



WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102

Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369

INSTRUCTIONS FOR CE FORM A (NEW APPROVAL)

Use CE form A for courses being submitted to this board for the first time or for courses that were previously approved by the board that need the title, presenter, or course objectives changed. Courses are only approved for the calendar year requested and must be submitted separately for each calendar year.

- **Accompanying brochure/printed information should contain:**

- Objectives
- Agenda - In hour by hour format
- Date and Location (if known)
- Presenter Information

- **Presenter Information**

Instead of a complete biography or resume, a summarized paragraph on each presenter that includes professional designation, schooling, experience, etc., is preferred.

- **\$50.00 Non-Refundable Fee**

If submitting more than one course, fees may be combined into one business check, money order or cashier's check. Our office cannot accept personal checks nor cash.

- **Time Frames**

All materials should be submitted to this office at least eight weeks prior to the date the course is being offered or the date an answer is needed from this board. Processing time is extended from October through January due to licensure renewal season. Incomplete applications or incorrect fee amounts may be returned and delay your approval.

- **Approved Courses**

An approval number will be assigned, and an approval letter will be sent via mail. The number of contact hours granted is the number of actual hours of instruction for the course. This board reserves the right to approve all or part of any course.

- **Approved Courses Listing**

All approved courses are listed on our website. The board is not responsible for courses not being posted prior to course date.

- **Include the following statement on course materials:**

"Approval of this course does not necessarily imply that the WV Board of Physical Therapy supports the views of the presenter or sponsor."

- **Required Documentation for Attendees**

Attendees should receive a copy of brochures, handouts, payment receipt, and a certificate. This certificate should state the person's name, name of the course, date of the course, number of hours earned, WV Approval number, and a signature of your company's representative.

- **PT/PTA Mailing List**

To receive a mailing list price quote, please submit your listing request via email to wvbopt@wv.gov. Listings include name, preferred mailing address and email address, and are available in excel and printed label format. It is our suggestion that you wait for course approval prior to purchasing the listing. Fees are non-refundable even if the course is NOT approved.



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CE FORM A- NEW COURSE APPLICATION FOR CONTINUING EDUCATION REVIEW

Mail this completed form to our office at the address listed above with requested course information and \$50.00 fee.

SECTION I: Company/Organization Information			
Company/Organization:		Phone:	
Contact Name:		Fax:	
Address:			
City:	State:		Zip:
Email:	Website:		

SECTION II: Mailing Address (Leave blank if same as Section I.)	
Name:	
Address:	City:
State:	Zip:

SECTION III: Contact Information for Online Listing (Leave blank if same as Section I.)		
Name:	Phone:	Email:
Company:	Fax:	Website:

SECTION IV: Course Information	
Course Title:	
Approval Year:	
Live Presentation:	<input type="checkbox"/>
Home Study Course:	<input type="checkbox"/>
Internet Course:	<input type="checkbox"/>

SECTION V: Course Details		
If 4 or more course dates, put "Various" and provide a list.		
Course Date:	Location:	Presenter(s):
Course Date:	Location:	Presenter(s):
Course Date:	Location:	Presenter(s):
Target Audience (Check one):		
PTs only <input type="checkbox"/> PTAs only <input type="checkbox"/> Both PT/PTAs <input type="checkbox"/>		
Number of contact hour's requested (All or part may be approved):		
Registration Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

SECTION VI: Other Board/Organization Approval	
This same course with the same presenter(s) has been approved for the current or previous year for the same number of contact hours by the following organizations, Physical Therapy boards, or licensing boards:	
PT Boards:	
Other Boards/Organizations:	

SECTION VII: Signature	
Signature:	Date: