



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

New Mexico Continuing Education Approval Application

The New Mexico Physical Therapy Licensing Board reviews and approves all continuing education courses, programs and activities required by individuals seeking licensure or renewal of licenses for the practice of physical therapy.

For CEU inquiries, such as Licensing Board Rules and Regulations, please contact the New Mexico State Licensing Board at <http://www.rld.nm.gov/boards>

A. Obtaining and Submitting and Application

All applications and supporting information must be submitted in English.

B. Required Documentation

The following items must be attached to the completed application for processing. Failure to do so will result in an incomplete application and possible rejection or delay in the application process. Application fees are non-refundable.

1. A copy of the current application form with all required documentation included.
2. A course description and learning objectives for the course.
3. A biography of the speaker(s) that lists qualifications to teach course content.
4. A detailed course schedule that outlines breaks and course content.
5. A course brochure, if available.
6. Identification of the target audience and the instructional level of the course (basic, intermediate, advanced).
7. A summary statement regarding the relevance of the course material to physical therapy
8. A method of evaluation of the course content.

C. Application Fees

1. None

All applications **must** be submitted by mail or email physical.therapy@rld.nm.gov

If there is a problem accessing material submitted, you will be contacted.



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Section One: Sponsor Information

Sponsor Name

Contact Person

Mailing Address

City State Zip Code

Telephone Fax

E-Mail Address Website

Section Two: Program Information

Has this program been previously approved? Yes No _____
If yes, what is the approval number

Type of Program (identify choice):

Traditional Onsite Course Home Study Other
(text, video, web-based)

Title of Program: _____

Location of the Program: City: _____ State: _____

Date(s) and Time(s) of the Program: _____
(All courses will be approved for a two-year period form the date of the course held initially)

Proposed Continuing Education Units

(Program schedule must be attached for verification of time spent in course instruction related to contact hours-breaks are not included in the verification of time).

Contact hours (excluding breaks): _____ hours, divided by 10 = _____ CEUs.

Bibliography of Course Instructor(s) and qualifications

(Programs must be presented by a licensed health care provider or by a person with appropriate credentials and/or specialized training in the proposed course. Programs presenters are prohibited from self-promotion of programs, products and or services during the presentation of the program).

Note: Any Physical Therapist or Physical Therapist Assistant instructing in an education program that involves hands-on demonstration, must hold a current New Mexico license or apply for a temporary license.

