

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE  
Credential Holder**

**Credential Holder Name:** \_\_\_\_\_ **KY License #:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Program Title:**

<b>Program Format:</b>	<input type="checkbox"/> Lecture/Lab	<input type="checkbox"/> Video	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Online	<input type="checkbox"/> Other
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**Keyword/Category:**  Cardiopulmonary  Neuromuscular  Musculoskeletal  Integumentary  
 Pediatric  Women's Health  Management  Professional Issues  Other

**Date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Speaker(s) Name(s), Title(s)**

\_\_\_\_\_

\_\_\_\_\_

**Intended Audience:**  PT  PTA  Students  Other (specify) \_\_\_\_\_

Has this program been approved for Continuing Education by another agency or association?

No  Yes (if yes please specify)

Date Approved \_\_\_\_\_ Agency \_\_\_\_\_

**Contact Hours:** (excluding meals and breaks) \_\_\_\_\_

The following information must accompany this application (attach course brochure if inclusive of information listed below):

1. Timed Outline or Agenda
2. Course Description
3. Course Objectives
4. Biographical data for each speaker to include pertinent educational and clinical experience
5. Home-study or online courses must incorporate a post-test with minimum passing score and/or a certificate of completion
6. Application fee of \$10
7. Include a self-addressed, stamped envelope for a reply

Describe how this information will be utilized in your Physical Therapy Practice:

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return to: **KPTA, 15847 Teal Road, Verona, KY, 41092, (859) 485-2812, FAX (859) 485-2813**

**Do not write below this line:**

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*For Office Use Only:*

\_\_\_\_\_ **Denied** **Reason** \_\_\_\_\_

\_\_\_\_\_ **Approved** **KPTA Approval #** \_\_\_\_\_ **Approval Expiration Date** \_\_\_\_\_

*KPTA approval # and expiration date must be included on the course completion certificate*