



APTA

American Physical Therapy Association
Montana Chapter

PO Box 8575 • Missoula MT 59807 • Ph/Fx: 406-543-1823 • www.mapta.com • maptaed@mapta.com

Application for Endorsement of Continuing Education Courses

INSTRUCTIONS

The Montana Chapter of the American Physical Therapy Association (MAPTA) Committee on Continuing Education reviews courses to determine their suitability for physical therapists and physical therapist assistants licensed in the State of Montana. Endorsement of a course by MAPTA is **NOT** a requirement of the State although the Montana Board of Physical Therapy Examiners has indicated that it will accept MAPTA-endorsed courses for credit toward re-licensure for PTs and PTAs.

MAPTA maintains a list of endorsed courses and will provide that list to the Board of Physical Therapy Examiners and inquirers.

Who Should Apply

Course sponsors presenting a course of any length in Montana to an audience that includes physical therapists and/or physical therapist assistants who want to ensure suitability of course materials to the practice of physical therapy. Courses presented in a variety of formats are eligible to apply, including: on site, internet, video, audio, etc. Courses that are repeated within the same calendar year do not require additional endorsement for continuing education units provided the course content, location, and speakers have not changed. See Board of Examiner's website for more information.

When to Apply

To insure notification of endorsement or denial of endorsement prior to the course, applications should be postmarked to the Committee no later than thirty (30) days prior to the course date. Sponsors may apply for endorsement after the course dates, but sponsors are responsible for notifying participants of MAPTA endorsement or denial.

What to Include

Applications should include the following:

1. Completed application form
2. Course objectives
3. Course outline with content and time schedule
4. Copy of evaluation form
5. Forms for recording attendance
6. Course materials OR bibliography (up to 4 pages)

Where to Apply

Applications preferred (but not necessary) in electronic pdf or Word format. Applications should be submitted to the Montana Chapter - APTA, maptaed@mapta.com; P.O. Box 8575, Missoula, MT 59807. Questions regarding the application or endorsement process, should be directed to the Committee Chair, Jim McLean, PT at 406-626-2491 or jmmfpt@montana.com.

Fee

The application fee is \$75, payable to MAPTA, and should accompany the application. The fee is non-refundable. The MAPTA's federal employer identification number is: 23-7256199.

Certificates

Continuing education certificates are the responsibility of the course sponsor. MAPTA will be happy to create and mail certificates to participants of an MAPTA-endorsed course for a cost to the course sponsor of \$2.50 per attendee. This option is available to you within thirty (30) days of the conclusion of the course. Requests for certificates generated by MAPTA should be requested in writing, accompanied by payment, a copy of attendance records which include participants' names and complete addresses, and an original course brochure or program. The advantage of having MAPTA process certificates is that this insures there is a permanent attendance record and makes it easy for participants to obtain a replacement certificate if the original is lost.

*MAPTA is **NOT** the licensing agency for PTs and PTAs in Montana. For information regarding licensure or practice rules specific to the State of Montana, contact the Board of Physical Therapy Examiners at (406) 841-2300.*

Montana Chapter - American Physical Therapy Association
APPLICATION FOR ENDORSEMENT OF CONTINUING EDUCATION COURSES

Please note that incomplete applications will be returned to the sponsor.

NAME OF PROGRAM: _____

DATE OF PROGRAM: _____ LOCATION: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

(1) PURPOSE OF PROGRAM: How will this program directly contribute to the professional competence of PTs? _____

(2) INSTRUCTORS & TITLES: _____

(3) WHAT EXPERIENCE DO THE INSTRUCTORS HAVE IN TEACHING THIS COURSE? _____

(4) HOW MANY HOURS OF CONTINUING EDUCATION CREDIT APPLIED FOR: _____

(5) WHAT IS THE TARGET AUDIENCE? (PTs, Nurses, massage therapists, etc.) _____

(6) EXPECTED ATTENDANCE: _____

(7) PLEASE ATTACH: (A) Course objectives, (B) Course outline with content and time schedule, (C) Copy of Evaluation form, (D) forms for recording attendance, and (E) course materials OR bibliography.

Applicant's signature _____ Date _____

Mail to: MAPTA • PO Box 8575 • Missoula, MT 59807

See instructions for additional contact information.

*If you have questions, please contact **MAPTA** at 406-543-1823 or maptaed@mapta.com.*

For office use only	Notification of Endorsement/Denial
Your application is: <input type="checkbox"/> Endorsed <input type="checkbox"/> Denied for Endorsement	
CEUs endorsed: _____	
Signature _____	Date: _____



Evaluation Form for MAPTA Continuing Education Credits

Course Name _____

Location of Course _____

Date(s) of Course _____

Speakers: _____

Contact Person _____

Contact Information _____
Mailing Address Phone Fax Email

-----[Official use only]-----

Criteria for Approval	Yes	No
Are the course objectives clearly stated?		
Are the speakers PT's or have education comparable or greater?		
Is the material likely to improve the knowledge or skills of PT?		
Is the course location/setting appropriate for the course being given?		
Is a copy of the program/brochure provided?		
Does the program brochure outline course content sufficiently to determine that course objectives will be met?		
Does it outline course times and breaks?		
Is a bibliography or resource list provided? [Please limit to 4 pages]		
Has a copy of the course evaluation form been provided?		
Does the course have significant intellectual or practical content that deals primarily with substantive PT issues?		

Comment _____

- This course has been endorsed for _____ contact hours, or _____ CEUs.
- This course has not been endorsed.
- This course has been conditionally endorsed if missing criteria is met _____

Approved by: _____
Signature

Date: _____

Please note courses that are repeated within the same calendar year do not require additional endorsement for CEUs provided course content, location, and speakers have not changed.

**This is the only notice you will receive of the committee's decision.
Note: 1 CEU = 10 contact hours**