



CONTINUING EDUCATION (CE) CREDIT FORM FOR VOLUNTEER PRACTICE

To be completed by the contact person at the local health department or free clinic. Maintain the completed form with your personal CE records for three years. Do not submit the completed form to the Board unless notification is received regarding a CE audit.

REGULATION ON VOLUNTEER PRACTICE FOR CE CREDIT:

Up to two of the Type 2 continuing education hours may be satisfied through the delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services.

NAME OF LICENSEE			LICENSE NUMBER
STREET ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	EMAIL ADDRESS

FACILITY WHERE CE CREDIT WAS OBTAINED			
STREET ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	

DATE OF SERVICE	NUMBER OF HOURS OF SERVICE	NUMBER OF CE HOURS CREDITED
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NAME OF CONTACT PERSON AT LOCAL HEALTH DEPARTMENT OR FREE CLINIC
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BY AFFIXING MY SIGNATURE, I AFFIRM THAT THIS INDIVIDUAL PROVIDED THE DECLARED HOURS OF SERVICE AT THIS LOCATION.

SIGNATURE: _____ DATE: _____