

IDAHO PHYSICAL THERAPY LICENSURE BOARD
Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
PO Box 83720 Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: pht@dopl.idaho.gov

CONTINUING EDUCATION APPROVAL REQUEST

INITIAL COURSE APPROVAL COURSE RENEWAL

This is a "request for approval" application for pre-licensure education, or continuing education offerings. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. Please submit this completed form and supporting documents to the address noted above. The Board may approve only those which meet the requirements of Idaho Law and/or Rule. Please review the requirements under the Board's website at <https://dopl.idaho.gov> before submitting your request.

Please note: Questions 12 through 15 apply only to dry needling courses.

PLEASE NOTE: Courses of study relevant to physical therapy and sponsored or approved by the American Physical Therapy Association (APTA) or any of its sections or local chapters; CAPTE; the National Athletic Trainers Association; an accredited, or candidate for accreditation, college or university do not require a pre-approval application. ([Rule 250.09](#))

Course, Seminar, or Conference Title: _____

1. Sponsoring Organization or Institution: _____

2. Applicant Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

3. Date(s) and Locations of offerings:

From	To	Locations:
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Requested End Date _____ (if same course will be offered by the same instructor in the future)

4. What best identifies the educational experience?

Lecture Conference Workshop Home Study Distance Learning

5. List three (3) course objectives relative to the field:

6. Exact hours per day the course is scheduled to run (attach a timed outline): _____

7. Total continuing education contact hours requested: _____

8. List name(s) of instructors (attach a resume for each instructor outlining their qualifications, education, experience, and license number).

9. Provide the name of attendance officer, and the method of certifying/assuring attendance, and who maintains original attendance records for verification? (Attach a copy of the attendance certificate that will be provided to each attendee. The licensee is required to maintain proof of attendance.)

10. Is an examination or certification part of the course? YES NO

11. Attach a course agenda. Please note, additional information may be requested by the Board following its initial review.

The following items are to be completed for dry needling courses:

12. Does this course include the required minimum of 27 hours of in-person instruction? YES NO

13. Does this course include a minimum of 16 hours of hands-on application of dry needling techniques?
 YES NO

14. Does this course include instruction and training on indications/contraindications for dry needling, safe needling technique, and blood borne pathogens? YES NO

15. Does this course require successful completion of an assessment of proficiency of dry needling, which includes a practical demonstration of the physical therapist's dry needling skills? YES NO

Upon completion, this application must be **printed in hard copy and signed and notarized**. Submit the completed application together with all of the requested supporting documentation to the Division of Occupational and Professional Licenses at the address noted.

EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached material is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Print name: _____ Title: _____

Signature of Applicant