

INSTRUCTION SHEET

ILLINOIS PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT CONTINUING EDUCATION SPONSOR APPLICATION

C.E. APPROVED SPONSOR

In order for Physical Therapists and Physical Therapist Assistants to obtain credit for attendance at continuing education (C.E.) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Physical Therapist and Physical Therapist Assistant Continuing Education Sponsor Application.
2. Forward a fee of \$500 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (State agencies, state colleges and state universities in Illinois are exempt from paying this fee.)
3. Submit a sample 3 hour C.E. program with course materials, presenter qualifications and course outline for review prior to being approved as a C.E. sponsor.
4. Enclose a sample "Certificate of Attendance," which contains the following:
 - a) the name, address and license number of sponsor;
 - b) the name and address of the participant;
 - c) a detailed statement of the subject matter;
 - d) the number of hours actually attended in each topic;
 - e) the date and place of the program; and
 - f) the signature of the sponsor.

Continuing Education Sponsors and Programs shall mean:

1. American Physical Therapy Association and its components, including the Illinois Physical Therapy Association;
2. Colleges, universities, or community colleges with accredited physical therapist or physical therapist assistant education programs.
3. Any other person, firm, association, corporation, or group that has been approved and authorized by the Department.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Physical Therapy Licensing and Disciplinary Board. Subsequent to Board review, you will be advised of their recommendation.

LICENSURE C.E. RENEWAL REQUIREMENTS

Each person who applies for renewal of a license as a Physical Therapist shall complete 40 hours of C.E. relevant to the practice of physical therapy during the prerenewal period.

Each person who applies for renewal of a license as a Physical Therapist Assistant shall complete 20 hours of C.E. relevant to the practice of physical therapy during the prerenewal period.

C.E. COURSE CONTENT

All C.E. courses shall:

- a) Contribute to the advancement, extension and enhancement of the professional skills and scientific knowledge of the licensee in the practice of physical therapy;
- b) Provide experiences that contain scientific integrity, relevant subject matter and course materials;
- c) Be developed and presented by persons with education and/or experience in the subject matter of the program;
- d) Provide for a mechanism for the evaluation of the program by the participants.

All programs shall be open to licensed physical therapists and physical therapist assistants and not be limited to the members of a single organization or a group and shall specify the number of C.E. hours that may be applied toward Illinois C.E. requirements for licensure renewal.

SPONSOR RESPONSIBILITY AND APPROVAL

1. The sponsor shall be responsible for verifying full time continuous attendance at each program.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.
3. Each C.E. program shall provide a mechanism for evaluation of the program by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

4. An approved sponsor may subcontract with individuals and organizations to provide approved programs.
5. All programs given by approved sponsors shall be open to all Physical Therapists and Physical Therapist Assistants and not be limited to members of a single organization or group.
6. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.

C.E. SPONSOR RENEWAL REQUIREMENTS

To maintain approval as a sponsor, each sponsor shall submit to the Department by September 30 of each even-numbered year a renewal application, a \$250 fee, and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given by the sponsor and by any subcontractor.

**Illinois Physical Therapist and
Physical Therapist Assistant
Continuing Education Sponsor Application**

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

Date Approved: _____

INSTRUCTIONS

Submit the following with this application:

1. A \$500 fee.
2. Sample Certificate of Attendance.
3. A copy of a sample program with presenter qualifications, course materials and course outline.

Return application to: Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)						
3. ADDRESS (Include Street, City, State, and ZIP Code)	4. TITLE						
5. NAME OF PERSON RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	6. TELEPHONE NUMBER (Include Area Code)						
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. EMAIL ADDRESS (REQUIRED)						
9. SPONSOR IS: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> School, College or University</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State Agency</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Other (Describe) _____</td> </tr> </table>		<input type="checkbox"/> School, College or University	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Individual	<input type="checkbox"/> State Agency	<input type="checkbox"/> Firm	<input type="checkbox"/> Other (Describe) _____
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<input type="checkbox"/> Individual	<input type="checkbox"/> State Agency						
<input type="checkbox"/> Firm	<input type="checkbox"/> Other (Describe) _____						
10. ORGANIZATIONAL PURPOSE AND OBJECTIVES							
11. SPONSOR'S BACKGROUND IN PHYSICAL THERAPY							
12. Specify length of time Sponsor maintains records: _____							
13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)							
_____ Signature of Person Submitting Application	_____ Title						
_____ Type or Print Name of Person Submitting Application	_____ Date						

AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1340.61 c) 2) and all other criteria in 68 Ill. Adm. Code, Section 1340.61; and
2. That this sponsor will be responsible for verifying full-time continuous attendance at each program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1340.61 c) 7); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1340.61; and
4. That each C.E. program shall provide a mechanism for evaluation of the program by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly; and
5. That this sponsor may subcontract with individuals and organizations to provide approved programs; and
6. That all programs given by this sponsor shall be open to all Physical Therapists and Physical Therapists Assistants and not be limited to members of a single organization or group; and
7. That this sponsor will submit by September 30 of each even-numbered year to the Department, a list of all courses and programs offered within the last 24 months, which includes a brief description, location, date, and time of each course given by the sponsor and by any subcontractor; and
8. That this sponsor will maintain attendance records for not less than five (5) years; and
9. That this sponsor will be responsible for assuring that no renewal applicant shall receive C.E. credit for time not actually spent attending the program; and
10. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1340.61) may result in disapproval of this sponsor by the Department; and
11. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

NOTARY

SEAL

Signature of Person Responsible for Continuing Education Program

Subscribed and sworn before me this _____ day of _____, _____.

Signature of Notary Public

NAME OF CE SPONSOR:

Profession: