

---

# **ProCert** **Guidance** **Document** **for Vendors**

---

**Certification of  
Continuing Education  
Activities**

---

**Federation of State  
Boards of Physical  
Therapy (FSBPT)**

---

CERTIFIED BY  
**ProCert**

Recognizing quality in  
continuing competence



## TABLE OF CONTENTS

|   |           |
|---|-----------|
| <b>PURPOSE</b> .....  | <b>3</b>  |
| <b>STANDARD 1 - ADMINISTRATION</b> .....  | <b>5</b>  |
| <b>STANDARD 2: APPROPRIATE LANGUAGE</b> .....                                   | <b>6</b>  |
| <b>STANDARD 3 - NON-DISCRIMINATORY</b> .....                                    | <b>7</b>  |
| <b>STANDARD 4: COPYRIGHT AND DISCLOSURE</b> .....                               | <b>8</b>  |
| <b>STANDARD 5 – CONTENT</b> .....   | <b>9</b>  |
| <b>STANDARD 6: CONTENT ANALYSIS</b> .....                                       | <b>11</b> |
| <b>Determining Time of the Activity</b> .....                                   | <b>12</b> |
| <b>Content Topic List</b> .....   | <b>14</b> |
| <b>STANDARD 7 - INSTRUCTOR/DEVELOPER/STAFF QUALIFICATIONS</b> .....             | <b>15</b> |
| <b>STANDARD 8 - INFORMATION AND MATERIALS</b> .....                             | <b>16</b> |
| <b>STANDARD 9 - ENGAGEMENT</b> .....  | <b>17</b> |
| <b>STANDARD 10 - EVIDENCE BASED PRACTICE</b> .....                              | <b>20</b> |
| <b>STANDARD 11 - BEHAVIORAL OBJECTIVES</b> .....                                | <b>24</b> |
| <b>STANDARD 12 - ACTIVITY DESIGN</b> .....                                      | <b>27</b> |
| <b>STANDARD 13: ASSESSMENT</b> .....  | <b>28</b> |
| <b>STANDARD 14 - REVIEW AND EVALUATION</b> .....                                | <b>32</b> |
| <b>APPENDIX A: FSBPT Standards for Continuing Competence Activities -</b> ..... | <b>34</b> |
| <b>APPENDIX B: Behavioral Objectives</b> .....                                  | <b>35</b> |
| <b>APPENDIX C: Vendor Submission Sheet for Behavioral Objectives CE</b> .....   | <b>36</b> |
| <b>APPENDIX D: Higher Level Learning Objectives</b> .....                       | <b>37</b> |
| <b>Figure 1: Higher Level OBJECTIVES</b> .....                                  | <b>38</b> |
| <b>APPENDIX E: Level of Learning Demand; Content</b> .....                      | <b>39</b> |
| <b>Figure 1: FSBPT Level of Learning Demand Scale CONTENT</b> .....             | <b>39</b> |
| <b>APPENDIX F: Glossary of Terms</b> .....                                      | <b>40</b> |
| <b>APPENDIX G: Acronyms List</b> .....  | <b>42</b> |
| <b>APPENDIX H: Sackett’s Hierarchy of Evidence</b> .....                        | <b>43</b> |
| <b>APPENDIX I: Typical Activity Standards &amp; Criteria Guide</b> .....        | <b>44</b> |

## Purpose of this Guidance Document

***The FSBPT strongly recommends that this document be reviewed prior to initiating any activity submission, and that it be used as a resource document during the submission process.*** The purpose of this document is to provide assistance to physical therapy continuing competence activity providers for the submission requirements of ProCert, the certification program of the Federation of State Boards of Physical Therapy (FSBPT). The information in the Guidance Document is your best resource for preparing and submitting your activity for certification review. ProCert's requirements and process are different from other certification or approval options for continuing competence activities; ideally activities are developed in accordance with ProCert requirements and this guidance. Familiarity with the content and development of the activity – or access to the person(s) responsible – are also critical to the process.

