# VIRGINIA BOARD OF PHYSICAL THERAPY
# CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

I have completed a minimum of 160 hrs. of active practice within the 2 years immediately preceding renewal* ☐ Yes ☐ No

I have completed at least 30 contact hrs. of continuing competency within the 2 years immediately preceding renewal* ☐ Yes ☐ No

***Active Practice and Continued 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**<br>Minimum<br>20 hrs. for PT<br>15 hrs. for PTA | **Type 2**<br>No more than<br>10 hrs. for PT<br>15 hrs. for PTA |
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| **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 _____

**Revised January 2015**