INDIVIDUAL APPLICATION FOR TEACHING OR PUBLICATION CEUS

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

Individual Fee: \$40.00 per course or activity reviewed

Discounted Fee for APTA/OPTA Members: \$25.00 per course

Submit only one course or activity per application

All fees are non-refundable

Applicant Information - All applicants must complete this section

Individual Licensee's Name:		Ohio License Number: □ PT □ PTA		□ PT □ PTA		
OPTA / APTA Member:						
Mailing Address:						
City:		State:	Zip:			
Telephone: Home:	Work:		Fax:			
E-mail address:						
Category	for obtaining CEUs	- Select ONE C	Category			
J	<u> </u>		g., y			
COURSE TAUGHT FOR ACADEMIC CREDIT						
Please submit the following with the application: 1. Learning objectives 2. Your qualifications to teach this course 3. Bibliography of at least 5 works, published within the last 7 to 10 years, supporting course content. Please see page four (4) for additional details 4. Course syllabus or schedule 5. Course description (if not included in syllabus) 6. Sample course evaluation form.						
Requested CEUs						
If you ARE a faculty member:S	emester Credits x 0.5 = _	CEUs <i>OR</i>	Quarter Credits x 0	.33 =CEUs		
If you are NOT a faculty member: No	ımber of clock hours of te	aching (classroom	and/or lab) x 1=	=CEUs		
NO MORE THAN 12 CEUS FOR PTS AND 6 CEUS FOR PTAS FOR TEACHING IN A BIENNIAL RENEWAL						

COURSE TAUGHT NOT FOR ACADEMIC CREDIT

Please submit the following with the application:

- 1. Learning objectives
- 2. Your qualifications to teach this course
- Detailed course description
 Bibliography of at least 5 works, published within the last 7 to 10 years, supporting course content. Please see page four (4) for additional details
- 5. Detailed course schedule showing registration, breaks, and meal times
- 6. Sample course completion certificate
- 7. Sample attendance sheet
- 8. Sample course evaluation form

Requested CEUs					
If this is the FIRST TIME teaching the course:clock hours of teaching x 3 =CEUs					
If this is NOT the first time teaching the course:clock hours of teaching x 0.5 =CEUs					
NO MORE THAN 12 CEUS FOR PTS AND 6 CEUS FOR PTAS FOR TEACHING IN A BIENNIAL RENEWAL					

Journal/Book Name:	
Journal/Book Name: Date of Publication:	
1. Date of Publication:	
5. Number of CEU's requested for publication: (No more than 10 CEUs)	
6. Justification of hours requested (see page 4 for details):	

Method of Payment	t:					
Check / Check Nun	nber:	OR	Credit Card			
Credit Card: Visa	MC					
Credit Card	Number:					
Exp. Date:						
3-Digit Secu	•					
Name on C	redit Card:					
SIGNATU	JRE of Individual Licensee	•			DATE	
	Ohio I	Physica eecher	oplication and al Therapy As Crossing Nor anna, OH 4323	rth, Suite B		
For questions re Ohio OT, PT, AT	egarding licensure ar Board at 614-466-37	nd licei 74.	nse renewal	please contact the P	Γ Section of the	
For office use only:						
Approval/trackii	ng number			Expiration Date		

Instructions for completing the Individual application for Teaching or Publication Units

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

- Learning Objectives: Submit a list of 3-5 learning objectives you developed for your presentation.
- **Presenter Qualifications:** Submit an abbreviated copy of your CV (no more than 2 pages) that identifies your qualifications and educational background to teach the <u>specific</u> course you presented.
- **Bibliography:** Submit at least five (5) works, published within the last 7-10 years that support information you taught. For textbooks, include the title, author(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 number of the article.
- Program/course schedule: Send a detailed schedule of the CE program/course you attended or taught.
 CEU's are not awarded for registration time, breaks, meals and time set aside for course evaluation. If you attended or taught a course at a college or university, submit detailed course syllabus/outline with class schedules.
- Sample certificate of Completion of Program/Course: Send a blank certificate of completion
- **Course Evaluation**: Send a blank copy of the course evaluation form.
- **Descriptive Brochure:** If a course brochure is available, please submit.

If submitting application for an individual publication activity:

- Submit the journal article or title page and table of contents of the book with this application
- Please see the OPTA Policies and Procedures for Continuing Education, page 8, at www.ohiopt.org.

For additional details, see "Policy on Teaching Activities" in the *OPTA Policies and Procedures for Continuing Education* document at www.ohiopt.otg.