

**Continuing Education Tracking Form** ATTENTION: It is the licensee's responsibility to present the following information to the New Jersey State Board of Physical Therapy Examiners (NJSBPTE, PO Box 45014, Newark, NJ 07101) in a manner that is both organized and readable. Proof of attendance cards shall be inscribed with the number of the line where the course appears on this form. Photocopies of your proof of attendance cards must be submitted with this document. Print or type each entry and provide documentation of attendance in the same order that is listed below. If a **NJSBPTE ID#** is not available **and the course has not been pre-approved by the NJSBPTE**, a course outline **must** be included with the proof of attendance. This form **must** be signed before submission. Incomplete or improperly submitted forms will be returned to the licensee for re-submission. You may photocopy the Continuing Education Tracking Form.

Print Name: \_\_\_\_\_

License # \_\_\_\_\_

	Date(s)	NJSBPTE Number	Complete Course Title	Sponsor	Total Credits	✓ Type of Course		
						Regular	Corres/ Internet	NJSBPTE Use Only
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>								
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								

The course and proof of attendance cards submitted above are evidence of my personal attendance at the course listed. My signature attests that the submission is accurate and I understand that a false submission may result in a monetary penalty or suspension of license to practice Physical Therapy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_