NEVADA PHYSICAL THERAPY BOARD CONTINUING COMPETENCE VERIFICATION FORM

FOR ADVANCED COMPETENCY AND/OR PROFESSIONAL ACTIVITIES ONLY

**Please complete and submit this page along with the required documentation*

Licensee Name:_____ Email:_____

Phone: _____

Advanced Competency Type:

- ☐ ABPTS Exam (See 1)
- ☐ Accredited Residency (See 2)
- ☐ In-Service (See 4)
- ☐ Accredited Fellowship (See 2)

Professional Activity Type:

- ☐ APTA NV /NPTB (See 4)
- ☐ College Coursework (See 4)
- ☐ Primary Clinical Instructor (See 4)
- ☐ Con Ed Course Instructor (See 4)
- ☐ APTA NV/ NPTB Board/Committee Work
- ☐ Pro-Bono PT Service (See 3)
- ☐ Peer Reviewed Publication (See 6)
- ☐ Mentorship
- ☐ Professional Advocacy

Complete the following details as they apply to the activity type, please be as thorough as possible. For any questions/concerns, please contact the NPTB for clarification prior to submission.

1. **ABPTS Exam Specialty:**_____

Exam date:_____

2. **Residency/ Fellowship Program Name:** _____

contact Information: Program Director Name:_____

Email: _____ Phone: _____

3. **For Pro-Bono PT Service** – Please provide a brief description of how this activity is related to physical therapy:

_____

_____

_____

Contact Information: Supervisor Name: _____Email:_____

Phone: _____ Relevant Dates/Times: _____

4. ***In-Service/Organization/Program/School Name/Course Instructor:***

Contact Information: Program Director Name: _____

Email:_____Phone: _____

Relevant Dates/Times: _____

5. **For APTA NV/NVPTB Board/Committee Work:** Please provide a brief description of the activity or work:

_____

_____

Relevant Dates/Times: Duration (Minutes or Hours) _____

6. **For Peer Reviewed Publication:** Licensee role in writing/publication process and Journal Article Title:_____

_____

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7. <u>Mentorship Log</u>

Please complete the Mentorship log Below

Mentor Name & License #: _____ Email: _____

Mentee Name	Date	Description of Mentorship Opportunity:	Duration (Minutes or Hours)	Mentee Signature

Total Time (hours): _____ CCUs (1 per 20hr Mentorship): _____

Mentor Signature: _____ Date: _____

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8. Professional Advocacy log
Please complete the Professional Advocacy Log Below

Engaging in Professional Advocacy involves actively participating in either NVPT Board or APTA Nevada advocacy efforts. Specifically lobbying efforts, advocating for key issues, contributing to educational initiatives, and attending meetings to stay informed and involved in shaping the future of physical therapy in Nevada.

Mentor Name & License #: _____ Email: _____

Location	Date	Description Activism/Advocacy Opportunity:	Duration (Hours)	Lobbying Committee Signature or Picture Proof of Attendance

Total Time (hours): _____ CCUs (1CCU per 2 hrs (max 8CCUs)): _____

Licensee Signature: _____ Date of Submission for CCUs: _____