



## CONTINUING EDUCATION (CE) CREDIT FORM FOR VOLUNTEER PRACTICE

To be completed by contact person at local health department or free clinic. Maintain completed form with your personal CE records for three years. Do not submit completed form to the board unless notification is received regarding a CE audit.

### Regulation on Volunteer Practice for CE Credit:

Up to two of the Type 2 continuing education hours may be satisfied through delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services.

Name of licensee			License number
Street address			Area code and telephone number
City	State	Zip code	Email address

Facility where CE credit was obtained		
Street address		Area code and telephone number
City	State	Zip code

Date of service	Number of hours of service	Number of CE hours credited
-----------------	----------------------------	-----------------------------

Name of contact person at local health department or free clinic: \_\_\_\_\_

By affixing my signature, I affirm this individual provided the declared hours of service at this location.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_