

State of Nevada Physical Therapy Board

APPLICATION FOR THE ADVISORY COMMITTEE ON CONTINUING COMPETENCE

The Advisory Committee on Continuing Competence (ACCC) is responsible for evaluating continuing competence course applications, training, and related activities, based on Board-approved criteria.

All licensed physical therapists in Nevada are invited to apply to serve on the ACCC. Committee members 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 Nevada Physical Therapy Board. Also considered is balanced representation, whenever possible, among geographical areas, and licensed Physical Therapists.

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)*

Continue to Next Page...

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Application Instructions/Forms	
1	Complete Application Form
2	Complete Availability Form
3	Sign Consent-to-Serve Form
4	Attach Resume
5	<p>Mail Package to:</p> <p>Nevada Physical Therapy Board 3291 N. Buffalo Drive, Suite 100 Las Vegas, NV 89129 Phone: 702-876-5535 Fax: 702-876-2097</p> <p>Or</p> <p>Email to:</p> <p>April Ramirez, Board Operations Support Specialist @ aramirez@govmail.state.nv.us</p>

Continue to Next Page...

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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.)

Continue to Next Page...

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AVAILABILITY FORM

Please be aware that if you are selected to participate on the Advisory Committee, the roles and responsibilities of each committee member include the reviewing of each course submitted by various continuing education providers. The course review process can last between 2 - 4 hours or more, depending on the number of courses received. Additionally, each committee meeting may last approximately 3 hours.

Check the appropriate response below.

Check (√)	Number of Meetings/Requirements
<input type="checkbox"/>	0-3 meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i>
<input type="checkbox"/>	4-8 meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i>
<input checked="" type="checkbox"/>	9-11 meetings per year. <i>(In addition to course review hour(s) requirements. See above for additional information.)</i>
<input type="checkbox"/>	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?

Continue to Next Page...

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

Group name	Position	Dates of service

Please briefly describe why you're interested in serving on the Advisory Committee on Continuing Competence and how you believe you can contribute.

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 _____

Continue to Next Page...

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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 on the Advisory Committee on Continuing Competence, and to serve in that capacity if appointed. I agree to actively participate in the work of the Advisory Committee by attending meetings; completing work assignments on time; 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.

Printed Name _____

Signature _____

Date _____

Don't forget to attach your resume.

**Thank you for your interest in serving on the Advisory Committee on
Continuing Competence for the Nevada Physical Therapy Board!**