

Wisconsin Physical Therapy Association Continuing Education Application

Sponsor Name: _____

Address: _____

Course Coordinator: _____ Phone: _____

Program Title: _____

Dates and Location of Course: _____

Target Audience: PT PTA Other: _____

Please send a brochure or course materials that contain the following information:

- Course Description
- Course Objectives
- Time Schedule and Program Content for Each Segment
(Be certain to separately identify program content regarding ethics or jurisprudence)
- Instructor(s) Names, Credentials, and Biography
- Course Evaluation Form
- Course Fees
- List of References (at least 3 current sources of evidence to support the material be presented)

Total Participant Contact Hours Applying For: _____

Number of WPTA Certificates Requested (\$.25 per copy): _____ NA

Please check here if you would like your course listed on the WPTA website. Please include course contact information (Phone, email and/or website).

Please return this completed application, requested materials, and application fee of \$75.00 (and fees for certificates if desired) to:

**WPTA
Attn: CE Application
3510 East Washington Ave
Madison, WI 53704**

Please allow 14 days for processing. Approval is good for one year from initial date of course.