PENNSYLVANIA PHYSICAL THERAPY ASSOCIATION

Course Title

Speaker: Speaker Name

Date of Course

Course Location

**\*\*\*\*CONTACT HOUR CERTIFICATE\*\*\*\***

**This will certify that**

**First Last**

**COMPLETED TOTAL NUMBER OF CONTACT HOURS: (specify # of general and/or evaluative hours)**



ALLISON McINTOSH, EXECUTIVE DIRECTOR

APTA/PPTA has received pre-approval provider status for all continuing education courses from the Pennsylvania State Board of Physical Therapy.