



Application/Approval Number: _____

Expiration Date: _____

INDIANA CHAPTER, APTA APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE

Please type or print legibly. Please allow 30 days for approval. Courses will not be considered if material is submitted after course date. To be considered for course approval, please complete this form and mail with **\$100.00** fee to:

**Indiana Chapter, American Physical Therapy Association
P.O. Box 26692
Indianapolis, IN 46226-0692**

If course is approved you are welcome to post your course on the INAPTA website. Please go to www.inapta.org to submit course. A confirmation email will be sent to you regarding the post.

Course Name: _____

Sponsoring Organization: _____

Contact Person: _____

Sponsor Address: _____

Sponsor Phone: _____ Sponsor Fax: _____

Email Address: _____

Date (s) of course: _____

Course Site: _____

Course Instructors: (Attach C.V. of Instructor)

Titles of Course Instructor

State How Course Relates to Physical Therapy:

- Copies of the following **MUST** be included to be considered for approval: ✓ Course Objectives
✓ Sample Form for Recording Attendance ✓ Sample Course Completion Certificate ✓ Brochure
✓ Sample Evaluation Form ✓ Instructor(s) CV (includes teaching experience & continuing education)

Total Number of CEUs applied for:

*60 minutes equals 1 contact

Has this course been approved previously? Yes _____ No _____

If yes, please provide approval number and expiration date: _____

This approval is for ONE YEAR. If a program is given several times during a single calendar year, with the same itinerary and schedule, then only one fee has to be submitted. Fees are non-refundable.

Indiana Chapter, American Physical Therapy Association, P.O. Box 26692, Indianapolis, IN 46226-0692