

## APPENDIX

Table 1. Category 1 (Certified/Credentialed) Activities Approved by the State Board of Physical Therapy		
Activity <sup>2</sup>	Maximum CE Hour Credits/ 2-year license cycle	Evidence SDBPT may request upon random audit
Continuing Education Coursework that is related to the practice of physical therapy -AND- approved by: (1) SDBPT, or (2) A physical therapy licensing board in another state, or (3) APTA, or (4) APTA-SD	No limit 1 CEU = 10 CE hours • Convert CEUs to CE hours using [#CEUs x 10 = CE hours]	Certificate of Completion Information: • Licensee Name • Course Name • Number of contact hours/CEUs • Presentation date and location • Official signature of the sponsor • Approval seal/stamp from APTA, APTA-SD or PT licensing board in states other than SD
Post-Professional Coursework (related to the practice of physical therapy) • NOTE: University coursework offered by an accredited PT/PTA program that is part of the required curriculum plan of study for the entry level professional degree is not accepted for CE credit.	No limit 1 Academic Credit = 15 CE hours • Convert credits to CE hours using [#Credits x 15 = CE hours]	Transcript Evidence of Course Completion with Grade of "C" or higher

Table 2. Category 2 (Participatory) Activities Approved by the State Board of Physical Therapy			
Activity <sup>2</sup>	Continuing Education (CE) Hour Credits	Maximum CE Hour Credits/ 2-year license cycle <sup>a</sup>	Evidence SDBPT may request upon random audit
<u>First-time development</u> of an academic course teaching/lecturing physical therapy or primarily healthcare students in formal classroom setting, <i>if teaching is not your primary occupation.</i>	1 classroom contact hour = 0.20 CE hour credits • Conversion: Student contact hours ÷ 5 = CE hour credits	4.0 CE hour credits	Verification of topic, date, number of contact hours from course director.
Clinical Instruction for Student Physical Therapists or Student Physical Therapist Assistants	160 instructional contact hours = 5.0 CE hour credits	5.0 CE hour credits	Certificate from CAPTE Accredited Program, including number of contact hours of clinical instruction
Performing clinical mentorship in a credentialed/accredited clinical residency or fellowship program	160 instructional contact hours = 7.5 CE hour credits	7.5 CE hour credits	Letter from credentialed/accredited residency or fellowship director with number of mentorship hours
Credentialed/accredited clinical residency or fellowship (i.e., ABPTRFE) hours <u>under mentorship</u>	160 hours = 15 CE hour credits	15.0 CE hour credits	Letter from credentialed/accredited residency or fellowship director or mentor with number of residency or fellowship hours under mentorship
Authorship in a peer-reviewed publication in a content area that pertains to PT, <i>if research dissemination is not a requirement for your primary occupation</i>	Case Studies = 2 CE hour credits Original Research = 5 CE hour credits	5.0 CE hour credits	Published journal articles
ABPTS Specialist Certification or specialist certification through an accredited and professionally recognized organization (i.e., RESNA ATP; Advanced Proficiency Pathways for PTAs)	15 CE hour credits – initial certification 5 CE hour credits – re-certification	15.0 CE hour credits	Evidence of specialist certification
Web Seminars (aka, Webinars) that are not developed by a manufacturer or product company to promote a commercial product. <sup>3</sup>	1 hour = 0.10 CE hour credit • Conversion: Contact hours ÷ 10 = CE hour credits	0.5 CE hour credits	Evidence of attendance that includes topic, date, and number of hours

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<sup>2</sup>Licensees should be prepared to demonstrate that the activity deals with matters directly related to the practice of physical therapy (§ 20:66:03:01; General Authority SDCL 36-10-36)

<sup>3</sup>Web seminars (aka webinars) are live events during which a presenter or group of presenters delivers educational content on a topic of special interest to a virtual audience. Attendance is not self-monitored. Many webinars are recorded and made available for on-demand viewing after the live session. *Category 2 webinars are those that are related to the practice of physical therapy but have not been certified/credentialed by an agency or organization approved under § 20:66:03:02.*

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<b>Table 2. Category 2 (Participatory) Activities Approved by the State Board of Physical Therapy</b>			
<b>Activity<sup>2</sup></b>	<b>Continuing Education (CE) Hour Credits</b>	<b>Maximum CE Hour Credits/ 2-year license cycle<sup>a</sup></b>	<b>Evidence SDBPT may request upon random audit</b>
Holding an office or serving as an organizational delegate or director for a professional organization whose mission is dedicated to the practice of physical therapy.	2 CE hour credits/term year	4.0 CE hour credits	Evidence of office tenure.
Volunteerism related to the practice of physical therapy (includes contributions as a committee, workgroup, or task force member for a professional organization whose mission is dedicated to the practice of physical therapy.)	≥ 4 volunteer hours or more = 1 CE hour credit	1.0 CE hour credit	Evidence of volunteerism from organization, including number of volunteer hours

<sup>a</sup>Note: There is a limit of 15 CE hour credits on Category 2 activities for the 2-year license cycle.

