

Nevada Physical Therapy Board



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COURSE REVIEW APPLICATION

Please Complete All Applicable

Please complete this form and return to the Board office with the required information and the appropriate fee. See the second page for the list of requirements.

Provider: _____ (Individual or Company)

Course Name: _____ (Must be descriptive & accurate)

Submitted by: _____ (If different than provider)

Area of
Specialty Practice: _____
(Orthopedics, Acute Care, Wound Care, Pediatrics, etc)

Course Type: _____
(on-site/internet/home-study/journal/video/audio/CD/DVD)

Units: _____ (unit calculations should NOT include time for breaks/meals/registration)

- 0 - 0.5 units = review fee of \$10
- .51 - 1.00 units = review fee of \$30
- 1.01 + units = review fee of \$50
- 1 hour = 0.1 units

-Payment must be in the form of a check, money order or cashier's check.
-Make payable to the Nevada Physical Therapy Board.
-We do not accept credit cards or cash.

Please select one from each line below:

1. New Application Renewal
2. Entry Level Intermediate Advanced
3. Transitional: Yes No

(Transitional courses are intended for those transitioning from one area of clinical expertise to another)

Contact Information:

Email: _____

Phone: _____

COURSE SUBMISSION REQUIREMENTS

(Do NOT return this page with your submission)

1. All submissions must be in ready-to-copy format on 8½ x 11 paper. (no staples, no brochures)
2. The following information must be included with your application and placed in order to streamline course review and processing.
 - a. Course Description
 - b. Goals and Objectives
 - c. Hour-by-Hour Timeline (for courses 4 hours or longer)
 - i. For courses that are held on numerous days and numerous instructors, please send a condensed comprehensive timeline followed by any other pertinent details to simplify timeline/unit review
 - ii. Be sure to include a precalculated unit total based on the guidelines set forth by the Board (see #4 below for link)
 - d. Brief Biography of Instructor, no more than 500 words OR brief 2 page CV.
 - e. Examination (required for any course that is not live in its entirety, example: hybrid courses)
 - f. Copy of the Certificate of Completion (with signature) - *The certificate must contain the name of the provider and a description of the course of study or training (i.e. a descriptive course title that matches the course title), along with the number of units.*
3. Do **NOT** submit course evaluations, brochures or activity planners, etc. Please submit only what is referenced above.
4. The units requested will not necessarily be the units approved. Approval is based on actual time and content of the course, and reviewed according to the legislation and regulations of the Board. Additionally, White Paper review guidelines were created and can be viewed at: <http://ptboard.nv.gov/CE/>
5. Approval for fewer units than the amount requested will not result in a refund of the fee difference. (in rare circumstances, if more units are allocated than requested, payment of the full fee – if there was an increase – will be required prior to course approval)
6. The submitted course will be placed for review on the next available agenda of the Advisory Committee on Continuing Competence (ACCC).
7. The ACCC meets at least once every two months.
8. Courses that are denied/returned:
 - a. Will have their application/materials sent back via email, with a reason for denial, these courses can be updated/application corrected and resubmitted
 - b. Initial application fee will be forfeit (a new application fee will be required upon resubmission)
9. You can view the agendas at www.ptboard.nv.gov, click on Meetings and select Continuing Education Meetings.
10. **If you require confirmation of receipt of your course application, please request a confirmation of receipt via email**
11. An email will be sent to the email address listed on the application once the ACCC has completed the review.
12. You may also visit the Board's website for a complete list of approved courses.