



MARYLAND
Department of Health

MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS

4201 PATTERSON AVE.
BALTIMORE, MARYLAND 21215-2299
Office: 410-764-4752 Fax: 410-358-1183

<https://health.maryland.gov/bphte>

OFFICE USE	
Date of Application: _____	CEU #: _____
Approved: ___ Yes ___ No	Date _____
Letter Sent: _____	CEU's Awarded _____

CEU Course Sponsor Application

NOTE: Please print or type clearly

The application **must be received by the Board at least six weeks in advance of the scheduled course date**. There is a required **\$50.00 filing fee** per course that must accompany this application. Only one course per application will be accepted. The application will not be processed without it. Please make your check or money order payable to the **Maryland Board of Physical Therapy Examiners**.

When filling out the application the Course Sponsor shall be listed as it will appear in all marketing material and the Board's website. The Board will not list your web address.

Please attach a **course agenda** to this application. The agenda shall be broken down hour by hour, including break and meal times. The total number of contact hours, excluding meals, breaks and registration shall be listed. The agenda shall also list the Course Behavioral and Performance Objectives each student should be able to accomplish at the end of the course. Also, describe how the content is pertinent to the practice of physical therapy. A copy of any learning assessment tool used during the course should be attached.

Please include a CV as documentation of expertise for each speaker. If an instructor is not licensed in Maryland, and is planning to perform "Hands On" physical therapy, a restricted license is required. Send a copy of their current license, and the required \$125.00 fee for a restricted license valid for the course dates only.

Title: _____

Location: _____

Course Fee: _____

Target Audience: _____

of Attendee's _____

CEU's Requested: _____

Course Date: _____

Course Sponsor:

Contact Person:

Name: _____

Name: _____

Street: _____

Street: _____

City, State Zip: _____

City, State Zip: _____

Phone #: _____

Phone #: _____

EMAIL: _____