## Why Did FSBPT Launch a Continuing Competence Initiative?

Patients have every right to assume that a health care provider's license to practice is the regulating body's assurance of his or her current professional competence. Clinicians themselves would like assurance that those with whom they practice are current and fully competent. Additionally, physical therapists (PTs) and physical therapist assistants (PTAs) would like to have a method to evaluate options for maintaining their continuing competence.

Physical therapy licensing boards – FSBPT's members – have significant responsibility to the public in this area as they are required by law to ensure PTs and PTAs licensed to practice in their state continue to be competent throughout their career. As directed by these members, FSBPT developed ProCert as a comprehensive continuing competence activity certification program to evaluate the content of continuing competence activities for purposes of awarding certification.

## FSBPT Standards for Continuing Competence Activities

The [Standards for Continuing Competence Activities](#) ("Standards") are the foundation for the assessment of continuing competence activities. After collecting over 200 survey responses from stakeholders and additional review by the FSBPT Continuing Competence committee, FSBPT approved the Standards. The Standards have been validated as being applicable to all types of continuing competence activities. Not all Standards are required for certification to be granted. In addition to the Standards, the Committee established measurable, objective criteria for each Standard which will be used to gauge and measure the quality of the activity. Highly trained reviewers will determine whether or not the criteria have been met and will give feedback to the vendor. Those Standards that are required have required criteria.

## Purpose of ProCert Certification

ProCert evaluates continuing competence activities used to meet licensure renewal requirements in several U.S. jurisdictions. Activity value is measured by the extent to which the activity meets the standards to support the ongoing competence of the PT or PTA. The most current list of state licensing boards that accept or recognize FSBPT certification is evolving and can be verified by contacting FSBPT: [competencestaff@fsbpt.org](mailto:competencestaff@fsbpt.org).

## Activity Vendor Submissions to ProCert

Course and activity providers are referred to as "vendors" for purposes of the certification submission process. **The documentation that a vendor provides with the certification submission is vitally important. It is the sole means for the vendor to justify whether or not a standard and its criteria have been met. The reviewers will only evaluate documentation submitted by the vendor to make a decision regarding certification and will not look elsewhere for justification or supporting documentation (i.e. independently look to an Internet site, contact you for clarification, etc).** For example, if your website has all the information that would meet the requirement for a standard or criterion, you must upload the page or that information into aPTitude. The reviewers **WILL NOT** go to your website for the information. Additionally, the reviewers will only be looking for documentation to support the claims the vendor has

made with a certification submission; additional standards or criteria met that the vendor did not identify will not be credited. The reviewers will accept the claims by the vendor as credible and true; however in the event that the vendor certifies this standard has been met but over the course of the review the reviewers find there is evidence to dispute the vendor's claim, the review may be negatively impacted.

This version of the Guidance Document contains the most complete and accurate information regarding the submission requirements for **ProCert** certification at this time. FSBPT reserves the right to make modifications to the requirements in the future including adding additional standards and/or criteria, modifying documentation requirements, making optional standards or criteria required, or requiring additional documentation.

Another "check" on the **ProCert** certification system, specific to the validity of vendor's claims, comes in the form of activity feedback submitted by actual participants. User-generated comments provide a strategy for substantiating information that vendors supply with activity certification submissions. In addition to rating activities based on a 5-star system, users may post to any recorded activities their narrative comments that are accessible to all other users. Monitoring of this user-generated feedback by FSBPT staff and volunteers will augment other quality assurance efforts associated with certified activities.

### **Current and Relevant Materials and References**

FSBPT acknowledges the expense in updating existing course materials to reflect changes made to meet the requirements for certification. As long as the changes made to these materials (such as the wording of the objectives) do not create substantive changes to the activity itself, then it is permissible to supply the updates separately to the participants without re-printing of the original promotional materials. **Any changes, including new behavioral objectives, must be presented to participants before or during the activity. The vendor must upload for review an addendum with any modifications/edits. The vendor is required to have updated promotional materials and updates on all submitted documentation at the time of re-certification.**

The expectation is for activity providers to stay current with regard to the material that is being presented, taught, and assessed. Although some of the best (and sometimes only) research in the physical therapy field is older, most often it would be expected to see references that are less than 5 years old. Additionally, as the physical therapy field and health care evolves, course materials should be updated. If a developer/provider continues to use only the same materials for any activity that were used more than 5 years ago, the reviewer should look more closely to determine if that information is the most current and relevant.

