

Course Number _____

PT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Physical Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Phone Number:

(_____) _____

Seminar or Course Title: _____

Sponsor of Seminar or Course (as listed on certificate): _____

Sponsor Telephone: _____ **or Web Site:** _____

Requesting approval for Category A or Category B:

_____ **Category A - Synchronous** (Instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with immediate opportunity for instructional feedback)

Date(s) of Seminar or Course: _____

Contact hours Requested for Category A Activity: _____

or

_____ **Category B - Asynchronous Instruction** (Instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback)

On-line course _____; **Video/Audio course** _____; **Home study course** _____;
Other _____

Contact hours Requested for Category B Activity: _____

Committee Use Only: _____

Date reviewed: _____ Reviewer Initials: _____ Ethics- Yes/No

Approved for _____ **Category A / B Hours for the** _____ **reporting period**

Tabled- Need additional information: _____

Denied (reason): _____

The following information must be included or your request will be returned:

1. Itemized Agenda – breakdown of time spent in instruction period, break time, meals etc.

2. Statement of program goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of physical therapy

3. Speaker/Presenter Credentials (relevant to the field of physical therapy)

For approval of a group study project, submit a full description including an outline of the topics, subtopics, bibliographical citations or copies of the printed materials, a time and place of study, the methods to be used, the number of hours sought, and any other information relevant to the evaluation of the proposed project. Note: Study groups must consist of at least four members.

Certificates of Attendance/Completion should reflect correct sponsor for guaranteed credit.
Questions? Call Robyn Hall, Director of Licensing 405/962-1400 x113.

Requests must be received at least ten (10) days prior to a scheduled Committee meeting