



# Louisiana Physical Therapy Board

2110 W PINHOOK RD. STE 202 | LAFAYETTE, LOUISIANA 70508  
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## ATTENDEE COURSE OR ACTIVITY APPROVAL APPLICATION

### Rule §193.3. Course Review Requirements

In no case will such application for course or activity approval be considered during the last **60 days** of the requestor's license term.

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 PTs & PTAs as specified in the rules of the Louisiana Physical Therapy Board, §194. Biennial Requirements and §195. Content Criteria.

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

- Course Objectives
- Presenter(s) C.V.s, or Resume. Please limit Presenter Qualifications to **2 pages**.
- Course or activity scheduling, **including all scheduled breaks** (Used to calculate contact hours).
- Three (3) citations of peer reviewed articles. (Contact course sponsor for articles used to support their course.)

Section 1. Licensee must complete this section:				
Licensee Name:			License No:	
Mailing Address:	Apt:	City:	State:	ZIP:
Cell:	Email Address:			
Section 2. Course Sponsor Information				
Sponsor Name:				
Mailing Address	City:		State:	ZIP:
Section 3. Course or Activity Information				
Title of Program:				
Type of Course: <input type="checkbox"/> Traditional/On-site <input type="checkbox"/> Home/Self Study <input type="checkbox"/> College/University <input type="checkbox"/> Web-based <input type="checkbox"/> Web/Livestream				
Approval Year:	Has this program been previously approved? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Instructional Level: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Proposed Continuing Education Units:			
Where was the course held:	Date(s) of Program:			
City:	State:			
Presenter (or author for home study/web-based):				
Instructional Methods:				
Course Objectives:				
Section 4. Fee				
<b>Required payment by check or money order payable to: "Louisiana Physical Therapy Board"</b> Mail Payment to: 2110 W Pinhook Road, Suite 202   Lafayette LA 70508 Course Review Charge: <b>\$20.00</b> (fee is per course and per license)				