*COMPLETE ALL HIGHLIGHTED SECTIONS*

*Final forms must be CLEAN. Remove highlighted and italicized “directions” from this form before you submit.*

CONFERENCE TITLE

Syllabus

1. **Conference Official Completing This Application:**

|  |  |
| --- | --- |
| **Conference Position** |  |
| **First & Last Name (credentials)** |  |
| **E-mail Address** |  |
| **Phone #** |  |

1. **Conference Host Organization:**
2. **General Conference Description:**
3. **Conference Website:**
4. **Conference Date(s):**
5. **Mode of Instruction:** Place an “X” in any that apply

|  |  |
| --- | --- |
| **Live, In-Person** |  |
| **Live, Virtual** |  |
| **Will be offered On-Demand/Recording After Conference** *(IF THIS OPTION APPLIES, STATE HOW LONG IT WILL BE AVAILABLE FOR CEU? 2 YEAR MAXIMUM FROM TIME OF LIVE COURSE)* |  |
| **OTHER (please describe in detail):** |  |

1. **Conference Offerings/Schedule:**  *Insert website listing*
2. **Conference Content Specialty Area** *(Place an X to the right of the ONE that MOST applies):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Acute Care/Inpatient |  | Home Health |  | Primary Care/Medical Screening |
|  | Adaptive Sports & Recreation |  | Imaging (not included US) |  | Prosthetics/Orthotics/Braces & Assistive Devices |
|  | Amputation |  | Lifestyle Medicine (including nutrition & wellness) |  | Psychology/Behavioral Health |
|  | Animal Therapy |  | Lymphedema |  | Skilled Nursing/Long Term Care |
|  | Aquatics |  | Manual Therapy |  | Sports |
|  | Billing/Coding/Compliance |  | Neurology |  | Tactical Athlete/Military |
|  | Business & Entrepreneurship |  | Occupational Health/Work Comp/Ergonomics/FCE |  | Telehealth |
|  | Cardiovascular & Pulmonary |  | Oncology |  | TMJ Disorders |
|  | Diagnostic Ultrasound/Clinical Electrophysiology |  | Pain Science/Chronic Pain |  | Vestibular/Concussion/Balance & Falls |
|  | Dry Needling |  | Pediatrics |  | Wheelchair & Mobility Devices |
|  | General Orthopedics |  | Performing Arts/Dance |  | Women's Health/Pelvic Floor |
|  | Geriatrics |  | Pharmacology |  | Wound Management |
|  | Hand Therapy |  | Post-Operative Management |  |

1. **Describe your process for reviewing/approval topics and speakers, including how they are submitted, who reviews submissions (specify qualifications of each person by providing a CV/bio), and how they are accepted/rejected. *You must include a statement about how reviewing officials limit bias and remain free from discrimination throughout the review process.***
2. **Each speaker/presentation MUST include the following in their course details. Financial disclosures must also be included during their presentation. Do you attest that all course offerings WILL include the following items?**

**YES NO**

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

* **Course Description**
* **Course Objectives:** *Utilize Bloom’s Taxonomy format to create the BEST objectives. Most of our courses will fall under the “Remember, & Understand” levels. Remember that your entire course and the order of your slides should start with clearly stated objectives. Watch this video for more info and tell me if you need more direction:* [*https://youtu.be/OOy3m02uEaE*](https://youtu.be/OOy3m02uEaE)*. Use this wheel for adjective ideas.* [Blooms Taxonomy Adjectives Wheel](file:///Users/katieobright/Teaching%20Skills/Blooms%20Taxonomy.pdf)
* **Instructor bio and CV:** *much demonstrate qualifications to speak on the matter*
* **Financial Disclosures:** *Speaker must indicate if they any vested interested in products/services offered for sale or mentioned during their course. If you do have a vested interest, it is REQUIRED that you mention this to your course participants.*
* **Post Professional Learning Level:** *Beginner/Basic , Intermediate, Advanced*
* **Statement of Non-Discrimination:** This course is made available to all *physical therapist and physical therapist assistant* licensees on a non-discriminatory basis.
* **Statement of Relevance to PT Practice:** *1-2 sentences about how the course is relevant to PT practice.*
* **Differential Diagnosis content:** This course contains \_\_\_\_ hours of differential diagnosis content. *Your best estimation of how much of this content includes education related to determining a differential diagnosis (as opposed to treatment/management strategies, etc)*
* **Required Materials/Resources:** *Will you provide access to a course handout, videos, other materials?*
* **Complete Reference List:** *Provide the following statement in the course description and include a relevant email address: “A complete reference list can be made available to course participants upon request by sending an email to \_\_\_\_\_\_\_\_\_\_\_\_\_”*
* **Contact Hours awarded:** *60mins = 1 contact hours*
1. **Verification of Attendance:** *How do you verify attendance & completion of the courses offered at your conference? Examples include: sign-in sheet at each lecture, badge scanning, digital check in*
2. **Competency Demonstration:** For most conferences, participation and attendance is the only feasible way to assess competency. Best practice, however, would have you include some form of quiz/assessment or interaction. Please describe how your course participants will demonstrate competency.

