



**AC Training and Seminars**  
**Provider Continuing Competency**  
**Approval Application**



**Application Fee \$125**

- Please submit payment via Venmo (@Amy-Cady) or Zelle (949-233-6284) and submit with completed application.
- AC Training and Seminars is allotted 7 calendar days to process an application from the date it is received but typically can process within 24-48 hours.
- If application is received less than 14 days prior to the beginning of the course, the expedited service fee must be added at \$50/course.
- Applications received up until the start date of the course may be approved proactively as long as the course evaluation form is included in application packet and contains all question detailed in application. (Please note additional fee for expedited approvals.)

**Please use the following checklist to verify completion of the application.** Failure to include all requested documentation may result in delayed processing or rejection of application:

- ☐ Course description including written educational goals and specific learning objectives which are measurable and which serve as a basis for an evaluation of the effectiveness of the course as required by CCR 1399.96
- ☐ A detailed course outline (including all scheduled breaks)
- ☐ If online course, supply an outline of material to be covered, bibliography of supporting materials for the course content and Presenter qualifications (Curriculum Vitae)
- ☐ Sample participant course evaluation form
- ☐ Sample certificate of completion
- ☐ If marketing materials (flyers, brochures, etc.) were used, include a sample

**Type of Course:**

- ☐ Traditional: Onsite Course (face-to-face)
- ☐ Home Study: (text, video, or web-based)

Does this course meet the content standards set forth in article 1399.92\*?

\*Please visit: <https://www.ptbc.ca.gov> for Section 1399.92 – Content Standards for Continuing Competency. Agency ensures all requirements of section 1399.96 of the CCR are met with no exceptions made when approving a course. **Please initial** : \_\_\_\_\_

**Title of the Course:**

**Location and Dates:** (please state if presented on multiple dates)

**Requested Date of Approval:** (Recommended to be the date of the first course offering): If no date is given, the course will be valid for one year from the date it is approved.

**Proposed Continuing Education Units:**

(Program schedule must be attached to verify contact hours and requested continuing education units) Contact hours (excluding breaks): divided by 10 = CEU(s)

**Presenter(s) Name(s) (or author(s) for home study program):**

**Average Student-to-Presenter Ratio:**

**Is this course co-presented?**

☐ Yes

☐ No

If yes: Do you have procedures to identify and document the functions of each participating party?

☐ Yes

☐ No

**Evaluation Procedures:**

Describe how the presenter will determine whether the learning objectives have been met. Examples include: written test, observation of lab work, oral questions, etc.

\*Or, attach separate document.

Are participants provided with a syllabus that includes learning objectives, bibliography, and schedule (for courses offered in person) or an outline (for courses offered online)?

☐ Yes

☐ No

Does this course undergo a periodic review each year to ensure content quality and currency?

☐ Yes

☐ No

Would you like your course listed on AC Training and Seminars website and would you like to have a hyperlink provided to your website?

☐ Yes

☐ No

**Presenter Qualifications:**

- Please attach curriculum vitae (CV) / resume or statement of qualifications for each presenter. Include professional licenses and numbers, academic degrees, educational institutions attended and credentials to teach course, relevant clinical experience or experience relevant to teaching course material.
- Descriptive Brochure/Course Announcement (if used):  
Ensure that brochure/course announcement complies with regulations established by Section 1399.96 (m) under the California Code of Regulations.\*  
Section 1399.96 – Standards for Approved Providers\*  
\*Please visit: <https://www.ptbc.ca.gov> for Section 1399.96
- Bibliography of supporting material for course content:  
The bibliography must include recent peer reviewed clinical outcome studies and current references to anatomy and physiology.
- Participant Course Evaluation Form:  
Attach your program evaluation form. Providers are required to maintain a record of the participant's completed evaluations and, if audited (as required by Article 1399.95\* (b)), AC Training and Seminars with copies of all completed evaluation forms within 30 days of request. \*Please visit: <https://www.ptbc.ca.gov> for Section 1399.95

The following questions are required and must be on the evaluation form but not limited to the following:

- Were the course objectives met?
- Was evidence provided to substantiate material presented?
- Was a commercial product promoted? If yes, did the provider disclose their financial interest in products recommended during the course?
- If the course included a lab component: Was lab assistance/supervision adequate?

### **Certificate of Completion:**

Please attach a sample of your certification for approval.

On your sample certificate of completion, please include the following phrase:

“This course has been approved by AC Training and Seminars for x CEUs.”

Approved Provider ID: AC Training and Seminars

Provider Name: (You)

PT License Number: (participants #)

Course Number:

If applicable, please include the following:

- Schedule of multiple course locations
- Schedule of multiple course dates

### **Signature and Agreement**

I understand and certify that the information provided in this application is true and correct and certify that, if audited, I will comply with any request for additional pertinent information in the time specified. I further acknowledge that if there are any changes in the administration of this course program I will promptly notify AC Training and Seminars of those changes. I agree that this course will be available to all licensees without unlawful discrimination. I agree to maintain records regarding course content and licensee attendance for a minimum of seven years. Each approved provider shall ensure that any information it disseminates publicizing its continuing education courses is true and not misleading. Such information shall include a statement with the name of the approval agency, that such agency may be contacted about any concerns, any approved provider, identification number and the number of hours for which the course is approved.

I also understand that once the application has been received and payment processed, there will be no cancellation or refund of the application fee. The undersigned agrees and does hereby release from liability and hold harmless AC Training and Seminars and any of its employees or agents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

CON ED # \_\_\_\_\_

**Please contact:**

Amy Cady, Agency Director  
California Approval Provider  
949-233-6284  
actrainingandseminars@gmail.com