



**WEST VIRGINIA BOARD OF PHYSICAL THERAPY**  
2 Players Club Drive, Suite 102  
Charleston, West Virginia 25311  
Telephone: (304) 558-0367 Fax: (304) 558-0369

**INSTRUCTIONS FOR CE FORM C (INDIVIDUAL LICENSEE CE REVIEW)**

Use CE form C for a course submitted to this board by an individual licensee. Any course submitted with this form and the \$15.00 fee will only be approved for the individual licensee who submitted the course and will not be included on our approved courses listing.

- **Completed CE Form C**

CE Form C must be completed in its entirety. Use a separate form for each course.

- **Accompanying brochure/printed information should contain:**

- Name of Course
- Objectives
- Agenda - In hour by hour format
- Date and Location
- Presenter Information

- **Presenter Information**

Instead of a complete biography or resume, a summarized paragraph on each presenter that includes professional designation, schooling, experience, etc., is preferred.

- **\$15.00 Non-Refundable Fee**

If submitting more than one course, fees may be combined into one cashier's check, business check, or money order. Our office cannot accept personal checks over \$25.00 or any cash.

- **Time Frames**

All materials should be submitted to this board at least eight weeks prior to the date the course is being offered or the date an answer is needed from this board. However, a course may be submitted after it has already been taken, as courses are approved for any offering within the approval year. Processing time is extended from October through January due to licensure renewal season, so please submit your course for review **before** October 1<sup>st</sup> in the year you are due to renew. Incomplete applications or incorrect fee amounts may be returned and delay your approval.

- **Approved Courses**

An approval number will be assigned, and an approval letter will be sent via mail. The number of contact hours granted is the number of actual hours of instruction for the course. This board reserves the right to approve all or part of any course.



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**APPLICATION FOR INDIVIDUAL LICENSEE CE REVIEW**

- Fee for individual licensee CE course review is \$15.00 per course. We accept payment via money order, cashier's check, or business check. Our office cannot accept personal checks over \$25.00 or any cash.
- This course will **not** be listed on our website.

<b>SECTION I: Company/Organization Providing Course</b>			
Company/Organization:		Phone:	
Contact Name:		Fax:	
Address:			
City:	State:	Zip:	
Email:		Web:	

<b>SECTION II: Mail Results To:</b>	
Name:	
Address:	City:
State:	Zip:

<b>SECTION III: Approval Year Requested: <u>    </u></b>
Course Title:
Live Presentation: <input type="checkbox"/>
Home Study Course: <input type="checkbox"/>
Internet Course: <input type="checkbox"/>

<b>SECTION IV: Course Details</b>		
If 4 or more course dates, put "Various" and provide a list. Send presenter bio paragraph; criteria for presenter/s are not acceptable.		
Course Date:	Location:	Presenter(s):
Course Date:	Location:	Presenter(s):
Course Date:	Location:	Presenter(s):
Target Audience (Check one): PT's only <input type="checkbox"/>	PTA's only <input type="checkbox"/>	Both PT/PTA's <input type="checkbox"/>
Number of contact hour's requested (All or part may be approved):		
Registration Required: Yes <input type="checkbox"/>		No <input type="checkbox"/>

<b>SECTION V: Other Board/Organization Approval</b>	
This same course with the same presenter(s) has been approved for the current or previous year for the same number of contact hours by other Organizations, Physical Therapy Boards, or Licensing Boards: (Please do not leave blank- if none, put "None".)	
PT Boards:	
Other Boards/Organizations:	

<b>SECTION VI: Signature</b>	
Signature:	Date: