



The application must include the CE Provider Information Form and the Course Information Supplemental Documents (see below). Incomplete applications will not be processed and more information will be requested. The application will close within 25 days of initial receipt if additional information requested is not submitted. Additional fees may be required if packet is not complete initially and additional information is received less than 2 weeks prior to course date.

## CE PROVIDER INFORMATION FORM

### SECTION 1: Applicant Information (ATTACHMENTS ARE ACCEPTED)

SPONSOR NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TYPE OF PROVIDER: HOSPITAL \_\_\_ SNF \_\_\_ OUT PATIENT CLINIC \_\_\_ OTHER \_\_\_\_\_

PROFESSIONAL EDUCATION PROVIDER \_\_\_\_\_

NUMBER OF YEARS PROVIDING CE COURSES \_\_\_\_\_

ANY LEGAL ACTION TAKEN AGAINST THE PROVIDER IN THE LAST 5 YEARS

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE DESCRIBE \_\_\_\_\_

OTHER PT STATE BOARD APPROVALS FOR THIS COURSE \_\_\_\_\_

CO-SPONSOR NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

SECTION 2: COMPANY POLICIES (ATTACHMENTS ARE ACCEPTED)

1. DESCRIBE YOUR DISCLOSURE \_\_\_\_\_

2. DESCRIBE YOUR COMPLAINT RESOLUTION METHODS \_\_\_\_\_

3. DESCRIBE YOUR POLICY ON ADA COMPLIANCE \_\_\_\_\_

4. DESCRIBE YOUR CANCELLATION POLICY \_\_\_\_\_

\_\_ I agree to indemnify and hold harmless UE Seminars from any claim or liability with the respect to the content of your course

\_\_\_\_\_

SIGNATURE OF PERSON RESPONSIBLE

PRINTED/TYPED NAME

\_\_\_\_\_

TITLE

DATE

### SECTION 3: Course Information Supplemental Documents Required

-Course Name

-Brochure or other proof of advertisement of course

-Course schedule or agenda including times, breaks, etc

-Course Objectives

-Must be measurable relative to instructional methods and delivery format

-Bibliography supporting content with at least 5 citations within last 5 yrs from peer-reviewed journals

-Presenter(s) CV (not bio)

-Participant evaluation form

-Must include the following questions but not be limited to only them:

1. Evidence was provided to support the information
2. Was the evidence provided anecdotal
3. Was the evidence the primary source of information
4. Was there a commercial product (s) promoted
5. If yes, was the promotion of the product (s) the only purpose of this course
6. The course met my goals/objectives for attending
7. Information was clear/concise
8. Handouts were useful

-Certificate of attendance form

-Must include the following:

1. Participant name and credentials
2. Course name
3. # of contact hours
4. Date and location

5. Signature and printed name and credentials of authorized person

6. Place for CA PT approval information, once granted

-Statement how the course is appropriate for PT and PTA's per section 1399.92

-Sign-in sheet with sign in/out times with signatures, license numbers, etc

-Informed consent form if patients or clients used

-Information regarding use of lab assistants: ratio of student to staff and CV's

-Type of course-live, webinar, audio, self-study

-Dates and locations of course per 12 months from initial course date approved

-Instructional level-beginner, intermediate, advanced

-Target audience information

-Tuition and fees

-Proposed contact hours

-Instructor evaluation procedures for assessing objectives met

-Course joint sponsorship information

Make check out to Susan Locker\*\* and send with application to:

Susan Locker, UE Seminars

Post Office Box 131682

Carlsbad, CA 92013

\*\*OTHER PAYMENT OPTIONS:

Credit Card or Paypal is an option. Additional fees will be added. Please contact Susan for more information.

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