



**APPLICATION FOR CONTINUING EDUCATION UNITS**  
**Michigan Physical Therapy Association, Inc.**  
**1055 North Fairfax Street, Suite 205 Alexandria, VA 22314**  
**Telephone 1-800-765-7848 x7119/mpta@mpta.com/www.mpta.com**

**CEU Fee Schedule:**

Application for individual course for 1 year approval based on CEU's granted.

| <b>CEUs:</b>         | <b>FEE</b>   |
|----------------------|--------------|
| <b>1 - 4</b>         | <b>\$100</b> |
| <b>4.25 - 7</b>      | <b>\$150</b> |
| <b>7.25 - 12</b>     | <b>\$175</b> |
| <b>12.25 - 16</b>    | <b>\$200</b> |
| <b>16.25 or more</b> | <b>\$250</b> |

*Please request a separate application to become an approved provider for one year~  
 1-5 courses/year: \$495 6-20: \$995 Over 20: \$1500*

**CEU Application Fee:**

The non-refundable CEU application fee is based on the number of CEUs granted, and it is payable and due to the Michigan Physical Therapy Association per the fee schedule. If a course is given several times during a single calendar year, with the same itinerary and schedule, then only one fee has to be submitted. Mail fee with application or submit payment by credit card by calling 1-800765-7848 ext 7119

Applications should be submitted 60 days prior to the first date the course is to be offered. The number of CEUs approved may not equal the number requested by the applicant.

| <b>Applicant Information: All applicants must complete this section</b> |          |      |
|---|----------|------|
| Organization or Applicant Name:   |          |      |
| Contact Person:   |          |      |
| Mailing Address:  |          |      |
| Street:   |          |      |
| City:   | State:   | Zip: |
| Telephone:  | Fax:     |      |
| E-mail address:   | Website: |      |
| MPTA District Course? ___Yes ___NO    APTA Section Course? ___Yes ___No |          |      |

## Program / Course Information

### All applicants must complete this section

*Please fill in requested information directly on this form*

Title of Program/Course:

Instructor(s) Name(s):

**Location(s) and Date(s) of Program/Course\*** (If multiple program/ course dates are planned, please list the date and location of the first time it will be offered.)

**\*Multiple Locations and Dates:** The same program may be provided more than one time and at different locations within one year from the date the program is initially offered. CEU approval is valid for one year from the date of the **first** course offering without additional fees. Please complete schedule below if presented in multiple locations on multiple dates.

**City:**

**State:**

**Date:**

#### Proposed Continuing Education Units

(Attach detailed program/course schedule to verify contact hours)

**Number of CEUs Requested:** \_\_\_\_\_ (60 minutes = 1 contact hour = 1 CEU)

\*Number of CEUs requested *may not equal* the number of CEUs approved. See page 4 for details.

#### Requirements for Live/On-Site CE Course

Please **submit** Items 1-9, listed below. **\*Note:** If submitting this application for a **conference/symposium/program** with multiple, simultaneous/concurrent breakout sessions on varied topics, please submit listed items 1-4 for **each** session/topic. Failure to include requested documentation **WILL** result in the application being delayed or rejected. Incomplete applications will be closed after 60 days.

1. Program or Course Description: Please state how/why course content is directly related to physical therapy and how content improves a participant's knowledge or skills in physical therapy.
2. Learning Objectives
3. Presenter's qualifications to teach this course in narrative form, including credentials or Curriculum Vitae
4. Program or Course bibliography of at least 5 published works, published within the last 7-10 years supporting the content of the course. For details, refer to page four (4)
5. Program/course schedule including registration, meals, and all scheduled breaks
6. Measurement tool – Describe how will the learning experience be assessed. (Examples: Pre and post education assessment; lab skill demonstration; interactive case discussion, etc.)
7. Sample course evaluation form
8. Sample course certificate of completion
9. Sample sign-in sheet.
10. Descriptive brochure or other method used to advertise the program (if available), is helpful in evaluating the course

**Requirements for Home Study / Distance Learning CE Course**

Please **submit** Items 1-8, listed below. Failure to include requested documentation **WILL** result in the application being delayed or rejected. Incomplete applications will be closed after 60 days.

