



**Section III - Individual Application Fees: MUST CHECK ONE BOX**

**Processing Fee:** A fee must be received with this application in the form of a current and valid credit card (see Page 4), check or money order (made payable to Florida Physical Therapy Association). We accept MC, VISA, American Express, and Discover.

**\$30.00** for courses worth 1-9 hours of continuing education and if submitted prior to the course dates or within sixty (60) days after attendance of the course. This fee is non-refundable whether or not the course is approved.

**\$50.00** for courses worth 10 or more hours of continuing education and if submitted prior to the course dates or within sixty (60) days after attendance of the course. This fee is non-refundable whether or not the course is approved.

**\$100.00** If submitted later than sixty (60) days after attendance of the course. If the course is not approved, the fee less \$50.00 is refundable.

Please check here if paying by credit card (complete form on page 4)

**Course Provider Name:**

**City and state where course was taken:**

**Presentation format, MUST CHECK ONE BOX:**

- LIVE:** lecture, conference, interactive classroom, or real time interactive distance such as web course or webinar that was given in real time, date specific and able to interact with instructor in real time.
- HOME STUDY:** non-interactive course such as audio, video, or online e.g. WebCT, Tegrity, DVD, CD, hard copy workbooks/assigned readings; self-paced, no live interaction with an instructor online, not date specific.

**Relevance of course to PT Practice:**

**PT Continuing Education is reported in HOURS not units**

- CEU conversion: 1 CEU = 10 CEH
- One CEH = 50 minutes (.5 CEH = 25 minutes)
- Note: breaks and scheduled meal times are not included in CEH calculations

**TOTAL CONTINUING EDUCATION CONTACT HOURS YOU ARE REQUESTING \_\_\_\_\_**

**Acknowledgment of Individual Florida PT/PTA Licensee Seeking Approval:**

The information provided in this application is true and complete to my knowledge. I understand that submission for application for approval does not guarantee approval, and that it may take 4 – 6 weeks or longer to receive written and or electronic confirmation of the final decision.

**I have gathered the required attachments (outlined in Section II), and have included them along with this form for consideration of individual approval of this course. I understand it is the responsibility of the individual seeking approval to gather the necessary information from the course provider before submitting this application to the FPTA for review.**

Name of Person Submitting Application for Approval (Please Print): \_\_\_\_\_

Signature of Applicant:

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

Large empty rectangular area for additional information or attachments, containing a vertical line on the left and a horizontal grey bar near the bottom.



## Credit Card Authorization Form

Please complete and fax back to **FPTA at 850.224.5281** or mail with your application.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Amount to be Charged:** \_\_\_\_\_

**Reason for Charge:** \_\_\_\_\_

**Credit Card Information** (We accept MasterCard/Visa, Discover and American Express)

**Cardholder Name:** \_\_\_\_\_

**Card Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Corporate Cards:** Provide address where the credit card statements are received.

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

I hereby authorize **Florida Physical Therapy Association** to process payment for the above services by method of the charge card information given.

**Card Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Florida Physical Therapy Association Group Federal Tax ID: 59-6135438

**Note:** *Your card will be charged upon receipt, unless otherwise noted. This form must accompany any order in which you would like to use a credit card. Once your credit card has been charged, this information will NOT be retained in our office.*