

**APTA of MA**  
**Continuing Education Course Approval**

15 North River Road  
Tolland, CT 06084  
Fax: (860)656-9069

Requirement Checklist for Approval of Continuing Education Hours

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Sponsor/ Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

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Program Title: \_\_\_\_\_  
Dates: \_\_\_\_\_ Tuition/Fees: \_\_\_\_\_  
Location: \_\_\_\_\_  
CEHs awarded (1 hour equals 1 CEH): \_\_\_\_\_

Fee: Fee must be received with application in the form of a credit card, check or money order made payable to **APTA of MA**.

Course Provider\*:  
 \$80 (1-3 hours)       \$150 (4-7 hours)       \$225 (8 or more hours)  
 Exempt CPTA Program/ APTA Component Program

\*If course is not approved, the fee less \$50 is refundable.

**Credit card information**

Type: MC   V      Name on card \_\_\_\_\_

Account # \_\_\_\_\_ Exp date (m/yr) \_\_\_\_\_

Signature \_\_\_\_\_

Your signature authorizes the APTA of MA to charge the above amount to this credit card

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Course Information: (Please provide evidence for the following areas. Program brochures and certificate of completion is required)

**COURSE SPONSOR**

Name  
Organization  
Address  
Telephone Number  
Fax Number  
Email Address

**PROGRAM INFORMATION**

Title  
Date  
Location

Fee Information  
Cancellation Policy

TARGET AUDIENCE

Basic  
Intermediate  
Advanced  
Various

PROGRAM

Contact Hours  
Objectives  
Course Outline  
Course Schedule  
Instructional Method  
Ratio Participant to Presenter (hands on workshop)  
Participant Evaluation of Program

REQUIREMENTS OF PRESENTER (one of the following)

Qualifications Consistent with Material Presented  
Two Years Experience in the Area Present  
Publications or Previous Presentation in this Topic  
Evidence base practice if available  
Current CV of presenter with any of the above included is acceptable

PROOF OF ATTENDANCE CERTIFICATE INCLUDING

Participant's Name  
Presenter's Name  
Title of Program  
Date(s) of Course  
Location of Attendance  
Number of Approved CEH's  
Competency Disclaimer Statement:

*Information provided should be used within scope of practice*

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Approved contingent On:

Not Approved

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