| Documenting Evidence of Compliance of Continuing Competence Activities Compliant records to keep demonstrating proof of activity completion if randomly audited. (updated 5/18/21) |  |
| :---: | :---: |
| Continuing Education | What Documentation or Records to Keep |
| Registered attendance at courses or conferences offered live, in real time by approved providers (onsite or via electronic media) | -Retain the Certificate of Attendance by the approved provider |
| Registered Participation in academic course related to PT in a post-baccalaureate program unless course is required for licensure | -Retain transcript published by the approved provider orfurnished by the academic institution <br> -Grade of "C" or better or "P" if Pass/Fail |
| Attendance or participation in a activity related to PT for which no assessment is received | -Retain certificate of course completion or summary of the objectives of the activity and time spent in theactivity |
| Registered participation in a non-interactive course by an approved provider by videotape, satellite, webcast, DVD or other electronic media, assessment is given | -Retain a certificate of completion by the approvedprovider |
| Participation in a study group (at least 3 licensees) conducted live or in real time through electronic media, whose purpose is to advance the knowledge and skills of the participants related to the practice of PT | -Retain: <br> -biography of each participant, <br> -statement of goals of the group, <br> -attendance records for each participant, <br> -assignments - for each participant, <br> -analysis by each participant specifying knowledge andskills enhanced by participation in the study group |
| Participation in a self-designed home study program for the purpose of advancing the knowledge and skills of the participant related to the practice of PT | -Retain description of plans and objectives of homestudy, analysis of the manner in which the plans and objectives were met, and time spent in the activity |
| Participation in continuing education required by credentialed residencies and fellowships | -Retain a certificate of attendance issued by the APTA credentialed residency or fellowship |
| Completion of Home Study program for PT by an approved provider | -Retain a certificate of completion issued by the approved provider |
| Advanced Training (Certification and Recognition) |  |
| APTA Credentialed fellowships in a specialty area of PT per year (points awarded at the end of the fellowship only) | -Retain certificate of completion or evidence that all requirements of the fellowship program have been met |
| APTA Credentialed residency in PT participation | -Retain certificate of completion or evidence that all requirements of the residency program have been met |
| Specialty Certification or recertification by the ABPTS | -Retain evidence ABPTS certification/re-cert granted |
| PTA Advanced Proficiency designation by APTA | -Retain evidence APTA designation awarded |
| Clinical Education |  |
| Licensee completes course offered by an approved provider to become an APTA Credentialed Clinical Instructor | -Retain certificate of credential issued by the approved provider |
| Enrollment in APTA Credentialed Clinical Instructor Trainer course | -Retain Trainer certificate issued by APTA |
| Serving as Clinical Instructor for PT or PTA student, resident or fellow under licensee direct on-site supervision | -Retain verification of clinical affiliation agreement with accredited institution for the student supervised andlog of number of hours spent supervising the student |
| Presenting/Teaching |  |
| Presenting or Teaching at an accredited PT educational program, accredited program for health care practitioners licensed under provisions of Chapter 90 of the NC General Statutes or a state, national, or international workshop, seminar or professional health care conference (credit will be given only one time during any reporting period) | -Retain written materials advertising the presentation or teaching or other evidence of the date, subject and goals and objectives of the presentation and any written materials prepared by the licensee. |
| Clinical Practice |  |
| Clinical Practice, 1750 hours or more per year for each year during the reporting period | -Certification from employer or documentation of practice hours worked as practice owner. Documentation should include total clinical practice hours worked separated by year (see website forms- Do not retain any financial information for CC purposes. Time sheets <br> and W-2's are not accepted |


