

**Application must be typed/filled in.
Handwritten applications will be returned.**



Louisiana Physical Therapy Board

Course Sponsor Prior Approval Application

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 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**.

Please check off the following documents to be sure they are included with the application.

- Course Objectives
- Presenter(s) C.V.s, or Resume. Please limit Presenter Qualifications to **2 pages**.
- Program scheduling, **including all scheduled breaks** (Used to calculate contact hours).
- 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.**

Section 1. Sponsor Information

Sponsor Name:				
Contact Person:		Email Address:		
Website:		Telephone:		FAX:
Mailing Address:	Suite:	City:	State:	ZIP:

Section 2. Program Information

Title of Program:				
Approval Year:	Has this program been previously approved?	<input type="radio"/> YES <input type="radio"/> NO	Proposed CE Hours:	
If yes, by whom?	Type of hours approved?	<input type="radio"/> Clinical	<input type="radio"/> Administrative	<input type="radio"/> Ethics
Presenter or Author:			Instructional Level:	
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

Where was course held? (Attach schedule if presented in multiple locations)

1. City:	State:	Date:
2. City:	State:	Date:
3. City:	State:	Date:
4. City:	State:	Date:

Learner Objectives:
Instructional Methods:
Evaluation Procedures:
Participants Evaluation of the Program:

Section 3. Fee

Required payment by business check or money order payable to:
Louisiana Physical Therapy Board, 104 Fairlane Drive, Lafayette, LA 70507
 Review Charge: Course activity less than 8 hours = \$50
 Course activity of 8 hours or more = \$75