



Virginia Department of
Health Professions
Board of Physical Therapy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/PhysicalTherapy

(804) 367-4674 (Tel)
(804) 939-5973 (Fax)
Email:
ptboard@dhp.virginia.gov

CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

I have completed a minimum of 320 hours of active practice within the four (4) years immediately preceding renewal* Yes No
I have completed at least 30 contact hours of continuing competency within the 2 years immediately preceding renewal* Yes No

*Active Practice and Continuing Competency hours completed during the time period of January 1, 20____ thru December 31, 20____.

DATE	COURSE NAME	ACTIVITY	# OF HOURS/TYPE	
	Please list course name exactly as referenced on certificate.	Conferences, consultations, teaching, peer-reviewed journals, quality improvement teams, self-instructional material	Type 1 Minimum 20 hrs. for PT 15 hrs. for PTA	Type 2 No more than 10 hrs. for PT 15 hrs. for PTA
TOTAL AMOUNT OF CONTINUING COMPETENCY HOURS RECEIVED				

As required by law and regulation, I certify that the above is a true and accurate statement regarding my participation in continuing competency hours and active practice for the specified time period.

Signature

Printed Name

Date

License Number