

# NEVADA PHYSICAL THERAPY BOARD CCU VERIFICATION FORM

## FOR **ADVANCED COMPETENCY** AND/OR **PROFESSIONAL ACTIVITY** ONLY

Please complete and return THIS PAGE along with the required documentation via licensure renewal

Licensee Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Advanced Competency Activity 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 #5)
- 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 physicaltherapy:

\_\_\_\_\_

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 Peer Reviewed Publication:** Licensee role in writing/publication process \_\_\_\_\_

Journal Article Title: \_\_\_\_\_

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## 6. Mentorship Log

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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## 7. 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: \_\_\_\_\_