

**Mississippi State Board of Physical Therapy**  
**PO Box 55707**  
**Jackson, MS 39296-5707**  
**(601) 352-2918**

**Therapist Prior Approval of Continuing Competence Courses**

1. Physical Therapist Name:

License Number:

Address:

Home/Cell Phone:

Work Phone:

2. Course Title: (Please enclose a copy of the course brochure with timed outline)

Course Sponsor:

Address of Sponsor:

Date(s) of Course:

Location(s):

Course Objectives:

Course Duration (hours):

Please indicate if this course has been approved for continuing competence credit by any professional organizations?

*Please attach any CC information, forms and brochures. Enclose a **\$50.00 fee** for course 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.*