



# ALASKA PHYSICAL THERAPY ASSOCIATION, APTA

140B PURCELLVILLE GATEWAY DRIVE, SUITE 120, PURCELLVILLE, VA 20132

## 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.

Applications should be e-mailed to [info@akapta.org](mailto:info@akapta.org).

Pay the \$25 Review Fee online.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Not Approved: \_\_\_\_\_ If Not Approved, Why? \_\_\_\_\_

# CEU's Granted: \_\_\_\_\_