

# Advisory Committee on Continuing Competency for the Nevada Physical Therapy Board Application

Any licensed Physical Therapist in Nevada is invited to serve the Advisory Committee on Continuing Competency for the Nevada Physical Therapy Board. Volunteers are appointed by the Board as needs are identified.

In the appointment process, every effort is made to match the expertise of each individual with the needs of the Board of Physical Therapy. Also considered is balanced representation, whenever possible, among geographical areas, and licensed Physical Therapists.

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## **NAC 640.490 Advisory Committee on Continuing Education: Members; duties; quorum. (NRS 640.050, 640.150, 640.280)**

1. The Advisory Committee on Continuing Education will be composed of the following members:

(a) A member of the Board.

(b) Not more than three members representing the northern district and not more than three members representing the southern district as follows:

(1) At least one member representing physical therapists who are in private practice.

(2) At least one member representing physical therapists who work in hospitals.

(3) At least one member representing physical therapists who work primarily with children, in a school district or in the area of home health.

2. Each member of the Committee must be licensed as a physical therapist in this State at the time of his or her appointment.

3. The Committee shall:

(a) Select a Chair and Vice Chair;

(b) Recommend to the Board criteria for evaluating any material or course of study or training for continuing education;

(c) Evaluate the course or training and the material based on the criteria approved by the Board, and recommend, within 60 days after receipt of an application for approval, to the Board for its final decision the accreditation of a course of study or training or material and the number of units of continuing education to be awarded; and

(d) Advise the Board on all matters relating to continuing education.

4. A quorum of the Committee is four members, at least one of whom must be the Chair or Vice Chair.

(Added to NAC by Bd. of Phys. Therapy Exam'rs, eff. 10-17-86; A 5-19-88; 11-19-92)

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## Application Instructions/Forms

|   |   |
|---|---|
| 1 | Completed Application Form  |
| 2 | Completed Availability Form   |
| 3 | Signed Consent-to-Serve Form  |
| 4 | Attached Resume   |
| 5 | <p><b>Mail to:</b></p> <p>Nevada Physical Therapy Board<br/>7570 Norman Rockwell Lane, Suite 230<br/>Las Vegas, NV 89143<br/>Phone: 702-876-5535<br/>Fax: 702-876-2097</p> <p style="text-align: center;"><i>Or</i></p> <p><b>Email to:</b></p> <p>Charles Harvey: <a href="mailto:pted@govmail.state.nv.us">pted@govmail.state.nv.us</a></p> <p>Muriel Morin-Mendes: <a href="mailto:ptapplication@govmail.state.nv.us">ptapplication@govmail.state.nv.us</a></p> <p>Chelsea Venturino: <a href="mailto:ptadmin@govmail.state.nv.us">ptadmin@govmail.state.nv.us</a></p> |

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Name \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Present position \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email address \_\_\_\_\_

**Check the area of practice that you currently represent.**

- Private practice
- Hospital setting
- Pediatrics (school district/home health)
- Geriatrics
- Other (ex. acute care, home health, etc.)

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## Availability Form

Please be aware that if you are selected to participate on the ACCE committee the roles and responsibilities of each committee member include the reviewing of all courses that are submitted by various continuing education providers. Therefore, depending on the amount of courses received, the course review process can take anywhere from 2-4 hours or more. Each meeting may last approximately 3 hours.

### Check appropriate response.

I can commit to:

| Check (√) | Number of Meetings/Requirements   |
|-----------|---|
|           | 0-3 meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i>        |
|           | 4-8 meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i>        |
|           | 9-11 meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i>       |
|           | 12 or more meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i> |

Are there any times in the year when you would be unable to attend meetings?

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Please indicate any previously held positions on Board committees, tasks forces, or focus groups.

| Group name | Position | Dates of service |
|------------|----------|------------------|
| _____      | _____    | _____            |
| _____      | _____    | _____            |
| _____      | _____    | _____            |

**Endorsement signature(s):** All candidates must be endorsed by their employers (if applicable).

As the employer of \_\_\_\_\_ I support his/her appointment to the Advisory Committee on Continuing Competency. My assessment is that this candidate has the knowledge, skill, and ability to contribute positively to the committee's work. I agree this candidate will be released to meet at regular intervals with the committee and to accomplish the required tasks.

Employer Signature \_\_\_\_\_ Title \_\_\_\_\_

Please briefly describe why you're interested in serving on the committee(s) you've indicated and what you believe you can contribute to the committee(s).

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# Advisory Committee on Continuing Competency for the Nevada Physical Therapy Board Application

## Consent-to-Serve Form

Applicants for Appointment to the Advisory Committee on  
Continuing Competency for the Nevada Physical Therapy Board

I hereby give my consent to have my name placed before the Nevada Physical Therapy Board for consideration as a committee member for the Advisory Committee on Continuing Competency and to serve in that capacity if appointed. I agree to actively participate in the work of the committee by regularly attending meetings; completing work assignments in a timely manner; treating fellow committee members in a cordial, professional manner; and actively identifying problems and working to resolve them. I also freely agree to refrain from publishing information related to my work on the committee or about the Board without the express written consent of the Board.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Don't forget to attach your resume. Thank you for your interest in serving on the Advisory  
Committee on Continuing Competency for the Nevada Physical Therapy Board!**

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