



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners
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CONTINUING COMPETENCE AUDIT FORM - CE COVERSHEET

This is a fillable form. It should be downloaded and saved before completing.

PT/PTA Name: _____

License Number: _____

Biennium Period: _____

Date of Audit: _____

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|--|-----|----|
| 1. Have you completed a minimum of fifteen (15) contact hours of Certified Activities? | YES | NO |
| 2. Have you completed a minimum of three (3) contact hours of Certified Activities in the areas of Ethics, Professionalism, and/or South Carolina Jurisprudence? | YES | NO |
| 3. Do you understand that you cannot receive more than one (1) contact hour for CPR training, regardless of the length of the program? | YES | NO |
| 4. Do you understand that you MAY NOT receive credit for: | | |
| a. Attendance at staff meetings, involvement in presentations/publications directed to the general public? | YES | NO |
| b. Participation in non-educational entertainment or recreational meetings or activities? | YES | NO |
| c. Participation or attendance at case conferences, grand rounds, informal presentation, etc.? | YES | NO |
| d. Participation in self-directed studies? | YES | NO |
| e. Routine teaching, research, or orientation duties as part of a job requirement? | YES | NO |
| f. CEUs or contact hours carried over from a previous licensure period? | YES | NO |
| g. Attendance at exhibits or poster presentations? | YES | NO |
| 5. Have you completed a total of at least thirty (30) contact hours of continuing education between January 1, 2023, and December 31, 2024? | YES | NO |

By signing below, I attest that the information provided in this CE Audit Package is true and accurate.

Signature: _____

Date: _____

**SOUTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS
CONTINUING COMPETENCE AUDIT FORM**

This is a fillable form. It should be downloaded and saved before completing.

Requirements/Instructions:

PT/PTA Name: _____

30 Contact Hours Required Every 2 Years. Attach supporting documentation for completed activities. Documentation must include date, place, course title, course sponsor, schedule, presenter, number of contact hours received for the activity and proof of completion.

Certified Activities (Minimum of 15 hours are required.):

1. Conferences/Activities that meet FSBPT Standards of Continuing Competence.
2. Conferences/Activities provided by the APTA, APTA SC, other APTA Chapters, or Other State Boards of Physical Therapy, Educational Programs by Accredited Universities, Educational Programs where Credit is Approved by or Provided by APTA SC.
3. Completion of an APTA Credentialed Fellowship or Residency.
4. Certification or Recertification of Clinical Specialization by the ABPTS or PTA Advance Proficiency Certification.
5. Academic Coursework Related to Practice of PT Conducted by Accredited Universities *Graduate Level for PT * Undergraduate Level for PTA.
6. Completion of Continued Competency Tools/Examinations/Self-Assessments by FSBPT or APTA.
*If no Contact Hours Awarded- May Receive 5 Contact Hours
7. Completion of Courses Relating to Physical Therapy Approved by the American Medical Association.

LICENSEE SHOULD COMPLETE THE BELOW					FOR AUDITOR USE ONLY		
Title of Course, Seminar, etc.	Date(s) of Course	Contact Hours	CEUs approved by (organization in Category A)	Are documents attached?	Hours Approved	Hours Not Approved	Reason for Disapproval
Part 1: Ethics, Professionalism and/or SC Jurisprudence – 3 contact hours required.							
Part 2: Additional Certified Activities							

Approved Activities (Remainder of 30 Required Hours) Contact Hours Provided Depend on the Type of Activity

- 1. Conferences and Activities that do not meet Requirements for Certified Activities: Conference/Activity 32 hours or longer = 10 Contact hours, Conference/Activity minimum of 8 hours and less than 32 hours = 5 contact hours, Conference/Activity less than 8 hours = 2 contact hours
- 2. Clinical Instruction: Each 160 hours of Clinical Internship = 1 Contact Hour, no more than 6 Contact hours per instructor, *CAPTE Accredited or Eligible DPT or PTA Program CI's must be Credentialed by APTA
- 3. In-Service Education: Must be Related to Safety, Governmental Regulation, Clinical Concepts, or CPR: Each In-Service = 1 Contact Hour, No More than 3 Contact Hours *Must maintain a Copy of Learning Objectives, Program Schedule, and Verification of Attendance for Credit
- 4. Teaching PT Related Course at an Accredited University: Must be instructing in an Adjunct Capacity and not Primary Employment-Contact Hours Awarded Based on Class/Lab Teaching Time, No More than 10 Contact Hours
* Letter from Institution Documenting Completion Required
- 5. Volunteer Work: 1 Contact Hour per 1 Hour Volunteer Medical Services, No More than 7.5 Contact Hours
- 6. Peer-Reviewed PT Research: 10 Contact hours for Principal and Co-Principal Investigators
- 7. Writing Professional Publication: 8 Contact hours for each Peer-Reviewed Publication, 4 Contact Hours for each Non-Peer Reviewed Publication, No More than 8 Contact Hours Total in this category
- 8. Formal Mentorship: No More than 5 Contact Hours

LICENSEE SHOULD COMPLETE THE BELOW					FOR AUDITOR USE ONLY		
Title of Course, Seminar, etc.	Date(s) of Course	Contact Hours	CEUs approved by (organization in Category A)	Are documents attached?	Hours Approved	Hours Not Approved	Reason for Disapproval

Total Hours: