

For Staff Use Only

In Compliance Out of Compliance

**Arizona State Board of Physical Therapy
Continuing Competence Audit Reporting Form
Compliance Period: _____**

PT/PTA Name: _____ **License/Cert #** _____ **Date** _____

To qualify as a Category A activity a course must be approved for contact hours by a PT, medical or health care 1) accredited program, 2) state or national association or component of the association or 3) national specialty society. Regardless of the sponsoring organization, approval by a Category A organization will qualify a course as Category A, whether the course is taught in a classroom, on the internet or through home study. Category A activities include continuing education coursework, coursework towards granting or renewal of PT clinical specialty certification, coursework in a PT clinical 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.

CATEGORY A MIN 10 hrs PT, 6 hrs PTA					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.

PT/PTA Name: _____

License/Cert # _____

Date _____

CATEGORY B	Description of category activities below.				FOR AUDITOR USE ONLY		
Title of course, seminar, etc.	Date(s)	Contact Hours	CEUs Approved By	Documents Attached	Hours approved	Hours not approved	Reason for disapproval
B1 Study Group—MAX 5 hrs PT, 2 hrs PTA	Structured meeting for study of clinical PT topic dealing with current research, clinical skills, procedures or treatment related to practice of PT. Minimum of 3 participants; each 2 hours participation=1 contact hour.						
B2 Self-Instruction—MAX 5 hrs PT, 2 hrs PTA	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—MAX 5 hrs PT, 2 hrs PTA	Attendance at a presentation pertaining to current research, clinical skills, procedures or treatment related to practice of PT OR relating to patient welfare of safety, including CPR certification. 60 minutes of inservice=1 contact hour.						
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.

PT/ PTA Name: _____

License/Cert # _____

Date _____

CATEGORY C	Description of category activities below.				FOR AUDITOR 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—MAX 5 hr PT 2 hr PTA	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—MAX 5 hrs PT, 2 hrs PTA	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—MAX 5 hrs PT, 2 hrs PTA	Writing for professional publication, platform or poster presentation abstracts applicable to practice of PT. Credit may be earned for material that is a minimum of 1500 words and published by recognized 3rd party publisher.						
TOTALS							

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PT/PTA Name: _____

License/Cert # _____

Date _____

CATEGORY C	Description of category activities below.				FOR AUDITOR USE ONLY		
Title of course, seminar, etc.	Date(s)	Contact Hours	CEUs Approved By	Documents Attached	Hours approved	Hours not approved	Reason for disapproval
C4 Clinical Instruction—MAX 5 hr PT 2 hr PTA	Clinical Instruction involves assisting a student PT or student PTA, PT resident or fellow acquire clinical skills. Individual receiving CI must be enrolled in a CAPTE accredited PT/PTA program or APTA approved residency/fellowship program. Each 120 hours of CI = 1 contact hour.						
TOTALS							

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