| Clinical Practice, for at least 1000 hours but less than 1750 hours per year for each year during the reporting period | -Certification from employer or documentation of practice hours worked as practice owner (see website formsDocumentation should include total clinical practice hours worked separated by year) Time sheets and W-2's are not accepted |
| :---: | :---: |
| Clinical Practice, for at least 200 hours but less than 1000 hours per year for each year during the reporting period | -Certification from employer or documentation of practice hours worked as practice owner (see website formsDocumentation should include total clinical practice hours worked separated by year) Time sheets and W-2's are not accepted |
| Professional Membership and Service (PT or interdisciplinary group) |  |
| National PT or interdisciplinary organization as officer or committee chair, task force member or delegate to a national assembly at least one year | -Organizational materials listing licensee participation -statement of position responsibilities <br> -licensee activity summary |
| State PT or interdisciplinary organization as officer, committee chair for at least one year | -Organizational materials listing licensee participation -statement of position responsibilities <br> -licensee activity summary |
| Local or regional PT or interdisciplinary organization as officer, committee chair for at least one year | -Organizational materials listing licensee participation -statement of position responsibilities <br> -licensee activity summary |
| Member of PT professional organization committee involved with PT services for at least one year | -Organizational materials listing licensee participation -statement of position responsibilities <br> -Summary of the work of the committee |
| Unpaid volunteer service to the general public and healthcare professionals related to PT for at least 20 hours during a one year period | -Licensee submits published materials describing theservice activity |
| Membership in APTA for one year | -Proof of membership in APTA (each year during the reporting period) |
| Membership in APTA Section (one section only) one year | -Proof of membership in APTA Section (each year during the reporting period) |
| Item Writer for FSBPT NPTE exam or ABPTS specialty exam | -Documentation of Participation provided by the FSBPTor ABPTS |
| Participation in clinical research, clinical trials or research projects related to the practice of physical therapy | - Retain a log of hours of participation including date, activity performed, location of the research and primary investigator |
| Jurisprudence Exercise |  |
| NCBPTE Jurisprudence Exercise | -Certificate of Completion by NCBPTE |
| Workplace Education/Facility-based Education |  |
| Presentation or attendance at in-service related to PT (credit given one time for same presentation per period) | -Retain roster or certificate of attendance that includes title, time, date signed by arepresentative of the employer |
| Presentation or attendance at an in-service related to general patient safety, emergency procedures or governmental regulatory requirements (credit given one time for presentation per period) | -Licensee retains roster or certificate of attendance that includes title, time, date signed by a representative of the employer |
| Professional Self-Assessment/Reflective Practice |  |
| Completion of Approved Reflective Practice Exercise (one time per reporting period) | -Retain evidence of completion of all elements of theSelfAssessment/Reflective Practice Exercise |
| Research and Publishing |  |
| Submission of a request to a funding agency for a research grant as Principal or Co-principal investigator (one time per reporting period) | -Retain copy of research grant which includes title,abstract, funding agency and grant period |
| Obtaining funding of a research grant as Principal or CoPrincipal investigator (one time per reporting period) | -Retain copy of research grant which includes title, abstract, funding agency, grant period, documentation of funding and period of funding |


| Service as a Grants Reviewer (one time per reporting period) | -Retain description of all grants reviewed, reports generated of reviews including dates of service, the agency for which review performed and hours spent |
| :---: | :---: |
| Author or Editor of a book published by a third party dealing with a subject related to the practice of PT | -Retain a copy of the published book and a list of consulted resources |
| Author or editor of a chapter in a book published by a third party dealing with a subject related to the practice of PT | -Retain a copy of the published book and a list of consulted resources |
| Author of a published peer-reviewed article relating to the practice of physical therapy | -Retain a copy of the article, names and employers of the reviewers, and a list of consulted resources |
| Author of a published non peer-reviewed article, book-review or abstract relating to the practice of physical therapy | - Retain the article, book review or abstract and a list of consulted resources |
| Author of a published peer-reviewed abstract, book review or peer-reviewed abstract for a poster or presentation related to the practice of physical therapy to a professional health care group | -Retain a copy of the poster or presentation and a list ofconsulted resources |
| Participation in clinical research, clinical trials, or a research project related to the practice of physical therapy | - a log of hours of participation including date, activity performed, location of the research and primary investigator |

## Requirements:

Physical Therapists: Document 30 points in each 25 month reporting period.
Physical Therapist Assistants: Document 20 points in each 25 month reporting period.
All PT and PTA licensees must complete a jurisprudence exercise each 25 months that is equal to 1 point and will be counted toward the total.

## Definitions:

One (1.0) CEU = 10 contact hours
10 contact hours, 10 classroom hours or 10 Course hours= 10 points;
1 contact hour equals 60 minutes of activity
.5 contact hour equals 30 minutes of activity

