



APPROVED CONTINUING EDUCATION  
NETWORK & DATABASE

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



**Application Fee \$75**

**Check:** Make payable to ACEND and submit with completed application

**Credit Card:** Fill out Credit Card Payment Form, and submit digitally with application

*ACEND is allowed up to 30 days to process application. Please plan accordingly based on your particular license renewal cycle.*

*Please check box for expedited service & add \$25 (application will be processed within 14 days)*

**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/brochure

Course schedule

Presenter qualifications (Curriculum Vitae)

Bibliography of supporting materials for the course content

Certificate of completion

**Submission instructions: see details after signature section**

Individual Information		
<b>Applicant Name:</b>		
<b>Professional License #:</b>		
<b>Email:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		
Course Information		
<b>Provider Name:</b>		
<b>Provider Telephone:</b>	<b>Date(s) of Course:</b>	
<b>Title of Course:</b>		
<b>Location of Course:</b>		

<b>Type of Course:</b>			
Traditional Onsite Course (face-to-face)	Online / Virtual (complete online course additional information section at end of application)	Self-Study (text, video, or Journal reading)	College University Course (Attach course syllabus and official transcript)
<b>Instructional Level:</b>	Basic	Intermediate	Advanced
<b>Does this course meet the content standards set forth in article 1399.92?</b>			Yes      No
<small>*See attached sheet for Section 1399.92 – Content Standards for Continuing Competency</small>			
<b>Describe how this course applies to your practice as a physical therapist:</b>			
<b>Proposed Continuing Education Units:</b>			
<small>(Course schedule must be attached to verify contact hours and requested continuing education units. See additional documentation section for more information)</small>			
Contact hours (excluding breaks):	divided by 10 =	CEU(s)	
<b>Presenter(s) Name(s)</b> (or author(s) for home study program):			
<small>(See Additional Documentation section for specific information regarding presenter CV/qualifications)</small>			
<b>Evaluation:</b>			
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?			
<b>Did this course provide content in the following subject matter? (If so, please list # of hours)</b>			
Ethics, laws and regulations		Life support for health care professionals	
<small>*Please include substantiating documentation (course brochure, course schedule, etc.)</small>			

### 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 ACEND and any of its employees or agents.

**Signature**

**Date**

**Printed Name**

**Title**

### Application Submission Instructions

**Digital Submission:** Email copy of completed and signed application with all necessary additional documentation to [applications@acend.org](mailto:applications@acend.org). If submitting digitally and paying by credit card, please include completed Credit Card Payment Form.

**Hard Copy Submission:** Mail a signed application and payment to the following address:

ACEND  
1560 Pine Grove Road, Suite B  
Steamboat Springs, CO 80487

### Online Course Additional Information

**What was the format of the online / virtual course?**

Live

Recorded (take at your own pace)

Other (please specify):

**Verification of Time:** *(please provide justification for the time it took you as a participant to complete the coursework)*

**How was course completion tracked by the continuing education provider?**

**Evaluation Procedures:**

Describe how the continuing education provider determined that you accomplished the learning objectives.  
Examples include: written test, oral questions, etc.

### **Section 1399.92 Content Standards for Continuing Competency**

Continuing competency hours must be obtained in subjects related to either the professional practice of physical therapy or patient/client management.

- (a) The professional practice of physical therapy includes professional accountability, professional behavior and professional development.
- (b) Patient/client management includes examination, evaluation and diagnosis and prognosis; plan of care; implementation; education; and discharge.

### **Section 1399.93 Continuing Competency Subject Matter Requirements and Other Limitations**

For each renewal cycle, a licensee's continuing competency hours must include the following:

- (a) Two hours in ethics, laws and regulations, or some combination thereof, and
- (b) Four hours in life support for health care professionals. Such training should be comparable to, or more advanced than, the American Heart Association's Basic Life Support Health Care Provider course.

### **Section 1399.95 Standards for Approval Agencies**

- (b) Each approval agency must have the capacity to evaluate each course offered by a provider in accordance with section 1399.96 and shall conduct audits of at least 10% of its approved providers' courses to ensure compliance with this article.
- (c) Each approval agency has a procedure for periodic review of courses to ensure content quality and currency.

### **Section 1399.96 Standards for Approved Providers**

Before it may approve a provider, the approval agency shall require that the provider adhere to the following requirements:

- (a) Topics and subject matter for each course shall be pertinent to the practice of physical therapy as required by section 1399.92.
- (b) Instructors for each course shall be competent in the subject matter and shall be qualified by appropriate education, training, experience, scope of practice or licensure.
- (c) Each course shall have a syllabus that includes learning objectives, bibliography and either a schedule, for courses offered in-person, or an outline, for courses offered online.
- (d) Each course shall have 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.
- (e) When an approved provider works with others on the development, distribution and/or presentation of a continuing education course (joint sponsorship), there shall be procedures to identify and document the functions of each participating party.
- (f) Each approved provider shall periodically review its courses to ensure content quality and currency.
- (g) Each participant shall be given the opportunity to evaluate each course and offer feedback to the approved provider. The approved provider shall consider any such evaluations for the purpose of updating or revising courses.
- (h) Each approved provider has a procedure to respond to complaints.
- (i) Each approved provider provides services to all licensees without unlawful discrimination.
- (j) Each approved provider shall maintain records regarding course content and licensee attendance for a minimum of seven years.
- (k) Each approved provider and instructor shall disclose any financial interest in products recommended during a course.
- (l) Each approved provider shall provide a certificate of completion to attendees.
- (m) Each approved provider shall ensure that any information it disseminates publicizing its continuing education courses is true and not misleading. Such information shall include a statement with the name of the approval agency, that such agency may be contacted about any concerns, any approved provider identification number, and the number of hours for which the course has been approved.