

New Mexico Continuing Education Approval Application

The New Mexico Physical Therapy Licensing Board reviews and approves all continuing education courses, programs and activities required by individuals seeking licensure or renewal of licenses for the practice of physical therapy.

For CEU inquiries, such as Licensing Board Rules and Regulations, please contact the New Mexico State Licensing Board at http://www.rld.nm.gov/boards

A. Obtaining and Submitting and Application

All applications and supporting information must be submitted in English.

B. Required Documentation

The following items must be attached to the completed application for processing. Failure to do so will result in an incomplete application and possible rejection or delay in the application process. Application fees are non-refundable.

- 1. A copy of the current application form with all required documentation included.
- 2. A course description and learning objectives for the course.
- 3. A biography of the speaker(s) that lists qualifications to teach course content.
- 4. A detailed course schedule that outlines breaks and course content.
- 5. A course brochure, if available.
- 6. Identification of the target audience and the instructional level of the course (basic, intermediate, advanced).
- 7. A summary statement regarding the relevance of the course material to physical therapy
- 8. A method of evaluation of the course content.

C. Application Fees

1. None

All applications **must** be submitted by mail or email physical.therapy@rld.nm.gov

If there is a problem accessing material submitted, you will be contacted.



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Section One: Sponsor Information Sponsor Name **Contact Person Mailing Address** City State Zip Code Telephone Fax E-Mail Address Website **Section Two: Program Information** Has this program been previously approved? [] Yes [] No ______ If yes, what is the approval number Type of Program (identify choice): [] Traditional Onsite Course [] Home Study [] Other (text, video, web-based) Title of Program: _____ Location of the Program: City: ______State: _____ Date(s) and Time(s) of the Program: (All courses will be approved for a two-year period form the date of the course held initially) **Proposed Continuing Education Units** (Program schedule must be attached for verification of time spent in course instruction related to contact hours-breaks are not included in the verification of time). Contact hours (excluding breaks): _____hours, divided by 10 = ____CEUs.

Bibliography of Course Instructor(s) and qualifications

(Programs must be presented by a licensed health care provider or by a person with appropriate credentials and/or specialized training in the proposed course. Programs presenters are prohibited from self-promotion of programs, products and or services during the presentation of the program).

Note: Any Physical Therapist or Physical Therapist Assistant instructing in an education program that involves hands-on demonstration, must hold a current New Mexico license or apply for a temporary license.

Licensing Board's web site under "Forms"). Please list qualifications or attach a biography below: **Instructional Level:** [] basic [] intermediate [] advanced Learner's Objectives: Please list the course objectives or attach a brochure with objectives listed: **Instructional Methods:** (Examples include, but are not limited to: lecture, live or taped demonstrations, laboratory, reading of printed material and illustrations, etc.) **Evaluation Tool(s):** (Describe how the instructor/presenter will whether the course objectives have been met. (Examples include, but are not limited to: written test, observation of laboratory work, oral questions, etc.). Describe the procedures used to assess the participant's participation and attainment of objectives must be described). Please list the course evaluation procedures or provide attachments: Please review the completed application to ensure all information has been proved. Failure to do so could delay or cause the application to be rejected for CEUs. **Section Three: All Applicants Must Complete This Section** Application must be submitted with payment via check, credit card or money order. Purchase orders will not be accepted. (The application fee is non-refundable whether permission is granted or not). I certify that the information in this application is true and correct. Signature Date

Title

Printed Name

This temporary license may NOT be used to practice physical therapy for any other purpose than for the continuing education course for which it was issued. An instructor application is available on the New Mexico Physical Therapy