For Staff Use Only

In Compliance Out of Compliance	Comp	liance	□ Out	of (Comp	olianc	e
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Arizona State Board of Physical Therapy Continuing Competence Audit Reporting Form Compliance Period: 9/01/14-8/31/16

Licensee Name:	License #	Date
To qualify as a Category A activity a course must be approved for contact hours	by a PT, medical or health care 1) accredite	ed program, 2) state or national
association or component of the association or 3) national specialty society. Reg	ardless of the sponsoring organization, app	roval by a Category A organization will
qualify a course as Category A, whether the course is taught in a classroom, on t		
education coursework, coursework towards granting or renewal of PT clinical spe	cialty certification, coursework in a PT clini-	cal residency program and coursework

in post-graduate PT education from an accredited college or university, including transitional DPT programs. In addition, courses approved through the Federation

of State Boards of Physical Therapy ProCert process are considered Category A

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CATEGORY A (MIN. 10 HRS)				FOR AUDITOR USE ONLY			
Title of course, seminar, etc.	Date(s) of course	Contact Hours	CEUs Approved By (Category A organization)	Documents Attached	Hours approved	Hours not approved	Reason for disapproval
(Pg 2 on Reverse side of this page) TOTALS							

MAKE SURE YOUR DOCUMENTATION INCLUDES DATE, PLACE, COURSE TITLE, COURSE SPONSOR, SCHEDULE, PRESENTER, NUMBER OF CONTACT HOURS RECEIVED FOR THE ACTIVITY AND PROOF OF COMPLETION.

Licensee Name:		License #					Date		
CATEGORY B Title of course, seminar, etc.	Description of category activities below.			FOR AUDITOR USE ONLY					
	Date(s)	Contact Hours	CEUs Approved By	Documents Attached	Hours approved	Hours not approved	Reason for disapproval		
B1 Study Group- 5 hours maximum	Structured meeting for study of clinical PT topic dealing with current research, clinical skills, procedures or treatment rela of PT. Minimum of 3 participants; each 2 hours participation=1 contact hour.								
B2 Self-Instruction-5 hours maximum	Structured course of study relating to one clinical physical therapy topic dealing with current research, clinical skills, procedures, or treatment related to practice of PT. 60 minutes of self-instruction=1 contact hour.								
B3 In-Service-5 hours maximum			on pertaining to current including CPR certification				tment related to practice of PT OR relating r.		
TOTALS	<u>s</u>								

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Licensee Name:			_ Licens		ate			
CATEGORY C	Descripti	on of cate	egory activities		DITOR USE ONLY			
Title of course, seminar, etc.	Date(s)	Contact Hours	CEUs Approved By	Documents Attached	Hours approved	Hours not approved	Reason for disapproval	
C1 Practice Management– 5 hours max.	Coursework concerning physical therapy administration, professional responsibility, ethics, or legal requirements applicable to PT practice settings. Must receive 'pass' in pass/fail or minimum grade of 'C' if graded. 60 minutes coursework=1 contact hour.							
C2 Teaching/Lecture—5 hours maximum	Presentation of an original education program dealing with current research, clinical skills, procedures, treatment, or practice management related to the practice of PT principally for health care professionals. Must be accompanied by written materials prepared, augmented or updated by presenter. 60 minutes of instruction=2.5 contact hours.							
C3 Publication– 5 hours maximum	blication, platform or p of 1500 words and pub				actice of PT. Credit may be earned for			
TOTALS	5							

MAKE SURE YOUR DOCUMENTATION INCLUDES DATE, PLACE, COURSE TITLE, COURSE SPONSOR, SCHEDULE, PRESENTER, NUMBER OF CONTACT HOURS RECEIVED FOR THE ACTIVITY AND PROOF OF COMPLETION.