|  |  |  |
| --- | --- | --- |
| Assessment | Description | Mark “X” if this is offered |
| Interactive learning | Instructors are encouraged to include interactive components within their lectures – Kahoot! Quiz feature, audience interaction/engagement |  |
| Q&A | Attendees will be provided an opportunities to ask questions and receive answers from the instructors during each offering. |  |
| Participation/Attendance | Attendee participation/attendance is recorded & verified. |  |
| Other |  |  |

*If you have a quiz/exam for your conference, include all questions with the correct answers. Attach to your submission or provide an accessible weblink.*

1. **TOTAL # Contact Hours Requested for Conference:** *The maximum number that 1 individual participant can earn for attending.* *Insert how many hours you’re requesting (this MUST match what you were price quoted for)*

*Here are samples of calculations for various components of a course:*

* *Lecture, Seminar, Video, Lab: 60 mins = 1 contact hour*
* *Reading:  Use This Calculator: https://cte.rice.edu/workload. Report Estimated Reading Rate*
* *Writing: Use This Calculator: https://cte.rice.edu/workload. Report Estimated Writing Rate*
* *Case Review:  Variable (use your best discretion on how long it would take a student to work through)*
* *Quizzes/Assessments: 1 minute per standard multiple choice, true/false question*
1. **Conference/Course Evaluation**

*Each course must include a course evaluation. If you have an eval for each individual offering and also a conference as a whole, please include 1 sample of each.*

1. **Teaching Sample**

*Include one of the following. For conferences, we understand that there are different instructors/offering each year. Please provide a sample from the previous year’s offerings. Enter a link here or provide access in the space noted in the google form.*

* 1. ***Slides:*** *Include 10 slides of a presentation, or a presentation outline.*
	2. ***Video Clip:*** *Include a 5 min video clip of teaching*
	3. ***Provide Us with Access to Your Online Learning Platform***

In order to ensure your success with a 1st-time approval, please review the auditor checklist below. **Delete this section before your final submission.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Prompt** | **Yes** | **No** | **Unclear** | **N/A** |
| 1 | Is the syllabus organized and complete, without substantial error? *(Minor typos are not a reason for revision)* |  |  |  |  |
| 2 | Is there an appropriate conference title which matches the conference description? |  |  |  |  |
| 3 | Do you have a clear understanding of how the conference officials review/approve/reject conference topic submissions? Is the review process standardized/ appropriate, bias-limited and free from discrimination? |  |  |  |  |
| 4 | Does the person(s) reviewing content submissions have adequate qualifications to hold this role? |  |  |  |  |
| 5 | Have the conference officials attested that they agree to include the required information for each course offering within their conference? |  |  |  |  |
| 6 | Does the course schedule/content offerings appear to be appropriate post-professional content which is relevant to PT practice? |  |  |  |  |
| 7 | If additional competency requirements were noted (beyond participation/attendance), were they aligned with the objectives of the content? *(ie. if there is a quiz, does it test the objectives?* |  |  |  |  |
| 8 | Is there a conference/course evaluation? Or other means for participants to provide the instructor(s)/conference officials with feedback? |  |  |  |  |
| 9 | Briefly review the teaching sample from a previous year’s conference - Using your BEST clinical and professional judgment, does the material being presented align with the syllabus? Does it align with best practice? |  |  |  |  |
| 10 | Does the number of requested contact hours match with the course schedule provided? (60 mins activities = 1 contact hour). *Bear in mind, many conferences will have several presentations at the same time. The number of requested contact hours should be the max number of hours that 1 person is capable of – ie. not being in 2 places at one time.* |  |  |  |  |
| **APPROVAL DETERMINATION** *(pass/needs revision)* |  |

**PASS** = All YES answers in stage 1 & 2

**NEEDS REVISION** = Any “no” or “unclear” answers. *If you have “no” or “unclear” answers, you must provide comments/feedback for the instructor, which you can include in the final google form*