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Maryland
DEPARTMENT OF HEALTH

MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS

4201 PATTERSON AVE.
BALTIMORE, MARYLAND 21215-2299
Office: 410-764-4718 Fax: 410-358-1183

https://health.maryland.gov/bphte

OFFICE USE ONLY	
LR#: ____ (Year) - _____ (Number) **Date Received:** _____ **Approved:** ☐ **Denied:** ☐ **Date Notified:** _____	Date Stamp Here

CEU Course Licensee Review Request

NOTE: Please type or print clearly

Under ***COMAR 10.38.08.08 F***, a licensee may request the Board review without charge, a course brochure, outline, or agenda before a licensee attends a course. The review request ***must be received by the Board at least 30-days in advance of the scheduled course date***. If the review is received less than 30-days prior to the course the Board cannot review it for approval. If this is a self-study course the review request must be made prior to taking the course. The Board will not review a request for a course that has already been taken. This does not mean you cannot use the course for renewal as long as it does not appear on the denied list. If at the time of renewal, the Board has a question about the course, you will be contacted for additional information. If you are not contacted then the course was accepted.

To request a review, complete this application and attach the following: *(One course per request)*

- A course brochure, outline, or agenda that shows:
  - The content is relevant to the clinical practice of physical therapy & directed to a professional audience
  - A clear & concise written statement describing the course's intended Learning Outcomes, Behavioral Objectives and/or Performance Objectives (learning assessment tool, posttest & brochure may be included)

You can mail the complete review request to the Board at the address above or email it to ***Project Manager Khadija Ali at Khadija.ali1@maryland.gov***. You will be notified of the results of the review request.

Course Title: _____

Course Date: _____ **Or** ☐ **Self-Study**

Licensee review request made by:

Name: _____ (First) _____ (M.I.) _____ (Last)

Street: _____

City, State Zip: _____

License #: _____ **Home Phone #:** _____ **Cell Phone #:** _____

Email: _____