

North Carolina Board of Physical Therapy Examiners Continuing Education Approval Instructions and Application

Applicant: This instructional page should assist you in completing an application for approval of continuing education activities, which will qualify for points toward continuing competence requirements for licensure renewal.

Links to the NC Physical Therapy Practice Act and Rules governing continuing competence activities may be viewed at www.ncptboard.org in the submenu under Law and Board Rules or in “Quick Links” under Continuing Competence, Rules and Chart.

Instructions:

Do not complete this application if your course or activity has already been approved by either: -a state chapter or section of APTA

-The Federation for State Boards of Physical Therapy (FSBPT) or

-a state PT licensure board in the US or Canada

****Your course is pre-approved in NC if you have a current approval by any of the above. To comply with the Continuing Competence Rules all activities must meet the criteria described in Rule 21 NCAC 48G .0107. See the “Continuing Competence Provider” button on the home page of the website for information that applies to your activity. *****

1. **Before completing this application:**
 - a. Review the rules for Continuing Competence.
 - b. A listing of Approved Providers and Courses can be found at www.ncptboard.org; follow the links to **Continuing Competence**, then **Approved Providers and Course Listing**. If your course or activity is not listed, check with the individual responsible for credentialing at the course provider to determine if the activity is already approved. If it is approved by any of the entities noted in the box above, **DO NOT** submit an additional application.
2. If you are a **licensee** requesting continuing education activity or course approval, complete all sections. If you are a **sponsor or provider** of continuing education activities, complete all sections except licensee information.
3. **Course providers/sponsors** should submit applications 60 days prior to the activity; **licensees should** submit applications 30 days prior to the activity. If a denial letter is not received within 10 days by a licensee, or 30 days by a course sponsor, it is approved. The activity will be assigned a number and posted on the **Approved Providers and Course Listing** on the board website at www.ncptboard.org.

4. Attach all required documentation;
 - a. Course brochure with course schedule, course description and agenda
 - b. Course Learning objectives
 - c. CV for each presenter
 - d. A copy of all written instructional materials distributed to participant
 - e. Description of relevance to physical therapy and available references of scientific evidence
 - f. Bibliography
 - g. Description of Instructional Methods
 - h. Certificate of Course completion
 - i. Description or Copy of Participant Assessment tools
 - j. Course evaluation materials
 - k. Sample Attendance Sheet
5. Include the application fee with the application (check or money order) made payable to NCBPTE.
6. Sign and date both attestations.
7. Mail completed application to: North Carolina Board of Physical Therapy Examiners, c/o Continuing Competence, 18 West Colony Place, Suite 140, Durham, NC 27705
8. If you have any questions please call (919) 490-6393 or (800) 800-8982 or email: continuingcompetence@ncptboard.org
9. If the Board needs additional information to complete your request you will be contacted by email within one week of receipt of your application. You are required to respond within 10 days or the application will be denied.
10. Approved courses will be posted on the website on the **Approved Providers and Course Listing**.
11. If your request for course approval is denied you will receive a letter indicating the reason for denial. Appeals may be made by letter of reconsideration submitted to the Board office within 15 days of receipt of the denial addressing the reason(s) the denial should be reconsidered. The Board will consider the letter and inform the applicant of the decision via mail.
12. **Reminder**: Submission of "Verification of Attendance" of continuing competence courses provided in North Carolina is required of all course providers/sponsors who are approved. Information that should be included on the attendance verification should be:
 - a. printed full name,
 - b. Signature of the licensee,
 - c. professional designation of licensee,
 - d. NC PT license number and
 - e. date of attendance.

Attendance lists should be submitted to the Board within 90 days of completion of the approved activity; failure to comply may jeopardize approval of future continuing competence activities.

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| North Carolina Board of Physical Therapy Examiners | | |
| Continuing Education Course Approval Instructions and Application | | |
| 18 West Colony Place, Suite 140 | (p) (919) 490-6393; (800) 800-8982 | |
| Durham, NC 27705 | (f) (919) 490-5106 | |
| Email: continuingcompetence@ncptboard.org | | |
| Web Address: www.ncptboard.org | | |

Download Application and Print; complete the application in full and mail to above address for approval.

