

Mississippi State Board of Physical Therapy
P.O. Box 55707, Jackson, MS 39296-5707
(601) 352-2918

Course Sponsor Prior Approval

1. Course Title:

Date(s):

Duration (hours):

2. Location(s):

3. Sponsoring Organization:

Address:

4. Course Instructor (s):

5. Course Instructor Background Information (i.e. education, employment, publications, and instruction experience – attach resume or CV)

6. Specifically, how will monitoring of course participation and completion be dealt with?

7. Course Agenda/Instructional Timeline:

8. Course Objectives:

9. Course Description:

10. Please indicate if this continuing competence activity has been approved for credit by any professional organizations. (please list)

11. Is this course being offered to professionals outside the sponsoring organization? **Yes** or **No**

12. Please give a name, address and phone number of a contact person who can provide information concerning this activity.

*** The sponsor should be aware that the course is being approved for a one year period from July 1 to June 30.**

*Please attach any CC information, forms and brochures. Enclose a \$50.00 fee for course sponsor review/administrative fee. This fee is non-refundable. Make check payable to **Mississippi State Board of Physical Therapy (MSBPT)**. Please enclose a self-addressed, stamped envelope so that a reply may be sent to you.*