

---

**New Mexico Regulation and Licensing Department**  
**BOARDS AND COMMISSIONS DIVISION**  
**New Mexico Physical Therapy Board**

Toney Anaya Building PO BOX 25101 Santa Fe, New Mexico 87505  
(505) 476-4880 Fax (505) 476-4645 [www.rld.state.nm.us](http://www.rld.state.nm.us)

---

**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. If your CEUs have been approved by the national or state APTA, AOTA, or NATA you will only need to submit proof of approval from another state and the New Mexico CEU approval application. Required documentation 1-8 are not needed if preapproved by the above referenced associations or jurisdictions.

For CEU inquiries, such as Licensing Board Rules and Regulations, please contact the New Mexico State Licensing Board at <http://www.rld.state.nm.us/b&c/ptb/>. A listing of approved courses is available at this website.

**A. Obtaining and Submitting and Application**

1. An application form and instruction sheet are available for review of a course or activity for CEUs may be obtained at: <http://www.rld.state.nm.us/b&c/ptb/>
2. 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.

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.

All applications **must** be submitted electronically by email or regular mail. If there is a problem accessing material submitted, you will be contacted.

**New Mexico Continuing Education Approval Application**

**Section One: Sponsor Information**

---

Sponsor Name

---

Contact Person

---

Mailing Address

---

City State Zip Code

---

Telephone Fax

---

E-Mail Address Website

---

.....

**Section Two: Program Information**

If this continuing education course has been approved, within the last **three** years, the New Mexico Physical Therapy Board will automatically approve it. Please identify which entity and the approval date it was granted, for this course:

APTA:  Approval Date: \_\_\_\_\_ AOTA:  Approval Date: \_\_\_\_\_

NATA  Approval Date: \_\_\_\_\_ PT Board:  Approval Date: \_\_\_\_\_

Other:  Approval Date: \_\_\_\_\_

**Please note: the New Mexico PT board may audit your request for proof of approval of your continuing education course at any time.**

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 from the date the course was initially held)

**Proposed Continuing Education Units**

(The 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.

**Biography 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. 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 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**

I certify that the information on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

.....  
**FOR OFFICE USE ONLY:**

**Date Received** \_\_\_\_\_

**Approved for** \_\_\_\_\_

**Approval Signature** \_\_\_\_\_