Section I. **Provider Information;** All Applicants must Complete;

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|-----------------------------------|-------|-----|
| *Date of Application: | | |
| Provider/Sponsor Name: | | |
| Provider/Sponsor Contact Person: | | |
| Provider/Sponsor Mailing Address: | | |
| City | State | Zip |
| Telephone | Fax | |
| Email Address | | |
| Website Address | | |

*REMINDER: Deadline for Provider/Sponsor Application submission – at least 60 days prior to course presentation; Deadline for Licensees at least 30 days prior to course presentation

Section II. **Individual Licensee Information;** Licensee Completes for Course Approval

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| Licensee Full Name: | | |
| NC PT/PTA License #: | | |
| Mailing Address: | | |
| City | State | Zip |
| Daytime Telephone | Fax | |
| Email Address | | |
| Website Address | | |

Section III. **Program Information;** All Applicants must complete or attach

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| Course Title |
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| Date(s) of Course Presentation |
| Location(s) of Course Presentation (including name and addresses) |
| Attach a copy of course brochure if available including: course schedule (description of time devoted to each topic including all breaks, meals, etc.) and course description |
| Attach course learning objectives for the participant (3-5 behaviors achievable by the participant in the time available for the course or measureable by the presenter) |
| Attach a copy of Curriculum Vitae for each speaker including professional licenses and numbers, academic degrees, educational institutions attended and credentials and relevant clinical experience to teaching this course |
| Attach all written materials given to the participant at or before the time of the course |
| Attach a description of the relevance of this material to the profession or practice of physical therapy. This should include a bibliography of references within the past 7-10 years and materials that demonstrate the scientific evidence of the intellectual or practical content of the activity. |
| Attach a description of Instructional Methods of the course: (Live classroom or laboratory; Audio-conference, teleconference, Webinar real-time; Home study, Audio, video, Internet self-paced; Conference; other |
| Attach copy of certificate of course completion: (must include: Sponsor or Provider name, Course Title, Participants name and license number, date and location of the course, signature of authorized person) |
| Attach a description or copy of any participant assessment tools used: (written test, skill observation, oral questioning, etc.) |
| Attach a copy of course evaluation materials |

Section IV. Administrative Information

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| <p><u>Verification of Attendance</u>: REMINDER: NC Practice Act Rules require a course provider submit attendance records to the Board that include: the full name, professional designation, license number and signature of all those completing the course within 90 days of course completion.</p> <p style="text-align: center;">Attach a sample attendance sheet.</p> |
| <p><u>Attestation</u>: I certify that I have read Rule 21 NCAC 48G .0107 and agree to comply with those requirements. 21 NCAC 48G .0107 STANDARDS FOR CONTINUING COMPETENCE ACTIVITIES</p> <p>The Board shall approve continuing competence activities which meet the following standards and provisions:</p> <p>(1) They have intellectual or practical content based on best available scientific evidence and the</p> |

primary objective is to increase the participant's professional competence and proficiency as a licensee;

- (2) They constitute learning experiences dealing with matters directly related to the practice of physical therapy or patient welfare;
- (3) Live instruction, mechanically or electronically recorded, reproduced or transmitted material, other electronic media, or a computer website accessed via the Internet are used;
- (4) Continuing competence materials are prepared, and activities conducted, by an individual or group qualified by practical or academic experience in a setting physically suitable to the educational activity of the program or clinical experience and, when appropriate, equipped with suitable writing surfaces or sufficient space for taking notes;
- (5) Written materials are distributed to all attendees at or before the time a course is presented. These may include scientific materials based on written references printed from a computer presentation, computer website, or other electronic media. A written agenda, objectives or outline for a presentation satisfies this requirement when written reference materials are not suitable or readily available for a particular subject;
- (6) The provider remits costs as required by Rule .0112 of this Subchapter and keeps and maintains attendance records of each continuing competence experience sponsored by it in North Carolina; and
- (7) For activities that are directed to more than one discipline, or are directed primarily to another health care discipline, the Board is satisfied that the content of the activity would enhance physical therapy skills or aid in the practice of physical therapy.

History Note: Authority G.S. 90-270.26(3a); Eff. January 1, 2009.

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| Signature | Date |
| Attestation: I certify that the information given here is true and accurate to the best of my knowledge: | |
| Signature | Printed Name |
| Title | Date |

Section V. For Office Use Only

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| Date Application Received: | |
| Dep #: | |
| Method of Payment: Check: Check # | Amount |
| Course Number Assigned: | Date approved: |
| Fees: Course Provider/Sponsors: \$150.00/activity Licensees: \$25.00/activity Check or Money Order made payable: North Carolina Board of Physical Therapy Examiners | |
| Comments: | |