

SPONSOR APPLICATION FOR CONTINUING EDUCATION UNITS

Ohio Physical Therapy Association
 1085 Beecher Crossing North, Suite B, Gahanna, OH 43230
 Telephone: (614) 855-4109 Fax: (614) 855-5914 www.ohiopt.org

Sponsor Fee Schedule

ALL FEES ARE NON-REFUNDABLE

Submit only **ONE** course / program per application

1-3 CEUS = \$100.00

3.25-7 CEUS = \$150.00

7.25-12 CEUS = \$175.00

12.25-20 CEUS = \$200.00

20.25-or More CEUS = \$225.00

*Applications should be submitted 60 days prior to the first date the course is to be offered.

**The number of CEUs approved *may not equal* the number requested by the sponsor.

***If applying for a course as a series, please see page 2 for instructions.

Applicant Information: All applicants must complete this section

Sponsor Name:

Contact Person:

Mailing Address:

City:

State:

Zip:

Telephone:

Fax:

E-mail address:

Website:

OPTA District Yes No

APTA Section Yes No

Program / Course Information - All applicants must complete this section

Please fill in requested information directly on this form

Title of Program/Course:

Instructor(s) Name(s):

Location(s) and Date(s) of Program (Please list date of **FIRST** presentation on schedule.)

Multiple Locations and Dates—the same program may be provided more than one time and at different locations within 1 year from the date the program is initially offered. CE approval is valid for 1 year from the date of the **first** course offering without additional fees. Attach schedule if presented in multiple locations on multiple dates.

City:

State:

Date:

Please note: If this is an online course, please list the first date the course can be accessed. If no date is listed, the application received date will be used.

Proposed Continuing Education Units (Attach detailed program schedule to verify contact hours)

Number of CEUs Requested: _____ (60 minutes = 1 contact hour = 1 CEU)

*The number of CEUs requested *may not equal* the number of CEUs approved. See page 4 for details.

Requirements for Continuing Education Courses

Please **submit** Items 1-10, listed below. ***Note:** If submitting this application for a **conference/symposium/program** with multiple, simultaneous/concurrent breakout sessions on varied topics, please submit listed items 1-4 for **each** session/topic. Failure to include the requested documentation **WILL** result in the application being delayed or rejected. Incomplete applications will be closed after 60 days.

1. Learning objectives.
2. Presenter's credentials and qualifications to teach, prepare or provide this course (one or two paragraphs).
3. Bibliography of at least 5 published works, published within the past 10 years, supporting the content of the course. (For details, refer to page 4.)
4. Specific course content agenda. (For details, refer to page 4.)
5. Justification of calculated hours to complete a course and/or the program course/schedule including registration, meals and all scheduled breaks if applicable.
6. Sample course evaluation form.
7. Sample certificate of completion of the course. (For details, refer to page 4.)
8. Sample sign in sheet or registration information for an online course. (***is this needed?***)
9. Evaluation statement. (Please include posttest for a distance learning course.)
10. Detailed course description: must state how/why course content is directly related to physical therapy and how content improves a participant's knowledge or skills in physical therapy.
*Sample consent for if applicable. (For details, refer to page 4.)

Requirements for a CE Course as a Series

Please **submit all required items for an on-site or home study course** listed above for a **series** offering. A series offering is defined as congruent material that is presented in several modules or short sessions over a specified period of time. A series offering should meet the following criteria:

1. The overall course description should cover one clearly identified topic
2. The learning objectives must apply to all sessions as a whole
3. Bibliography provided must support the scope of the content in the series.
4. For a live/on-site series, a clear topic agenda with timeframes must be included for each session.
5. The description of the series offering must indicate that the participant must be present at (complete) all sessions/modules. (One approval number will be assigned.)

Method of Payment:
Check / Check Number: _____ OR Credit Card
Credit Card: Visa MC
Credit Card Number:
Exp. Date:
Name on Credit Card:
Billing address if different from mailing address:

SIGNATURE of person signing course certificate or contact person for this course **DATE**

Application fee must be submitted with application.

Separate application & fee submission will prevent application processing. Submit completed application *and* application fee to:

Ohio Physical Therapy Association,
1085 Beecher Crossing North, Suite
B Gahanna, OH 43230.

For electronic submissions with payment by credit card,
please submit application to:
email: ceapps@ohiopt.org or
fax: 614.855.5914

INSTRUCTIONS FOR SPONSOR APPLICATION FORM

Documents that must be submitted with the completed application form and fee include:

- **Learning Objectives:** Must be clearly written to identify the knowledge and skills the participants should acquire during the course. (State what the participants will be able to do at the conclusion of the course, such as identify, describe, discuss, explain, compare and contrast, analyze, apply, integrate, etc.)
 - **Presenter Qualifications:** For each presenter, instructor or laboratory assistant involved in the course/program or author of the home study course, submit a descriptive statement or an abbreviated curriculum vita or resume that specifically identifies the professional background of each presenter and what qualifies him/her to teach or provide *this course*. Descriptive statements for each presenter should be 1-2 paragraphs in length; an abbreviated CV or resume should be no more than 2 pages.
 - **Bibliography:** Submit a list of at least five (5) written works/references (i.e. textbooks, articles from professional journals or other sources), published within the last 10 years, that support the content of this course/program. For textbooks, include the title, authors(s), date of publication, and name/ location of the publisher. For journal articles, include the title of the article, author(s), name and volume of the journal, year of publication and page numbers of the article. For websites, the date of access must be supplied in order to verify that the site is still current. (Effective 1/1/05)
 - **Specific Course Content Agenda:** Samples of material that represent the course content (detailed course agenda, table of contents, a chapter or chapter summaries, power point outline, disk, etc.) (CEU's are *not* awarded for breaks, meals or registration, and time set aside for course evaluation.)
 - **Sample Course Evaluation:** Submit a sample copy of the course evaluation form. The following questions are recommended:
 - 1) Were the learning objectives met?
 - 2) Was scientific evidence provided to substantiate information presented in the course?
 - 3) Was the physical setting of the course conducive to learning?
 - **Certificate of Completion of Course/Program:** Submit a sample certificate indicating the name of the course, date(s) of attendance/completion, signature of course sponsor or presenter. (Certificate presented to a participant after the course has been completed must also include the number of CEUs awarded and the Ohio approval number.)
 - **Verification of attendance:** Include a sample sign in sheet, showing how you will verify attendance.
 - **Evaluation Statement:** Describe how it will be determined that the learning objectives have been met. (Example: written (post) test, observation of laboratory work, question and answer period, etc.)
- Description of the course with a detailed explanation of how this course is directly related to physical therapy:** Content must be easily recognizable as pertinent to the practice of physical therapy. Content areas include evaluation and physical therapy interventions, clinical management, clinical research, applied or basic sciences, ethical obligations, professional responsibilities (including knowledge of federal and state law, risk management, documentation, and reimbursement) or other relevant subjects.
- **Sample Consent Form:** Submit only for a live/onsite course if patients or clients will be used for demonstrations during the course.
 - **A Course Offered as a Series:** A series is defined as congruent material covering one topic that is presented in several modules or short sessions over a specified period of time. See page 2. Individual in-services or series programs covering an array of topics presented over a specified period of time may not be submitted as one application.

For additional details, please refer to OPTA's *Policies and Procedures for Continuing Education Approval* on the OPTA website at www.ohiopt.org under "Education".