



## **LOUISIANA STATE BOARD OF PHYSICAL THERAPY EXAMINERS**

104 Fairlane Drive, Lafayette, LA 70507  
(337) 262-1043 Fax (337) 262-1054  
[www.laptboard.org](http://www.laptboard.org)

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

*Applicant:*

*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 State Board Physical Therapy Examiners (LSBPTE), §169, Requirements.*

*Text in this form appearing in small italics is excerpted or summarized from the rules as set out in the Louisiana State Board of Physical Therapy Examiners Rules and Regulations. To see the full text of the Louisiana State Board of Physical Therapy Examiners continuing education rules and/or §169, visit our web site at [www.laptboard.org](http://www.laptboard.org)*

*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)*
- Sample course evaluation procedures*
- Sample participants' evaluation*
- Sample certificate of completion*

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

*Note: If you are submitting the application and paying the fee for course approval and you are NOT the sponsor of the program, you will need to contact the sponsor for assistance. Section 4 of the application is not applicable to participants seeking individual approval.*

*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.) Remember that Section 4 does not apply to you **and do not forget to sign Section 5.***

***Special Note:*** *Please do not print or copy this application on double sided sheets. Single pages are*

*preferred.*

*Submit the completed form and all attachments to:*

*Louisiana State Board of  
Physical Therapy Examiners  
104 Fairlane Drive  
Lafayette, LA 70507*

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



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**Continuing Education Approval Application**

<b>Section 1: All applicants must complete this section. (Please read all instructions)</b>		
<b>Applicant Information</b> This applicant is being submitted by: <input type="checkbox"/> Sponsor <input type="checkbox"/> Individual		
<b>Sponsor Information</b>		
Contact Person		
Mailing Address		
City	State	ZIP
Telephone ( )	FAX ( )	
E-mail address	Website	
Co-Sponsor Name (if applicable)		
Mailing Address		
City	State	ZIP
Telephone ( )	FAX ( )	

<b>Section 2: This section must be completed ONLY if you are an individual applying for participant prior approval.</b>		
<b>Participant/Licensee Information</b>		
Licensee Name		
Mailing Address		
City	State	ZIP
Daytime Telephone	FAX	

**Section 3: All applicants must complete this section.**

**Program Information** Has this program been previously approved?  yes  no

If yes, by whom?

Type of Program Approval If "yes" how many hours? \_\_\_\_\_  clinical  administrative

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

**Title of Program:**

Program:

City, State (Attach schedule if presented in multiple locations.)  Home Study  Web Based

Via Satellite  Other

**Date(s) and Time(s) of Program**

Ongoing or Home Study

Dates for Traditional Onsite Course

**Proposed Continuing Education Units** (Program schedule must be attached to verify contact hours and requested continuing education units.)

Contact hours excluding breaks:

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

**Presenter Qualifications**

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**Instructional Level**  Beginner  Intermediate  Advanced

**Learner Objectives:**

**Instructional Methods:**

**Evaluation Procedures:**

**Participants' Evaluation of the Program:**

**Section 4: All applicants must complete this section. (Don't forget to sign the bottom)**

**Fee Payment**

**Payment by check or money order payable to the**

*Louisiana State Board of Physical Therapy Examiners*

*104 Fairlane Drive Lafayette, Louisiana 70507*

**Must accompany the application.**

**Application fee paid by sponsor:** ﷲ \$75.00 per CEU course submitted

**ﷲ No Charge** (if submitted by PT or PTA)

**Payment enclosed** ﷲ Check No.

ﷲ Money Order

I certify that the information provided in this application is true and correct.

**Signature**

**Date**

Printed Name

Title

**LSBPTE Office Use Only**

**Amount Paid**

**Date Received:**