



AC Training and Seminars

Single Course **Individual Retroactive Continuing Competency Approval** **Application**



Application Fee \$50

- Please submit payment via Venmo, Zelle or PayPal and submit with completed application.
- AC Training and Seminars is allotted 2-3 calendar days to process an application from the date it is received. Please plan accordingly based on your particular license renewal cycle.

☐ Please check box for expedited service and add \$25

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
- ☐ Course schedule
- ☐ Presenter qualifications (Curriculum Vitae)
- ☐ Bibliography of supporting materials for the course content
- ☐ Certificate of Completion

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*** : _____

INDIVIDUAL INFORMATION:

Applicant Name: _____

Professional License #: _____

Email: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

COURSE INFORMATION:

Provider Name: _____

Provider Telephone: _____

Title of Course: _____

Location of Course: _____

Date of Course: _____

Describe how this course applies to your practice as a Physical Therapist:

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)

EVALUATION:

- 1) Were the course objectives met?
- 2) Was evidence provided to substantiate material presented?
- 3) Was a commercial product promoted? If yes, did the provider disclose their financial interest in products recommended during the course?
- 4) If the course included a lab component: Was lab assistance/supervision adequate?
- 5) What was the average student-to-presenter ratio:

ADDITIONAL DOCUMENTATION:

- **Descriptive Brochure/Course Announcement** (if available): If you do not have a copy of the brochure, please request from provider and submit with application.
- **Course Schedule:** Please provide detailed course schedule, as this will determine the number of continuing education units awarded. If this is an online course, please request from provider a detailed description of the rationale to justify the particular number of continuing education units received.
- **Presenter Qualifications:** Please attach curriculum vitae (CV) / resume or statement of qualifications for each presenter.
- **Bibliography of supporting material for course content:** If you do not have a copy of the bibliography, please request from provider and submit with application.
- **Certificate of Completion:** Please include a copy of your certificate of completion.

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 agree to maintain records regarding course attendance for a minimum of seven years.

I also understand that once the application has been received and payment processed, there will be no cancellation or refund of the application fee. Refunds will not be issued in the event this application is not approved. 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: _____

Please contact:

Amy Cady, Agency Director
California Approval Provider
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