



## *Louisiana Physical Therapy Board*

104 Fairlane Drive, Lafayette, LA 70507

(337) 262-1043 Fax (337) 262-1054

[www.lptboard.org](http://www.lptboard.org)

### ***Continuing Education Approval Application***

Attendee:

We are including this cover page to assist you in completing the attached application. This application is based on mandatory continuing education requirements for licensed Louisiana physical therapists and physical therapist assistants as specified in the rules of the Louisiana Physical Therapy Board (LPTB), §191 - §199, Requirements.

Please check off the following documents to be sure they are included with the application:

**Documentation:** The following items **must be attached** to the application. Failure to include documentation will result in the application being **delayed** or **rejected**.

**Please check off the following documents to be sure they are included with the application.**

Course Objective/Outline of program content

Presenter(s) C.V.s, or Resume. Please limit Presenter Qualifications to 2 pages.

Program schedule, **including all scheduled breaks** (This information is used to calculate contact hours)

Course Prior Approval Fee - \$20

If a brochure is available, please provide a copy. Other supporting documentation may also be submitted. **If all information is not included, review of the course will not be processed.**

Individuals applying for CE credit for a college course need to fill out Sections 1 and 2. In Section 3, individual applicants need to fill out the title of the course being submitted, the date the semester began and ended. (please submit only one course and not your entire curriculum. In most cases, one course will meet your CE requirement.)

Submit the completed form and all attachments to:

Louisiana Physical Therapy Board

104 Fairlane Drive

Lafayette, LA 70507

If you have any questions, contact the Board office at (337) 262-1043.



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**Attendee Continuing Education Prior Approval Application**

<b>Section 1: Licensee must complete this section.</b>		
<b>Participant/Licensee Information</b>		
Licensee Name	License No.	
Mailing Address		
City	State	ZIP
Cell Number (      )	E-mail address	

<b>Section 2: Course Sponsor Information</b>		
<b>Sponsor Information</b>		
Name of Sponsor		
Mailing Address		
City	State	ZIP
Daytime/Cell Telephone		
<b>Co-Sponsor Name (if applicable)</b>		
Mailing Address		
City	State	Zip
Telephone (      )		

**Section 3: Course or Activity Information**

Has this course or activity been previously approved by any professional organization or licensing board?

Yes No

If yes, by whom?

Type of Course or Activity:                      Yes                      Yes administrative

Yes Traditional Onsite Course                      Yes Home-Study                      Yes Self-Study                      Yes College or University

If traditional course, please list locations offered

**Title of Course or Activity:**

**Date(s) and Time(s) of Course or Activity**

Yes Ongoing or Home Study

Yes Dates for Traditional Onsite Course

**Proposed Continuing Education Contact Hours** (Course or Activity schedule must be attached to verify contact hours requested.)

Contact hours requested excluding breaks:

**Presenter (or author for home-study program)**

Instructional Level                      Yes Beginner                      Yes Intermediate                      Yes Advanced

**Presenter Qualifications**

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**Course Objectives:**

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