

Individual (Non-College) Application (Form 2-2014)

*This application is intended for **individuals seeking credit for a single course they have already completed.***

Individuals seeking credit for a college/university course should refer to Form 3 for more information.

Sponsors seeking to issue credit to course participants should refer to Form 1 for more information.

Application Information

Thank you for your interest in applying for credit for a course that you previously attended. The Texas Physical Therapy Association (TPTA) administers the Continuing Competence Approval Program (CCAP) on behalf of the Texas Board of Physical Therapy Examiners (TBPTE). Texas-licensed physical therapists and physical therapist assistants must complete the required number of approved CC units in order to maintain their licensure. Course approval allows PTs/PTAs to use the course hours towards renewal.

This individual application should be submitted for each of the following types of courses:

- Live courses (includes live onsite, webinars, and webcasts): Courses typically have a scheduled date/time and live presenter.
- Self-study programs (text- or web-based): Courses include audio, video and/or text for the participant to review at their own pace.
- Regular in-service-type programs (over a one-year period where individual sessions are granted 2 CCUs or less): Regularly scheduled program series consisting of 2 hour or less programs that typically have a central theme (may be specialty or demographic-specific).
- Large conferences with concurrent programming: Multiple-day event with multiple programs that the participant may select from.

Multiple courses not meeting the in-service/conference descriptions should be submitted as separate applications.

College courses should be submitted on Form 3.

Application Process

Applicants should complete the entire application and send it to the TPTA with the required attachments. Applicants will be contacted if their application is missing required components. Applications may not be processed until all required components are received. Applications must meet the requirements as outlined by the TBPTE Rules. Please note that while several rules are highlighted in the application, applicants should review the rules prior to submitting their application. A link to the TBPTE rules is available under the CCAP section of the TPTA web site (www.tpta.org).

Applications are sorted by specialty area and a redacted version is sent to a volunteer PT/PTA review panel for review. Applicants will be contacted if questions arise during the review; otherwise, the review panel will reach a decision and a letter will be sent from the TPTA office regarding the decision. Approval letters will include the approval number, number of CCUs awarded, and approval dates. Denial letters will include the reasons for denial and appeals process information. Ethics courses will receive a separate approval letter for ethics credit. Course approval numbers are only valid for the individual seeking approval.

Applications typically take a minimum of 6-8 weeks to process – applicants should refer to the web site for current processing times. Individual applicants may optionally request that their application be expedited for an additional fee. This fee guarantees that your application will be sent to reviewers within 48 business hours after receipt (typical processing time prior to review is 1-3 weeks); however, it does not guarantee a decision within a specific time frame.

Paying by check? Mail the completed application, documentation and check to:

Continuing Competence Approval Program, Texas Physical Therapy Association
900 Congress Avenue, Suite 410, Austin, Texas 78701

Paying by credit card? Fax the completed application, documentation and credit card info to: (512) 477-1434

Continuing Competence Approval Program

Administered by the Texas Physical Therapy Association
900 Congress Avenue, Suite 410, Austin, Texas 78701
(512) 477-1818 www.tpta.org

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Individuals seeking credit for a college/university course should refer to Form 3 for more information.
Please refer to Page 1 for application information, instructions and other available forms.*

Please Note: Only include single-sided, unstapled sheets and do not send duplicate applications or original certificate. Only include one course per application. Do not e-mail the application unless requested.

Check here if requesting expedited processing (additional fee) and write "Expedited App" on the envelope (see Fee Sheet on page 5 for details)

Section 1 – Sponsor Information (Organization who offered the course)		
Sponsor Name:		
Sponsor Contact Name:		
Mailing Address:		
City:	State:	ZIP:
Country:	Fax:	
Phone Number: (Customer Service)	Phone Number: (Contact)	
Web Site:	E-Mail: (Contact)	
Section 2 – Participant Information (Individual who attended the course)		
Participant Name:		
E-Mail:	Category: <input type="checkbox"/> PT <input type="checkbox"/> PTA	
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Fax:	
License Number:	License Expiration Date:	

For office use only:

# Applications:	Check/CC:	Amount:	Expedited? Yes No
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Section 3 – Course Information (Courses must meet the TBPTE rule requirements to receive approval)

Course Title:

Ethics Credit (must demonstrate inclusion of all four required components in application)

Rule §341.2(f): “(1) The theoretical basis for ethical decision-making; (2) APTA’s Code of Ethics and Guide for Professional Conduct; (3) Legal standards of behavior (including but not limited to the Act and Rules of the board); and (4) Application of content to real and/or hypothetical situations.”

