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CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

*Active Pract	tice and Continued Competency hours complete	ed during the time period of January	1, 20 thru Dece	ember 31, 20
DATE	COURSE NAME	ACTIVITY	# OF HOURS/TYPE	
	Please list the course name exactly as referenced on the certificate.	Conferences, consultations, teaching, peer-reviewed journals, quality improvement teams, self-instructional material	Type 1 Minimum 20 hours for PT 15 hours for PTA	Type 2 No more than 10 hours for PT 15 hours for PTA
TOTAL A	MOUNT OF CONTINUING COMPETE	NCY HOURS RECEIVED		
	by law and regulation, I certify that the above		it regarding my part	icipation in
SIGNATURE		PRINTED NAME		DATE