



## Application for Continuing Competency Units (CCUs)

Please submit this application through [CEU Locker](#) for review. Application is due 60 days prior to start of course. (Except those applicants exempt per Section 4.4 of Vermont State Administrative Rules found [HERE](#))

If course is not approved, the fee less \$50 is refundable.

### PROGRAM INFORMATION

**Sponsor Name:**

**Contact Person:**

**Phone:**

**Email:**

**Address (Street, Apt/Suite #):**

**Address 2:**

**City:**

**State:**

**Zip Code:**

**Program Title:**

**Type of Course:**

Asynchronous

Synchronous

**Tuition/Fees:**

**Cancellation Policy:**

**CCUs awarded:** 1 hour contact time = 1 CCU; When calculating CCUs please exclude meal times and breaks from calculation.

How would you rate the level of content for this course?: *check all that apply*

Basic     Intermediate     Advanced

***The following must be submitted with your application.***

Use the checklist below to ensure you have submitted all required supporting documents.

### **COURSE INFORMATION**

**Learning Objectives** (objectives must be specific and measurable)

**Course Description**

**At least 3 peer-reviewed references for the presentation topic from a peer-reviewed journal within the past 5 years.** If there is no research in the past 5 years, provide at least 5 peer-reviewed references within the last 10 years.

**Course Schedule/Outline** with break time(s), instructional method, and contact hours

**Participant Evaluation of Program**

### **PRESENTER INFORMATION**

**Current CV for all presenters** (max 5 pages for each presenter)

Be sure each item is addressed within CV:

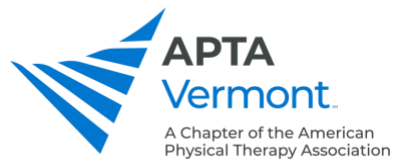
- Qualifications Consistent with Material Presented
- Research in topic presented, if applicable

### **CERTIFICATE REQUIREMENTS**

**Proof of Attendance Certificate:** *Course Sponsor is responsible for providing this to participants.*

The certificate must include the following:

- Participant's Name
- Presenter's Name
- Title of Program
- Date(s) of Course
- Location of Attendance
- Number of Approved CCU's
- Statement: *"Approved by the Vermont Chapter of the APTA, a State of Vermont Office of Professional Regulation Approved Provider"*
- Competency Disclaimer Statement (an example would be: *"This certificate establishes attendance in post-graduate education and is not a statement of competence on the part of the participant. Information provided should be always be used within scope of practice and in accordance with State Practice Act."*)



The CCU review committee of the APTA, Vermont Chapter reserves the right to reject any application.