



# Louisiana Physical Therapy Board

104 FAIRLANE DRIVE | LAFAYETTE, LOUISIANA 70507

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WWW.LAPTBOARD.ORG | INFO@LAPTBOARD.ORG

## ATTENDEE COURSE OR ACTIVITY PRIOR 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 (LPTB), §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).

### Section 1. Licensee must complete this section:

Licensee Name:			License No.:		
Mailing Address:		Apt.:	City:		State:
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="radio"/> Traditional/On-site	<input type="radio"/> Home/Self Study	<input type="radio"/> College/University	<input type="radio"/> Web Based	<input type="radio"/> Via Satellite
Approval Year:			Has this program been previously approved?		<input type="radio"/> YES <input type="radio"/> NO
Instructional Level: <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced			Proposed Continuing Education Units:		
Where was course held?: City:		State:	Date(s) of Program:		
Presenter (or author for home study/web based):					
Instructional Methods:					
Course Objectives:					

### Section 4. Fee

<p><b>Required payment by check or money order payable to: "Louisiana Physical Therapy Board"</b>  <b>Mail Payment: 104 Fairlane Drive   Lafayette, LA 70507</b>  <b>Course Review Charge: \$20.00 (fee is per course and per licensee)</b></p>	
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