

Tennessee Physical Therapy Association
Reviewer's Evaluation Form for Course Approval

Course Name _____

Course Number _____

Criteria Met
Yes No

Criteria

- ____ 1. The content is relevant to physical therapy practice (clinical practice, clinical education, clinical research, clinical management, clinical science, professional ethics, Tennessee laws relating to the practice of physical therapy).
- ____ 2. Course objectives are clearly stated and identify the knowledge and/or skills that the participants should acquire during the course.
- ____ 3. The course content is consistent with the stated objectives.
- ____ 4. The instructional methods are appropriate to achieve the objectives.
- ____ 5. The instructor(s) have appropriate qualifications and credentials in the content areas of the course.
- ____ 6. The method used to assess a participant's attainment of the course objectives is appropriate.
- ____ 7. The evaluation form that the participants must complete is appropriate.

____ Approved for ____ CEUs (____ contact hours)

From _____ to _____
(Initial Date) (Ending Date)

____ Application denied (attach explanation of reason for denial)

Reviewer _____ Date _____