Continuing Education Course Approval Form

1. Name / Sponsor: ___________________________________________________________
2. Address: ___________________________________________________________________
3. Name and E-mail address of Contact Person: ________________________________
4. Address / Phone: ___________________________________________________________________
5. Name of Course: __________________________________________________________
6. Contact Hours: ___________________________________________________________________
7. Date and Time Offered: ___________________________________________________________________
8. Course Description: ___________________________________________________________________
9. Target Group: ___________________________________________________________________
10. Instructor / Qualifications: ___________________________________________________________________
11. Goals of Course: ___________________________________________________________________
12. Method of Instruction: ___________________________________________________________________
13. Student / Instructor Ratio: ___________________________________________________________________
14. Please include a course outline/syllabus or any other pertinent handouts and a $25 fee

Applications can be emailed (preferred) to alaska@apta.org.

Make checks payable to: Alaska Physical Therapy Association 1055 N. Fairfax
Street, Suite 205 Alexandria VA 22314

Reviewed by: ___________________________ Date: _______________
Approved / Not Approved: _______________ If Not Approved, Why? _______________

# CEU’s Granted: __________