

# Vermont Chapter American Physical Therapy Association

**15 North River Rd  
Tolland, CT 06084**

Thank you for your interest in pursuing the Vermont Chapter of The American Physical Therapy Association approval for your course. We strive to provide and support quality educational and informative seminars and courses for our membership. We ask that you please completely review and complete the attached information in order to proceed with the approval process.

Approval by the VT APTA provides a number of promotional opportunities and will allow you to better market your course/seminar to members of the chapter. Approved courses are advertised on the chapter website with a listing providing information regarding registration, location, times as well as a citation as approved course work in conjunction with continuing education requirements across the state. Approved courses are certified to list on pertinent brochures and advertisements their affiliation as an approved course with the VT APTA

Please feel free to direct questions regarding VT APTA course approval to [tamara@leahymg.com](mailto:tamara@leahymg.com) We look forward to the opportunity to work with you in the provision of quality educational courses.

Respectfully

James Leahy, CAE  
Executive Director  
VT APTA

# Vermont Chapter, American Physical Therapy Association

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## *Application and Checklist for Approval of Continuing Education Hours*

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Sponsor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Program Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Tuition/Fees: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Hours Awarded \_\_\_\_\_

*The presenter must be able to provide evidence of qualifications consistent with the material presented and have at minimum two years of experience in the area of presentation. Evidence may include past presentation of material as well as publications associated with subject area.*

**Fee: The fee for VT APTA approval of programming must be received at the time of the application. Payment may be in the form of a check made payable to the VT APTA or via by credit card through PayPal.**

\_\_\_ \$80 (1-3 hrs)

\_\_\_ \$150 (4-7 hrs)

\_\_\_ \$225 (8 or more hrs)

\_\_\_ Exempt APTA Component Program

***Method of Payment***

\_\_\_ Check

\_\_\_ Credit Card\*

*If paying by credit card, please send through PayPal by to [vtapta@leahymg.com](mailto:vtapta@leahymg.com), prior to submitting application*

***If course is not approved the applicant, (course provider) will be refunded the fee less \$50.***

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**The following information or materials must be sent with the application. Approval will not commence until all materials are received by the VT APTA.**

**Course Sponsor**

- Name
- Organization
- Address
- Telephone Number
- Fax Number
- Email Address

**Program**

- Contact Hours
- Objectives
- Course Outline
- Course Schedule
- Method of Instruction
- Participant Eval of Program

**Program Information**

- Title
- Date(s) of Program
- Location
- Fee
- Cancellation Policy

**Proof of Attendance Certificate**

*(all of the below)*

- Participants Name
- Presenters Name
- Title of Program
- Date(s) of Course
- Location of Attendance
- Number of approved contact hours/CEHS

**Target Audience**

- Basic
- Intermediate
- Advanced
- Open

\_\_\_ **Approved**      \_\_\_ **Not Approved**

\_\_\_ **Approved Contingent On:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_