

Instructions for Completing an Application for Sponsorship of Home Study Continuing Education

A licensee seeking sponsorship for private study (i.e. book, audio, video, internet, or teleconference) shall send appropriate information to ALAPTA staff for evaluation. The information should include a full description including an outline of the topics and subtopics, a copy of the printed materials, the time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed course. Any brochures or promotional material advertising for purchase or rental audio/video tapes must specify the original date of taping.

Sponsorship by the ALAPTA ensures the course meets the standards for continuing education set forth by the AL Board of Physical Therapy in the AL Practice Act (ABPT Administrative Code, Chapter 700-X-2, Section 700-X-2-.01 Appropriate Education Required). Please review this document located at <http://www.pt.alabama.gov/adminCode.htm> before submitting the application. Any program content submitted will be reviewed by the ALAPTA Home Study committee for sponsorship to the ABPT who has sole discretion to approve all continuing education units acceptable for licensure renewal.

Process:

1. Complete the application.
2. Provide payment of application fees via check or money order or Visa/Mastercard only.
3. Send the
 - a. Application form
 - b. Application fees
 - c. Required home study materials which includes:
 - i. A hard copy of the instructional material (CD, weblink, or manual)
 - ii. A hard copy of the course handout
 - iii. Any online booklets or references
 - iv. The post-test.
 - v. (If you are a licensee seeking sponsorship, please include a copy of your certificate of completion)

****An outline of this material will not be sufficient for review to the ALAPTA at:**

*Alabama Physical Therapy Association
2820 Columbiana Road
Birmingham, AL 35216*

Frequently Asked Questions:

"Home Study" is defined as: a course completed by an individual whose content is contained in written, computerized, or videotaped media. Home study courses do not have a live facilitator or presenter, but may have one on video. Completion of the course is self-directed. The timeframe for completing the course is determined by the licensee.

What is meant by "a procedure used to assess a licensee's participation and attainment of the program objectives"?

The course must have a means through which it is determined that a licensee has attained the knowledge set forth in the materials. Examples may include:

- A post test graded by the provider of the home study course
- Case study material reviewed by the provider of the home study course
- On-site skills observation by the provider of the home study course

The Alabama Administrative code requires that continuing education be at least 2 contact hours to be considered for consideration.

*Alabama Physical Therapy Association
2820 Columbiana Road; Birmingham, AL 35216
(205) 978-3810 Fax: (205) 978-3193
www.ptalabama.org*

**2009 APPLICATION FOR
SPONSORSHIP OF HOME STUDY
CONTINUING EDUCATION**

*Alabama Physical Therapy Association
2820 Columbiana Road
Birmingham, AL 35266-0551
(205) 978-3810 Fax: (205) 978-3193
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FOR OFFICE USE ONLY

Notice of sponsorship by ALAPTA:
Sponsored: for _____ Contact Hours
Sponsorship Denied:
Date: _____ Staff: _____
Expiration date: _____ (24 months from date of sponsorship)
Fee received: _____
Course Approval #: _____

PLEASE TYPE INFORMATION OR PRINT LEGIBLY

NOTE: Applications submitted by individual licensees for attendance at a non pre-approved program must be received within thirty one (31) days after the date the course was completed (i.e. date on certificate) OR within thirty one (31) days after the expiration of the same licensure period in which the course was completed. Please allow 6 wks for sponsorship decision to be returned.

1. Activity or Course Name:	2. Nature of Activity (see #16): <input type="checkbox"/> Homestudy: (<i>circle</i>) Book/ Audio / Video / Internet <input type="checkbox"/> Teleconference: (<i>circle</i>) Satellite-Live / Real Time <input type="checkbox"/> Other - Please describe _____
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3. Name of Course Provider:

4. Provider's Contact Person (or Licensee): E-mail:	5. Phone (Area Code): FAX (Area Code):
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6. Provider's Mailing Address: Website:	7. Street Address if Different (or Licensee's address):
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8. Type of Sponsor/Provider:
 Physician Private PT Practitioner Rehab Company
 Nursing Home Professional CE Provider Hospital Educational Institution
 Other _____

9. Fee: Fee must be received with application in the form of a check, money order, or Visa/Mastercard made payable to:
Alabama Physical Therapy Association
 \$ 100.00 (2-3 contact hours) \$ 125.00 (4-7 contact hours)
 \$ 175.00 (8 - 12 contact hours) \$ 250.00 (13 or more contact hours)
 *Note: 700-X-2-.09 -(3)(b)2.(v) states continuing education must be at least 2 contact hours or more
 **If course is not approved, the fee less \$50.00 is refundable.
 Discounts available for 6 or more courses submitted concurrently

10. Is this course available &/or open to the public? Yes
Courses must be open to the public to qualify under Rule 700-X-2-.09 Renewal Of License.

11. Please attach program outline that fully describes course and time devoted to each topic, including program objectives. Please estimate your **Contact Hours Requested.**
 One contact hour = 50 minutes 0.5 contact hour = 25 minutes
(Do not include breaks, scheduled meal times, or time to complete course evaluations.)

TOTAL CONTINUING EDUCATION UNITS FOR WHICH YOU ARE APPLYING

12. Please attach curriculum vitae/bio for each speaker; include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience or experience relevant to teaching course material.
(A summary of this information, i.e., course brochure, is acceptable.)

13. Describe relevance of program content to the profession or practice of Physical Therapy. Attach separate sheets as necessary.

14. Describe the procedure used to assess a licensee's participation and attainment of the program objectives.

15. Provide documentation (for example, pilot trials) to support the process used to determine the number of continuing education units for which you are applying.

16. If nature of activity is a book, please provide the book to the reviewers.
If nature of activity is audio, please provide an audiotape to the reviewers.
If nature of activity is internet, please provide a link or a PDF file of materials to the reviewers.
If nature of activity is a video, please provide a video to the reviewers.

17. Has this course been approved by any other organizations? Yes No
If Yes, attach copies or approval Letters (no more than 5 please):

AL APTA sponsorship is good for 24 months following the date of approval

The information provided in this application is true and complete to my knowledge.

Name of Person Submitting Application: _____ **(Please PRINT)**
Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY:
ALPTA to Reviewer:
Application received: _____
Sent to: _____
on _____
Return by: _____

FOR OFFICE USE ONLY:
Reviewer to ALPTA:
Application received: _____
Sponsored contact hours: _____
Returned on: _____
ALPTA sent to ABPT on: _____