



American Physical Therapy Association
South Carolina Chapter

The South Carolina Chapter of the APTA
SCAPTA

Application for Approval of Continuing Education Units

Sponsor Name: _____

Contact Person: _____

Phone: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Authorized Signature: _____

Program Title: _____

Dates: _____ Tuition/Fees: _____

Location(s): _____

Check all that apply:

- Facility adequate for anticipated audience Patients
 Equipment and instructional aids consistent with program objectives

Speaker(s) Name(s) and Title(s): _____

Audience: PTs PTAs Students other (please specify) _____

Contact Hours outlined on brochure: _____ Anticipated Audience: _____

CEUs Requested: _____ Type Program (i.e. seminar): _____

The following information must accompany this application:

- 1) Draft of Program Brochure or outline (including time per topic area)
- 2) Course Objectives
- 3) Statement of means/method for participants to demonstrate what they have learned (should be consistent for all participants)
- 4) Program Evaluation
- 5) Curriculum Vitae for speakers
- 6) Application fee of \$100 made out to SCAPTA for approval only (include additional \$25 for course posting on website)

Approved courses will be posted on the SCAPTA website, www.scapta.org, for an additional \$25 fee.

Please send this completed application *without a signature requirement*, along with the items listed above to: Dr. Lisa Saladin * 1325 Overcreek Ct * Mt Pleasant, SC 29464 * saladinl@musc.edu

- ~ Courses meeting criteria may be approved for a period of one year ~
- ~ Applications must be received by SIX WEEKS prior to course date ~
- ~ Approval/Denial Letters will be emailed/mailed within 30 days of receipt ~