



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 ONLY	
CEU#: _____ - _____ <small>Year Number</small>	Date Stamp Here
Payment #: _____	
Amount: _____	

CEU Course Sponsor Application

NOTE: Please print or type clearly

The application **must be received by the Board at least six (6) weeks in advance of the scheduled course date**. There is a required **\$50.00 filing fee** per course that must accompany the application or it will not be processed. **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 instructor's current state license, and the required \$125.00 fee. Restricted license are valid for the course dates only. **All fees are non-refundable**. Make check or money order payable to the **Maryland Board of Physical Therapy Examiners**. If paying online with a credit card you must include a copy of the credit card payment receipt with the application. Applications will only be accepted in paper form. The Board does not accept applications on disc or thumb drive.

Only one (1) course per application will be accepted. *When requesting CEUs, refer to COMAR 10.38.08 definition: "Continuing education unit (CEU)" means the basic unit of measurement for a licensee's direct participation in continuing education consisting of 10 contact hours. "Contact hour" means a period of 60 minutes in which actual learning takes place.*

To complete the application, attach the following

- A course agenda that shows total contact hours (excluding registration, breaks, & meals) and hour-by-hour details
- A clear & concise written statement describing the courses intended Learning Outcomes, Behavioral Objectives and/or Performance Objectives (learning assessment tool, posttest & brochure may be included)
- Describe how the content is relevant to the clinical practice of physical therapy & directed to a professional audience

Title: _____

Initial Application: ____ Yes ____ No Renewal Application: ____ Yes ____ No

Location: _____ Course Fee: _____

Target Audience: _____ # of Attendees _____

CEUs Requested: _____ Course Date: _____

Course Sponsor as it appears in materials: Contact Person: _____

Name: _____ Name: _____

Street: _____ Street: _____

City, State Zip: _____ City, State Zip: _____

Phone #: _____ Phone #: _____

Email: _____

Course Sponsor Application Check List:

Have you included the following items to avoid a delay in processing your application?

- Course Agenda (Total contact hours (excluding registration, breaks, & meals) and hour-by-hour details)
- Courses intended Learning Outcomes, Behavioral and/or Performance objectives
- Description of course relevancy to clinical practice of physical therapy & directed to professional audience
- Learning assessment tool, posttest & brochure to support learning outcomes & objectives (optional)
- Curriculum Vitae(s)
- Payment enclosed or payment receipt (\$50.00 per course)

- Restricted license needed? Yes / No (circle one)
- Copy of current state license enclosed for each instructor
- Payment enclosed or payment receipt (\$125.00 each)

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Assessment & Reference

- 1 Relevant to the clinical practice of physical therapy
- 2 Directed to a professional audience
- 3 Course Agenda - hour-by-hour breakdown
Clear and concise written statement describing the intended learning outcomes, behavioral
- 4 objectives, and/or performance objectives
A curriculum vitae for each instructor describing the instructor's competence in the course
- 5 subject matter and skill in instructional methodologies.

Date of application: _____

Date approved/denied: _____ Approved Denied

Date letter sent: _____ CEUs awarded