

New Mexico Continuing Education Sponsor Approval Application

The New Mexico Chapter of the American Physical Therapy Association (NMAPTA), through the continuing education committee, is an entity authorized by the New Mexico Physical Therapy Licensing Board to review and approve continuing education courses, programs and activities that contribute to the participant's professional development in the practice of physical therapy.

For CEU inquiries, such as Licensing Board Rules and Regulations, please contact the New Mexico State Licensing Board at <http://www.rld.state.nm.us/b&c/ptb/>. The listing of approved courses may be found at www.nmapta.org.

A. Obtaining and Submitting an Application

1. An application form and instruction sheet for review of a course or activity for CEUs may be obtained at www.nmapta.org.
2. All applications and supporting information about a course must be submitted in English.

B. Application Packet

Required Documentation: The following items must be attached to the completed application for processing. Failure to provide these items will result in the application being incomplete and the process delayed or application rejected. Application fees are non-refundable.

1. A copy of the current application form with all required documentation included.
2. A course description and learning objectives for the course.
3. A detailed course schedule that outlines course content and breaks
4. A course brochure, if available.
5. Identification of the target audience.
6. Identification of the instructional level of the course: basic, intermediate, advanced or multi-level.
7. A summary statement that describes how the content of the course is relevant to physical therapy.
8. A description of the faculty or presenter qualifications to teach the course content.
9. A method of evaluation of the course or program.
10. A mechanism for verifying participants' attendance and course completion. Example: a certificate of completion.
11. Bibliography of at least five references from peer-reviewed journals.

C. Application Fees

1. Reasonable and customary fees for reviewing and processing applications for CEU credit are established and collected by NMAPTA. The current application fee schedule is as follows:
 - 1-5 Contact Hours - \$75
 - 6-10 Contact Hours - \$125
 - 11-15 Contact Hours - \$175
 - 16-20 Contact Hours - \$225
 - Above 20 Contact Hours - \$250
2. Individual seeking approval for a course they attended - \$40
3. Application fees are NONREFUNDABLE.

Submit the completed application form, application fee, and all required documentation to:
newmexico@apta.org.

All applications **must** be submitted electronically.

Zip files are not permitted through our e-mail server. Therefore, if there is a problem receiving documents, someone will contact you and ask that the files be uploaded to an online Drop Box or sent on a CD or flash drive.

New Mexico Continuing Education Sponsor Approval Application

Section 1: Sponsor Information

Sponsor Name

Contact Person

Mailing Address

City

State

Zip Code

Telephone

FAX

E-mail Address

Website

Section 2: Program Information

Has this program been previously approved? YES

If "yes" under what approval number

Type of Program Approval:

Traditional Onsite
Course

Home-Study
(text, video or web-based)

Other

Title of Program

Location of Program

City, State

Home Study
 Via Satellite

Web Based
 Other

Date(s) and Time(s) of Program

(The course will be approved for one year from date of approval).

Dates for Traditional Onsite Course
(attach schedule if presented on multiple dates)

Ongoing or Home Study
(specify dates for which you are
requesting approval)

Proposed Continuing Education Units

(Program schedule must be attached to verify contact hours and requested continuing education units).

Contact hours excluding breaks: ___ hours, divided by 10 = ___ CEU(s)

Presenter (or Home Study Course Author) Qualifications

(Programs must be presented by a licensed health care provider, or by a person with appropriate credentials and/or specialized training in the field. Program providers are prohibited from self-promotion of programs, products and or services during the presentation of the program.)

Note: Any physical therapist or physical therapist assistant instructing an educational seminar, which includes hands-on demonstrations, must hold a current New Mexico license or apply for a temporary license. This temporary license may NOT be used to practice physical therapy for any other purposes than for the continuing education program for which it was issued. (Instructor application available on the New Mexico Physical Therapy Licensing Board's web page under "Forms")

Please list qualifications below or attach, as necessary:

Instructional Level Basic Intermediate Advanced Multi-level

Learner Objectives

(Program must be easily recognizable as pertinent to the physical therapy profession and in the areas of clinical application, clinical management, behavioral science, or science. Learner objectives must be clearly written to identify the knowledge and skills the participants should acquire during the course.)

Please list course objectives below or attach, as necessary:

Instructional Methods

(Examples: lecture, live or taped demonstrations, laboratory, reading of printed material and illustrations, etc).

Please list course description below or attach, as necessary. Also, please attach a bibliography of at least 5 references from peer-reviewed journals.

Evaluation Procedures

(Describe how the presenter will determine whether the course objectives have been met. Examples: written test, observation of laboratory work, oral questions, etc. The procedures used to assess a licensee's participation and attainment of objectives must be described).

Please list course evaluation procedures below and attach samples.

*****Please review the cover page to ensure you have attached all required documentation. Failure to provide these items will result in the application being incomplete and the process delayed or application rejected.*****

Section 3: All Applicants Must Complete This Section

Application must be accompanied by a check, money order or credit card payment. Purchase orders are not accepted.

NOTE: The application fee is not refundable even if approval is not granted.

I certify that the information provided in this application is true and correct.

Signature

Date

Printed Name

Title

Payment: Check Visa MasterCard American Express

Total Cost: _____

The approval process will not be initiated without payment.

Please make checks payable to **NMAPTA**. Checks should be sent to:

NMAPTA
PO Box 327
Alexandria, VA 22313

If sending by UPS/FedEx, please send to:

NMAPTA
1111 N Fairfax Street
Alexandria, VA 22314

Credit Card Number: _____ Exp. Date: _____

Print Name of Cardholder: _____

Cardholder Signature: _____

Billing Zip Code: _____

Office use only

Date Rcvd _____

Tracking Number _____