Virginia Department of Health Professions
Board of Physical Therapy

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CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

	YES	NO
I have completed a minimum of 320 hours of active practice within the four (4) years immediately preceding renewal*	☐	☐
I have completed at least 30 contact hours of continuing competency within the 2 years immediately preceding renewal*	☐	☐

*Active Practice and Continued Competency hours completed during the time period of January 1, 20_____ thru December 31, 20_____.

DATE	COURSE NAME	ACTIVITY	# OF HOURS/TYPE	
	Please list the course name exactly as referenced on the certificate.	Conferences, consultations, teaching, peer-reviewed journals, quality improvement teams, self-instructional material	Type 1 Minimum 20 hours for PT 15 hours for PTA	Type 2 No more than 10 hours for PT 15 hours for PTA
TOTAL AMOUNT OF CONTINUING COMPETENCY HOURS RECEIVED				

As required by law and regulation, I certify that the above is a true and accurate statement regarding my participation in continuing competency hours and active practice for the specified time period.

_____ _____ _____

SIGNATURE PRINTED NAME DATE

_____

LICENSE NUMBER