



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 8562

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: _____