

KANSAS PHYSICAL THERAPY ASSOCIATION
Class Sponsorship Application Form
For Pre-Approval of Continuing Education Hours
Approval Numbers are good only for **2012 & 2013**.

Section 1:

Sponsor Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ E-MAIL _____

Section 2:

Program Title: _____

Location(s) (city, state): _____ Date(s): _____

(If different topics are to be covered on different dates, please submit an application for each date.)

Application is for 2012 only Application is for 2012-2013 (Program must be unchanged from 12 to 13. If changes occur, you must reapply for 2013.)

Contact Hours Requested: _____ (Registration, breaks and meals will not be included in CEU determination.)

Should hours be awarded for partial attendance? _____(Y/N)

Section 3:

If program brochure, course outline, etc. is not attached to the application, please include the following:

<input type="checkbox"/> Course Objectives	<input type="checkbox"/> Outline	<input type="checkbox"/> Hourly schedule including breaks and meals
<input type="checkbox"/> Speakers Names, Titles, Credentials:		

Double application fees for multiple year approval for 2012 & 2013 Application fee is \$10.00 per credit hour (rounded up to the next hour) for courses presented once during the calendar year.	
Application fee is \$20.00 per credit hour (rounded up to the next hour) if class date is within 45 days of application date, or if course is presented multiple times during the calendar year. This includes home study and internet courses.	
<input type="checkbox"/> Enclosed is payment	<input type="checkbox"/> Enclosed is credit authorization

As an approved class sponsor, it is my obligation to provide the KPTA with a roster of participants within 30 days of the course. The roster will be typed or printed legibly and will include all the information included on the roster provided with the approval letter.

Signature Required _____

Date _____

Please send me information on	
Advertising Opportunities	<input type="checkbox"/>
Webpage banner ad, newsletter advertising, electronic e-news ad	
KPTA Mailing Labels	<input type="checkbox"/>

Office Use Only:	
Approval Number:	_____
Date:	_____ Hours: _____
Approved by:	_____

Mail, fax or email all applications to:
KPTA Chapter Office
2900 SW Plass Court, Suite 202, Topeka, KS 66611
Fax-785-290-0476 Phone-785-233-5400 Email: kpta@kpta.com

Kansas Physical Therapy Association Sponsorship Application Form Directions

Follow these instructions carefully. You are responsible for completing this application accurately and legibly, and for submitting all required information before and after the course.

- A. Continuing Education Hours may be awarded to a program sponsor prior to the date of the program. To receive prior approval, sponsors must follow these procedures:
1. To be considered, application must be made at least 45 days before the course is to be held. Fees will double for any application received fewer than 45 days in advance.
 2. The sponsorship application must be completed and returned to: KPTA Chapter Office, 2900 SW Plass Court, Suite 202, Topeka, KS 66611
 3. The following items **MUST** be included with the application:
 - a. **Program brochure or course outline** with names and titles of faculty, their curriculum vitae(s), area of presenters expertise, course goals and objectives/clinical relevancy, and the time schedule for the course, including meals and breaks.
 - b. **Application fee:** The total fee is based on \$10.00 per contact hour if only presenting 1 time, \$20.00 per contact hour if presenting 2 or more times or is a home study or internet course, or if class date is within 45 days of application date.
 - c. Indicate whether **credit will be given for partial or entire program** attendance. Participants should be advised whether they must stay for the entire class or whether partial credit is available. It is the SPONSOR'S responsibility to notify the KPTA who is to receive partial credit and how much.
 4. Sponsors should indicate to participants the entry level of the course and whether there are any prerequisites.
 5. Sponsors are responsible for both the administrative and financial aspects of the course.
 6. Sponsors must return within 30 days to the KPTA a roster of all participants that includes name, complete license number and address in either a legibly printed or typed format. Illegible entries will not be processed. ***ONLY PTs and PTAs LICENSED IN KANSAS SHOULD BE INCLUDED ON THE ROSTER.***
- B. Upon receipt of the sponsor's application, the KPTA Education Committee will:
1. Process the application, assign an approval number and fax notification of approval along with the preferred roster sign-in sheet.
 2. If NOT approved, the committee will define the areas to be corrected for later approval.
 3. Upon receipt of the final roster, the KPTA will issue CEU information to all participants listed for the course and notify them of hours, classification and approval status.

Final Rosters must include:
The participant's name, complete license
Number and full address

If the application is not approved, a sponsor may appeal through the Kansas State Board of Healing Arts, PT Advisory Council. The Board of Healing Arts is the licensing authority for PTs and PTAs in Kansas. The KPTA administers the CEU process at the Board's request.