



MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS

4201 PATTERSON AVE.
BALTIMORE, MARYLAND 21215-2299
Office: 410-764-4718 Fax: 410-358-1183

<https://health.maryland.gov/bphte>

OFFICE USE ONLY	
CEU#: _____ - _____ <small>Year Number</small>	Date Stamp Here
Payment #: _____	
Amount: _____	

CEU Course Sponsor Application

NOTE: Please print or type clearly

The application **must be received by the Board at least six (6) weeks in advance of the scheduled course date**. There is a required **\$50.00 filing fee** per course that must accompany the application or it will not be processed. **If an instructor is not licensed in Maryland or has a Maryland PT Compact Privilege, and is planning to perform "Hands On" physical therapy, a restricted license is required.** Send a copy of instructor's current state license, and the required \$125.00 fee. Restricted licenses are valid for the course dates only. **All fees are non-refundable. All payments must be made online with a credit card at: https://mdbnc.health.maryland.gov/BPT_pay/Pay_fee_1.aspx.** You must include a copy of the credit card payment receipt with the application. Applications will **only** be accepted in paper form. The Board does not accept applications on discs or thumb drives.

Only one (1) course per application will be accepted. *When requesting CEUs, refer to COMAR 10.38.08 definition: "Continuing education unit (CEU)" means the basic unit of measurement for a licensee's direct participation in continuing education consisting of 10 contact hours. "Contact hour" means a period of 60 minutes in which actual learning takes place.*

To complete the application, attach the following

- A course agenda that shows total contact hours (excluding registration, breaks, & meals) and hour-by-hour details
- A clear & concise written statement describing the courses intended Learning Outcomes, Behavioral Objectives and/or Performance Objectives (learning assessment tool, posttest & brochure may be included)

Title: _____

Initial Application: ____ Yes ____ No Renewal Application: ____ Yes ____ No

Location: _____ Course Fee: _____

Target Audience: _____ # of Attendees _____

CEUs Requested: _____ Course Date: _____

Course Sponsor as it appears in materials: Contact Person: _____
Name: _____ Name: _____

Street: _____ Street: _____

City, State Zip: _____ City, State Zip: _____

Phone #: _____ Phone #: _____

Email: _____

Course Sponsor Application Check List:

Have you included the following items to avoid a delay in processing your application?

- Course Agenda (Total contact hours (excluding registration, breaks, & meals) and hour-by-hour details)
- Courses intended Learning Outcomes, Behavioral and/or Performance objectives
- Description of course relevancy to clinical practice of physical therapy & directed to professional audience
- Learning assessment tool, posttest & brochure to support learning outcomes & objectives (optional)
- Curriculum Vitae(s)
- Payment receipt enclosed (\$50.00 per course)

- Restricted license needed? Yes / No (circle one)
- Copy of current state license enclosed for each instructor
- Payment enclosed or payment receipt (\$125.00 each)

OFFICE USE ONLY

Assessment & Reference

- 1 Relevant to the clinical practice of physical therapy
- 2 Directed to a professional audience
- 3 Course Agenda - hour-by-hour breakdown
Clear and concise written statement describing the intended learning outcomes, behavioral
- 4 objectives, and/or performance objectives
A curriculum vitae for each instructor describing the instructor's competence in the course
- 5 subject matter and skill in instructional methodologies.

Date of application: _____

Date approved/denied: _____ Approved Denied

Date letter sent: _____ CEUs awarded