Yes – Ethics Hours: _____
 No – Not applicable

Course Type:

(see Rule §341.3 for documentation req.’s)

Live Course
(On-site or webinar/webcast)

Large conference with concurrent programming

Self-Study – Web-Based?
(Audio, video or print)

Yes No

Regular In-Service Type
(Held over 1-yr period where sessions granted 2 CCUs or less)

Program Date(s):

(Programs offered outside of current licensure period are ineligible; must complete the course prior to submission)

Program Location(s):

Requested Continuing Competence Units (CCUs) – Check ALL that Apply

(Hours calculated/expressed in decimal format, i.e. 30 min. = 0.5 hours)

Self-Study (Only include text conversion if requesting independent text-only credit)

_____ Audio/Video Hours

_____ Pages (250 words/page) = _____ CCUs
(Basic = 20 pgs/CCU; Intermediate = 15 pgs; Advanced = 10 pgs)

Documentation Included: Yes No
(Documentation may include agenda, pilot study with average time for completion, and/or table of contents with pages)

On-Site/Conference/In-Service Course(s)

_____ Total Hours (do not include lunches or breaks)

Documentation Included: Yes No
(Schedule/agenda with breakdown of presentation times for all courses to verify total hour calculation)

NOTE FOR ALL REQUESTS:
Must include documentation to verify or CCUs may be reduced/denied.

Total Contact Hours: _____ → **Converted to Decimal Format:** _____ CCU(s)

(i.e., Total Contact Hours: 1:15 → Converted to Decimal Format: 1.25 CCUs – *Do Not Convert to CEUs*)

Presenter/Author Name(s) – List all and attach bios/resumes/CVs (maximum 2 pages per presenter)

Rule §341.3(1)(A)(iv): “Programs must be presented by a licensed health care provider, or by a person with appropriate credentials and/or specialized training in the field.”

Speakers listed and bios/resumes/CVs attached

Course Completion Certificate & Evaluation

Did you receive and attach a copy of your course completion certificate? (required) Yes No

Did you receive and attach a sample copy of the course evaluation? (required) Yes No

Instructional Level (check all that apply):

Basic

Intermediate

Advanced

Instructional Methods – List all utilized in this course (Examples: lectures, case studies, reading of printed material, etc.)
Rule §341.3(1)(A)(iii): “The instructional methods related to the objectives must be identified and be consistent with the stated objectives.”

Check here if information attached separately

Learner Objectives – Complete the sentence below

Rule §341.3(1)(A)(ii): “Program objectives must be clearly written to identify the knowledge and skills the participants should acquire and be consistent with the stated instructional level.”

At the conclusion of this program, the learner will be able to...

**TPTA recommends that
program objectives be
measurable, scientific, or
educational in nature.**

Check here if information attached separately

Relevance to Physical Therapy – Respond to the following question: How is this course relevant to the practice of PT?

Rule §341.3(1)(A)(i): “Program content must be easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, science, or risk management.”

Check here if information attached separately

Practice Enhancement -

Respond to the following question: How does this course enhance your ability to provide patient care?

Check here if information attached separately

Section 4 – Applicant Confirmation & Signature

_____ (initials) I acknowledge and certify that the information provided in this application is true and correct and that, if requested, I will comply with any request for additional information in the time specified.

_____ (initials) I have completed the entire application and have enclosed the required documentation and fee. I understand that the review process may take several weeks and will refer to the TPTA web site for an estimate of current processing times. I understand that the review process may take longer if there is an issue with my course or if the application is incomplete and that course approval is not guaranteed. I understand that a request to expedite does not guarantee that my application will be reviewed by a specific date.

Signature

Date:

Printed Name:

Title:

**Refer to the bottom of the Fee Sheet (Page 5) for submission instructions
or contact the TPTA office at (512) 477-1818 with questions.**

Continuing Competence Approval Program

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CCAP Fee Sheet – Individual (Non-College) Application (Form 2-2014)

- Payment may be made by check, money order or credit card. Purchase orders are NOT accepted.
- Credit cards are charged a 3% processing fee.
- Individual applicants may optionally request that their application be expedited for an additional fee of \$100. This fee guarantees that your application will be sent to reviewers within 48 business hours after receipt (typical processing time prior to review is 1-3 weeks); however, it does not guarantee a decision within a specific time frame.
- *Please include the CCAP Fee Sheet with each application.*

Applicant Information		
Participant Name:		
Course Title:		
Application Fee		
Individual (Non-College) Application Fee	\$40.00	
Total		
Checks/money orders should be made payable to the <u>Texas Physical Therapy Association.</u> Credit card charges will appear on your statement as "Texas Physical Therapy Association."	Application Fee:	\$ 40.00
	Expediting Fee: (Optional \$100 fee; see above)	\$
	Credit Card Processing Fee: (3%; \$0 if paying by check/MO)	\$
	Total:	\$
Credit Card Payment - <i>CC Only: Fax the request per the instructions below; do not mail</i>		
Name on Card:	CVV:	
Credit Card Number:	Expiration Date:	
Billing Address:		
City:	State:	ZIP:
Signature:		
<p><u>Paying by check? Mail the completed application, documentation and check to:</u> Continuing Competence Approval Program, Texas Physical Therapy Association 900 Congress Avenue, Suite 410, Austin, Texas 78701</p> <p><u>Paying by credit card? Fax the completed application, documentation and credit card info to:</u> (512) 477-1434</p>		