

**APPLICATION FOR CORPORATE SPONSORSHIP OF CONTINUING EDUCATION COURSES**

Corporation Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Day Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Statement of Acceptance of the Standards set by KPTA:

The above named corporate sponsor is committed to providing high quality continuing education courses for Physical Therapists and Physical Therapist Assistants in the Commonwealth of Kentucky for the 2 year period listed below. The KPTA standard is based on the APTA Guidelines for Continuing Education Programs. The corporate sponsor agrees to submit all required information regarding each course sponsored as listed below including course dates, contact hours of instruction and a copy of the certificate to be awarded to attendees.

In addition to the above, the following information must be submitted for each course sponsored:

1. Timed Program Outline or Agenda
2. Course Description
3. Course Objectives
4. Program Evaluation
5. Instructional Level \*
6. Biographical data form for each speaker to include pertinent educational and clinical experience
7. Home-study or online courses must include a copy of the post-test and minimum passing score and/or Certificate of Completion (sample copy)

\*Instructional level should be identified based on the following APTA guidelines

- Basic (1) - Participants have little information within the areas covered so the activities focus on a general orientation and increased awareness of the topic
- Intermediate (2) - Participants have a general familiarity with the topic and the focus is on increased understanding and application.
- Advanced (3) - Participants have thorough familiarity with the topic and the focus is on advanced techniques, recent advances, and further directions.
- Various (0) - A single level cannot be determined. Instructional level may vary.

<b>Key Word/Category:</b>	<input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Integumentary <input type="checkbox"/> Pediatric <input type="checkbox"/> Women's Health <input type="checkbox"/> Management <input type="checkbox"/> Professional Issues <input type="checkbox"/> Other
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The above named Corporate Continuing Education Sponsor agrees to meet or exceed the course requirements listed above for each course offered during the credentialing period and agrees to pay the one time sponsor's fee of \$300 for the 2 year period. Within this 2 year period, individual course materials should be submitted to the KPTA office for inclusion in the approved CE course database.

\_\_\_\_\_  
Name of Sponsor representative Date

\_\_\_\_\_  
Signature of Sponsor representative 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:*

\_\_\_\_\_  
Name of KPTA representative Date

\_\_\_\_\_  
Signature of KPTA representative Date

