

KANSAS PHYSICAL THERAPY ASSOCIATION
Individual Application for Continuing Education Credit
For Renewal Between January 1, 2009 and December 31, 2010

A separate application is required for each course submitted. Requested information MUST be included or your application will be returned to you without being processed. PLEASE TYPE OR PRINT LEGIBLY.

Section 1:

Name: _____

License No. 11- _____ or 14- _____

APTA Member No. _____

COMPLETE ADDRESS:

Street _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____

E-mail address: _____

NEW MAIL OR E-MAIL ADDRESS

NAME CHANGED

Previous name _____

Applications are processed according to Kansas Statutes Annotated and Kansas Administrative Rules and Regulations relating to the practice of Physical Therapy. (Sept. 1998)

OFFICE USE ONLY:

Class Number: _____

Hours Approved: _____

Date Approved: _____

Approved by: _____

Section 2:

All of the following items must accompany your application or it will be returned to you without being processed.

Proof of Attendance – **copy** of certificate, a brochure signed by instructor or a roster.

- Program Brochure must include the following:
- Course Title
 - Speaker’s Name, Title, Brief BIO, and area of Expertise
 - Course Objectives and Clinical Relevance
 - Time Schedule for Each Day (Online/Home: no. of pages and time spent) beginning and ending times, as well as breaks and meals. Unless otherwise stated, 15 minutes of break time will be deducted for every four hours of class time.)

Be sure all above requirements are met. If a brochure is unavailable, include the above information either typed or hand written.

CE Hours Requested: _____
 (home/online courses are limited to a maximum of 10 hours per course.)

Date Course Completed: _____

Course Title (as stated on certificate of completion): _____

Course Location _____

(A \$20 late fee applies for applications mailed after 90 days from the date the course was completed.)

The tracking fee is \$50 for PTs and \$40 for PTAs. A late fee of \$10 will be assessed after March 1, 2009.

CHECK IF NEWLY LICENSED BETWEEN JANUARY 1, 2009 AND DECEMBER 31, 2010 TO PRACTICE IN KANSAS.

Mail or fax all applications to:
 KPTA Chapter Office 214 SW 6th Ave., Suite 205 Topeka, KS 66603
 Fax-785-290-0476 Phone-785-233-5400
 Additional application forms can be obtained from the KPTA office or KPTA’s website: www.kpta.com.

Disclosure Statement

State physical therapy licensing boards have a variety of criteria, regulations, and fees that govern acceptance of continuing education participation. Contact hour credit for these programs are subject to those requirements. It is the responsibility of the individual participant to investigate the acceptance and submit the necessary material to the KPTA for appropriate contact hour credit.