

**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 \_\_\_\_\_