



# 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

## Individual Application for Continuing Education Units

*Please allow 30 days for processing*

Personal Information		
<b>Full Name:</b>		
<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Address:</b>		
<i>Street address</i>		<i>Apt/ Unit #</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Phone: (    )</b>		
<b>Email address:</b>		<b>CA PT/PTA License #:</b>

Course Information	
<b>Program/ Course Title:</b>	
<b>Instructor(s) Name(s):</b>	
<b>Sponsor/Provider of Course:</b>	
<b>Sponsor Phone: (    )</b>	<b>Sponsor Fax: (    )</b>
<b>Sponsor Email:</b>	<b>Sponsor Website:</b>
<b>Date of Course:</b>	
<b>Location of Course:</b>	
<i>City</i>	<i>State</i>
<b>Instructional Level:</b> <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
<b>Type of Course:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Online <input type="checkbox"/> Other	
<b>Instructor : Student Ratio (if known &amp; applicable)</b>	
<b>Number of CEUs credited for this course:</b>	(60 minutes=1 contact hr=0.1 CEU)

**Supporting Documentation**

**All applicants must meet the requirements as set forth by Section 1399.96 of the California Code of Regulations. Please ensure that your application includes the following materials.**

**Preferred supporting documentation:**

- Course Brochure or Summary
  - Syllabus
  - Course Schedule or Outline (online courses)
  - Course Evaluation
  - Educational Goals and Measurable Learning Objectives
  - Certification of Completion including: *course title, course provider/ instructor name, number of CEU's earned, date and location of course*
  - Consent Forms (for patient demonstrations)
  - Instructor Biography or summary of qualifications to present course material
  - Bibliography/Reference List, if available
- 
- Yes    No    Was the instructor(s) competent in the subject matter?
  - Yes    No    To the best of you knowledge, was the course relevant to physical therapy **and** based upon current evidence and research?
  - Yes    No    Did the provider offer participants the opportunity to evaluate the course and offer feedback?
  - Yes    No    Were the stated educational goals and learning objectives met?

**Method of Payment**

***Please send \$30 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  
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