



# ALASKA PHYSICAL THERAPY ASSOCIATION, INC.

A CHAPTER OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION  
1055 N. FAIRFAX STREET, SUITE 205 ALEXANDRIA, VA 22314 PHONE  
1800.999.2782 EXT 7112

## 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](mailto: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: \_\_\_\_\_