



# FLEX THERAPISTS CEUs

1422 Monterey Street, Suite C-102  
San Luis Obispo, Ca 93401  
Ph (805) 543-5100 Fax (805) 543-5106  
www.flextherapistceus.com

**Application for Continuing Education Approval**  
*Please allow 30 days for processing*

| Applicant Information |        |           |
|-----------------------|--------|-----------|
| Course Sponsor:       |        |           |
| Contact Person:       |        |           |
| Mailing Address:      |        |           |
| City:                 | State: | Zip Code: |
| Email:                | Phone: |           |
| Website Address:      |        |           |

| Course Information  |                    |
|---|--------------------|
| Program/ Course Title:  |                    |
| Speakers:   |                    |
| Type of Course: <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Online <input type="checkbox"/> Other  |                    |
| Location of Course (city & state):  | Date(s) of Course: |
| Course Difficulty: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced   |                    |
| Course Fee:   |                    |
| Expected Instructor : Student Ratio (if known or applicable)  |                    |
| Contact Hours (confirmed by course schedule):   |                    |
| Proposed Continuing Education Credit<br>Contact hours (excluding breaks): _____ divided by 10 = _____ CEU(s)  |                    |
| Will patients be used during presentation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, the course sponsor/provider must provide copies of consent forms. Only California licensed Physical Therapist may provide patient care. |                    |

**Supporting Documentation**

**All applicants must meet the requirements as set forth by Section 1399.96 of the California Code of Regulations. Please include the following supporting documents with your application:**

- Course Brochure or Summary
- Course Schedule (in person courses) or Outline (online courses)
- Educational Goals and Measurable Learning Objectives
- Consent Forms (for patient demonstrations)
- Course Evaluation
- Instructor Biography or summary of qualifications to present course material
- Bibliography/Reference/Resources
- Attendance/Sign-in Form (in person courses)
- Certification of Completion including: *course title, course provider/ instructor name, number of CEU's earned, date and location of course*

**Method of Payment**

***Please send \$100 for your application fee payable by check to QueTech, LLC***

**Signature**

- I certify that all the information provided on this application is true and accurate**

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

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

**Applications may be submitted via U.S. Mail to:**

**Flex Therapists CEUs  
1422 Monterey Street, Suite C-102  
San Luis Obispo, CA 93401**