<b>Box 1. Activities <u>Not Accepted</u> as credit for CE hours</b>
<ul style="list-style-type: none"> <li>• Breaks in instruction time;</li> <li>• Courses less than 60 minutes in duration;</li> <li>• CPR certification/recertification;</li> <li>• Credit for repetitions of the same activity, except where explicitly allowed within Category 1 or Category 2;</li> <li>• Employment orientation sessions;</li> <li>• Entertainment or recreational activities or programs;</li> <li>• Management seminars not directly concerning physical therapy operations;</li> <li>• Meetings for the purpose of making policy;</li> <li>• Non-educational association meetings;</li> <li>• Presentations delivered by students;</li> <li>• Regularly scheduled institutional activities such as rounds;</li> <li>• Routine teaching as a part of a job requirement;</li> <li>• Staff meetings, presentations, publications directed at lay groups;</li> <li>• Training developed by a manufacturer or product company, unless the training has specifically been approved for CEUs by SDBPT, a regulatory board of physical therapy in another state, APTA, or APTA-SD;</li> <li>• University coursework completed prior to graduating from an accredited PT/PTA program.</li> </ul>



# South Dakota Board of Physical Therapy

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## SDBPT Continuing Education Summary Form

\*Completed Only if PT/PTA is Randomly Selected for CE Hour Auditing

Refer to the [“Guidelines for Acceptable Continuing Education Credit for PTs/PTAs Licensed in South Dakota”](#) document for information about approved continuing education hours compliant with § 20:66:03:01 and § 20:66:03:02, including details about CE hour equivalents for acceptable Category 2 activities and activities that are not accepted as CE hours.

Licensees Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Professional Designation:  Physical Therapist  Physical Therapist Assistant

Did you graduate from an accredited PT/PTA program within the last 2 years?  Y  N

### Record of Category 1 Activities (add additional page as needed)

Course Title	Date	CE hours <sup>a</sup>
<b>Total</b>		

<sup>a</sup>Convert from CEUs to CE hours using: #CEUs x 10 = CE hours; convert from academic credits (AC) using: #ACs x 15 = CE hours

### Record of Category 2 Activities (add additional page as needed)

Participatory Activity	Date	CE hour Equivalence <sup>b</sup>
<b>Total</b>		

<sup>b</sup>CE hour equivalencies can be found in the “Guidelines for Acceptable Continuing Education Credit for PTs/PTAs Licensed in South Dakota”

## Affidavit: Waiver of Physical Therapy Continuing Education Requirements

SDCL 36-10-51 states that the Board **may** grant a full or partial waiver of continuing education requirements if an applicant submits evidence satisfactory to the board that the applicant was unable to comply because of illness, disability, military service, or financial hardship. Per ARSD 20:66:03:04, an applicant must submit this affidavit to the board stating they were prevented from completing the requirement because of the circumstances listed in SDCL 36-10-51. The affidavit for a waiver must be submitted at least thirty days prior to the expiration date of the license.

### To Submit the Waiver of Physical Therapy Continuing Education Requirements Affidavit:

1. Complete the "Licensee Information" section and print this form.
2. Sign this affidavit in the presence of a Notary.
3. Scan the document.
4. Email the document to [office@sdlicensing.com](mailto:office@sdlicensing.com).

### Licensee Information

Licensee Name: \_\_\_\_\_ SD License Number: \_\_\_\_\_

Reason for Waiver Request:  illness  disability  military service  financial hardship

Did you graduate from an accredited DPT or PTA program within the 2-year licensing period for which you seek a waiver?

No  Yes

Provide more information about the reason for waiver request using the box below.

Have you previously received a waiver of continuing education?  No  Yes

If your response to the above question is "yes," please specify all dates: \_\_\_\_\_

**\*The Board may request additional information and/or documentation if necessary**

### Signatures and Notary

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Licensee's Signature (must be signed in the presence of a notary - No Electronic or Stamp Signatures will be Accepted)

\_\_\_\_\_  
Licensee's Printed Legal Name (First Name, Middle Initial, Last Name, and Suffix (e.g., Jr.))

### NOTARY

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following form(s) of identification as proof of his/her legal name identity:

- Valid passport; or,  
 Other USD Government Issued ID.

I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

**X** \_\_\_\_\_  
US Notary Public Signature  
State of \_\_\_\_\_  
County of \_\_\_\_\_  
SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My commission expires\*: \_\_\_\_\_

(US NOTARY PUBLIC SEAL)