

# Nevada Physical Therapy Board



7570 Norman Rockwell Lane, Suite 230 · Las Vegas, NV 89143  
Phone (702) 876-5535 · Facsimile (702) 876-2097

## COURSE REVIEW APPLICATION

Please Type or Print Legibly

**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 Name: \_\_\_\_\_

Course Name: \_\_\_\_\_  
(must be descriptive and more than one word)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_

Type: \_\_\_\_\_  
(on-site, internet, home-study, video, DVD)

Units: \_\_\_\_\_

- 0 - .59 units = review fee of \$10
- .6 - 1.09 units = review fee of \$30
- 1.1 + units = review fee of \$50
- (0 - .59 units = 0 - 5.9 hours) (.6 - 1.09 units = 6 - 10.9 hours) (1.1 = 11 hours, etc.)

### Check Appropriate Box

New Course

Course Renewal

**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.**

Rev. 3/5/2018

## COURSE SUBMISSION REQUIREMENTS

(Do not return this 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.
  - a. Course Description
  - b. Goals and Objectives
  - c. Hour-by-Hour Timeline (for courses 4 hours or longer)
  - d. Brief Biography of Instructor (no more than 2 pages)
  - e. Examination (required for any course that is not live)
  - 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).*

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.
5. Approval is based on actual time and content of the course, and reviewed according to the legislation and regulations of the Board. Additionally, review guidelines were created and can be viewed at: [http://www.ptboard.nv.gov/CE\\_Meetings/ClinicalvsNon-clinicalCriteriaACCE.pdf](http://www.ptboard.nv.gov/CE_Meetings/ClinicalvsNon-clinicalCriteriaACCE.pdf)
6. Approval for less than the amount requested will not result in a refund of the fee difference.
7. Approval for more than the requested units will not result in a fee increase.
8. Denied courses will not result in a refund of the fee.
9. The submitted course will be placed on the next available agenda of the Advisory Committee on Continuing Education.
10. The Committee meets approximately every 6-8 weeks.
11. You can view the agendas at [www.ptboard.nv.gov](http://www.ptboard.nv.gov), click on Meetings and select Continuing Education Meetings.
12. **If you require confirmation of receipt of your course, please send the course via any means that provides for delivery tracking, i.e. Federal Express, UPS, etc. Board staff cannot confirm receipt of courses.**
13. A formal letter will be mailed after the Committee has completed the review.
14. You may also visit the Board's website for a complete listing of all approved courses.