RENEWED**

1. Activity or Course Name:

2. Nature of Activity (see #16):

- Homestudy: (*circle*) Book/ Audio / Video / Internet
 Teleconference: (*circle*) Satellite-Live / Real Time
 Other - Please describe _____

3. Name of Course Provider:

4. Provider's Contact Person (or Licensee):

5. Phone (Area Code):

E-mail:

FAX (Area Code):

6. Provider's Mailing Address:

7. Street Address if Different (or Licensee's address):

Website:

8. Type of Sponsor/Provider:

- Physician Private PT Practitioner Rehab Company
 Nursing Home Professional CE Provider Hospital Educational Institution
 Other _____

9. Fee: Fee must be received with application in the form of a check, money order, or Visa/Mastercard made payable to:

Alabama Physical Therapy Association

\$ 100.00 (2-3 contact hours)

\$ 125.00 (4-7 contact hours)

\$ 175.00 (8 - 12 contact hours)

\$ 250.00 (13 or more contact hours)

*Note: 700-X-2-.09 -(3)(b)2.(v) states continuing education must be at least 2 contact hours or more

**If course is not approved, the fee less \$50.00 is refundable.

Discounts available for 6 or more courses submitted concurrently

10. Is this course available &/or open to the public? Yes

Courses must be open to the public to qualify under Rule 700-X-2-.09 Renewal Of License.

11. Please attach program outline that fully describes course and time devoted to each topic, including program objectives. Please estimate your **Contact Hours Requested.**

One contact hour = 50 minutes 0.5 contact hour = 25 minutes

(Do not include breaks, scheduled meal times, or time to complete course evaluations.)

_____ TOTAL CONTINUING EDUCATION UNITS FOR WHICH YOU ARE APPLYING

12. Please attach curriculum vitae/bio 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.
(A summary of this information, i.e., course brochure, is acceptable.)

13. Describe relevance of program content to the profession or practice of Physical Therapy. Attach separate sheets as necessary.

14. Describe the procedure used to assess a licensee's participation and attainment of the program objectives.

15. Provide documentation (for example, pilot trials) to support the process used to determine the number of continuing education units for which you are applying.

16. If nature of activity is a book, please provide the book to the reviewers.
If nature of activity is audio, please provide an audiotape to the reviewers.
If nature of activity is internet, please provide a link or a PDF file of materials to the reviewers.
If nature of activity is a video, please provide a video to the reviewers.

17. Has this course been approved by any other organizations? Yes No
If Yes, attach copies or approval Letters (no more than 5 please):

AL APTA sponsorship is good for 24 months following the date of approval

The information provided in this application is true and complete to my knowledge.

Name of Person Submitting Application: _____ **(Please PRINT)**

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY:

ALPTA to Reviewer:

Application received: _____

Sent to: _____

on _____

Return by: _____

FOR OFFICE USE ONLY:

Reviewer to ALPTA:

Application received: _____

Sponsored contact hours: _____

Returned on: _____

ALPTA sent to ABPT on: _____