



PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT GENERAL RESPONSE FORM

Authority: 1978 PA 368, as amended
 An Evaluative Component for Professional Development Requirement (PDR) Credits earned under Activity Code 3 and 4.

Name of Physical Therapist (PT) or Physical Therapy Assistant (PTA):		License Number:
Street Address:		Apt/Bldg:
City:	State:	Zip Code:
Email Address:		Daytime Phone Number:

Pursuant to Rule 338.7163 of the Administrative Rules, Activity Code 3, PDR credit may be awarded for independent reading of article(s) related to the practice of physical therapy in a professional or scientific journal for a maximum of 6 PDR credits; Activity Code 4 indicates that PDR credits may be awarded for viewing or listening to media related to the practice of physical therapy for a maximum of 6 PDR credits. If audited you must successfully complete an evaluation provided with each article/media and/or a General Response Form.

PLEASE PROVIDE INFORMATION BELOW REGARDING EACH ACTIVITY.

Please note that you are able to earn one PDR credit for each article read under Activity Code 3. In addition, you are able to earn one PDR credit for each hour spent viewing or listening to media under Activity Code 4. These activities do not include those that are approved for PDR credit under Activity Code 1.

ACTIVITY #1

Name & Date of Article or Media Publication:	Publisher:
Date of activity & amount of time spent:	Type of activity: <input type="checkbox"/> article/reading <input type="checkbox"/> audio/visual media
Please provide a brief summary of the article/media:	
Did this article/media meet your expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you recommend this article to other physical therapists or physical therapy assistants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will the information presented assist you in performing the duties as a physical therapist or physical therapy assistant?	

NAME OF PT OR PTA _____ LICENSE NO _____

YOU MAY MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

ACTIVITY # _____ of _____

Name & Date of Article or Media Publication:	Publisher:
Date of activity & amount of time spent:	Type of activity: <input type="checkbox"/> article/reading <input type="checkbox"/> audio/visual media
Please provide a brief summary of the article/media:	
Did this article/media meet your expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you recommend this article to other physical therapists or physical therapy assistants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will the information presented assist you in performing the duties as a physical therapist or physical therapy assistant?	

ACTIVITY # _____ of _____

Name & Date of Article or Media Publication:	Publisher:
Date of activity & amount of time spent:	Type of activity: <input type="checkbox"/> article/reading <input type="checkbox"/> audio/visual media
Please provide a brief summary of the article/media:	
Did this article/media meet your expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you recommend this article to other physical therapists or physical therapy assistants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will the information presented assist you in performing the duties as a physical therapist or physical therapy assistant?	

NAME OF PT OR PTA _____ **LICENSE NO** _____

CERTIFICATION

I certify that the information provided is a true and complete record of my PDR credits earned under Activity Code 3 and/or 4.

*Unsigned forms will be considered incomplete.

Signature of Physical Therapist or Physical Therapy Assistant

License Number

Print or Type Name

Date