1. Program or Course Description: Please state how/why course content is directly related to physical therapy and how content improves a participant’s knowledge or skills in physical therapy.
2. Learning Objectives
3. Presenter’s qualifications to teach this course in narrative form, including credentials or Curriculum Vitae.
4. Program or Course bibliography of at least 5 published works, published within the last 7-10 years, supporting the content of the course. For details, refer to page four (4)
5. Justification of CEU hours requested
6. Sample course evaluation form.
7. Sample certificate of completion of the course.
8. The post-test
9. Descriptive brochure or other method used to advertise the program (if available), is helpful in evaluating the course

**SIGNATURE** of person signing course certificate or contact person for this course    **DATE**

| Method of Payment:                                    |  |
|---|--|
| <input type="checkbox"/> <b>Check</b> (check# _____ ) | <input type="checkbox"/> <b>Credit Card*</b> |

\*Credit Card payments are accepted over the phone. Please call 1-800-765-7848 x7119.

**Submit completed application and application fee to:**

**Michigan Physical Therapy Association, Inc.**  
 1055 North Fairfax Street, Suite 205  
 Phone 1-800-765-7848 x7119  
 Email [mpta@mpta.com](mailto:mpta@mpta.com)  
 Executive Director: [juliarice@apta.org](mailto:juliarice@apta.org)

**For office use  
only:**

**Approval/tracking number** \_\_\_\_\_

## INSTRUCTIONS FOR SPONSOR APPLICATION FORM

### Documents that must be submitted with completed application form and fee include:

- **Learning Objectives:** Must be clearly written to identify the knowledge and skills the participants should acquire during the course. (State what the participants will be able to do at the conclusion of the course, such as identify, describe, discuss, explain, compare and contrast, analyze, apply, integrate, etc.)
- **Presenter Qualifications:** For each presenter, instructor or laboratory assistant involved in this course/program, submit a descriptive statement or an abbreviated curriculum vita or resume that specifically identifies the professional background of each presenter and what qualifies him/her to teach or provide *this course*. Descriptive statements for each presenter should be 1-2 paragraphs in length; an abbreviated CV or resume should be no more than 2 pages.
- **Bibliography:** Submit a list of at least five (5) written works/references (i.e. textbooks, articles from professional journals or other sources), published within the last 7-10 years, that support the content of this course/program. For textbooks, include the title, authors(s), date of publication, and name/ location of the publisher. For journal articles, include the title of the article, author(s), name and volume of the journal, year of publication and page numbers of the article. (Effective 2/20/07)
- **Program/course schedule:** Submit a detailed time schedule of the live on-site program/course. CEU's are *not* awarded for breaks, meals or registration, and time set aside for course evaluation.
- **Home study / Distance Education (home study, video, CD, or web-based programs):** Explain the means by which the number of hours necessary to complete the course was determined.
- **Course Evaluation:** Submit a sample copy of the course evaluation form. The following questions are recommended: 1) Were the learning objectives met? 2) Was scientific evidence provided to substantiate information presented in the course? 3) Was the physical setting of the course conducive to learning?
- **Certificate of Completion of Course/Program:** Submit a sample certificate of completion.
- **Verification of attendance:** Include a sample sign in sheet, showing how you will verify attendance.
- **Descriptive Brochure:** If a course brochure is available, please submit. See page 2 item 10 and page 3 item 9..

### Information on page 2 item 1 of application form:

**Detailed explanation of how this course is directly related to physical therapy:** Content must be easily recognizable as pertinent to the practice of physical therapy. Content areas include evaluation and physical therapy interventions, clinical management, clinical research, applied or basic sciences, ethical obligations, professional responsibilities (including knowledge of federal and state law, risk management, documentation, and reimbursement) or other relevant subjects.