



State of Louisiana  
Department of Health and Hospitals  
**Louisiana Physical Therapy Board**

214 Jefferson St, Ste. 102 | Lafayette, Louisiana 70501  
Phone 337-262-1043 | Fax 337-262-1054  
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**TEACHING AN APPROVED CLINICAL/PREVENTIVE  
COURSE OR ACTIVITY  
Documentation Form**

**A licensee may receive two hours of credit for each contact hour approved for the course or activity, not to exceed 10 hours. This credit will be given only for the first time the course is presented, during the renewal period.**

I, \_\_\_\_\_ (PT/PTA # \_\_\_\_\_) presented an approved  
clinical/preventive course or activity during the \_\_\_\_\_ renewal period.

Course Sponsor: \_\_\_\_\_

Course Title: \_\_\_\_\_

Credit Hours Approved: \_\_\_\_\_

Date of Course: \_\_\_\_\_

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*By signing this documentation form, I agree that I have presented an approved course on the date listed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete this form and submit it to the Board office for approval.  
Keep a copy this form for your records in the event that you are audited by the Board.**