### **Tips for Starting a ProCert Submission**

1. **PERSONNEL:** Some Standards and Criteria require more than administrative knowledge of the activity. Access to, and consultation with persons with development and content knowledge of the activity will be necessary in order to properly justify credit for specific Standards and Criteria. This may be a change from your current methods of preparation.
2. **WHICH CRITERIA SHOULD I SELECT?:** Refer to the Typical Activity Standards & Criteria Guide in this document as this is a tool to guide you in terms of determining the likelihood specific criterion will be applicable for your specific activity type). Some criteria are not available to conferences and others are somewhat unlikely for a continuing education activity.
3. **GUIDANCE DOCUMENT:** Have this Guidance Document handy to use as a reference.
4. **PREPARE DOCUMENTATION:** Organize all of the documentation that you believe you will be submitting to support your application, and **any screenshots or webpage text.** (Reviewers WILL NOT go to your webpage even if given a link). Remember to clearly state for the reviewers what particular information is being used to meet the criterion and where in the document specifically it can be found. Taking the time to complete your submission this way will greatly increase the likelihood of the reviewer approving your request for credit for that criterion. All documents **MUST** be submitted electronically via an upload to aPTitude.
5. **KEEP AN OPEN MIND . . . AND BEGIN!**

|                 |  |
|-----------------|--|
| <b>REQUIRED</b> | <b>STANDARD 1 - ADMINISTRATION: The continuing competence provider has established processes for developing, administering and documenting the activity.</b> |
|-----------------|--|

**REQUIRED CRITERIA; No Value Added Criteria**

1a. The provider maintains information on the development, administration and documentation of the activity.

- The provider identifies and provides a supportive learning environment, the physical, material, and technological resources necessary to support the activity
- Documentation is maintained of the processes used to develop, administer, deliver, conduct and assess the activity and participants.
- The provider maintains cumulative records with appropriate security for a period of five years

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p><b>Live CE:</b></p> <ol style="list-style-type: none"> <li>1. Justification Statement must contain: Vendor documentation of a description of the venue. The vendor must also identify and verify the availability of the specific resources (personnel, facilities, equipment, etc.) required to achieve the objectives. Distinguish whether there is lab, lecture, or a combination learning environment.</li> <li>2. Upload: Copy of company policy on record privacy and storage</li> </ol> <p><b>Remote CE :</b></p> <ol style="list-style-type: none"> <li>1. Justification Statement must contain: Vendor documentation of their technological capabilities to deliver the material and any alternate means of communication (phone customer service) with the vendor available to the participant. Statement must include why the course can be delivered effectively in a remote format. Vendor must identify and document the availability of the resources (personnel, facilities, equipment, etc) required to achieve the objectives.</li> <li>2. Upload: Copy of company policy on record privacy and storage</li> </ol> |
|-------------------------------|---|

|                 |   |
|-----------------|---|
| <b>GUIDANCE</b> | <p>The provider of the CC activity is expected to provide what is needed for the participants to have a learning experience. Additionally, the vendor is expected to have record keeping procedures in place that will allow the vendor to communicate to the licensee or outside party that the participant took part in the activity. The vendor should maintain appropriate security to hold both confidential and non-confidential information appropriately.</p> |
|-----------------|---|

|                 |   |
|-----------------|---|
| <b>EXAMPLES</b> | <p><b>JUSTIFICATION STATEMENT:</b> The venue is a university PT department lab classroom. There is enough room for a maximum of 30 students; we have limited our class size to 20 with 2 instructors to maximize space as this is a pediatrics lab course equipped with floor mats and balls/bolsters of many sizes. Upload: <i>P&amp;P: Digital Record Storage</i></p> <p>Differences lab vs lecture: Dry needling lab course requires needles and minimal set up for clean technique available. Dry needling theory course does not necessarily require either; it may be taught as lecture and presentation style.</p> |
|-----------------|---|

**VALUE ADDED CRITERIA**

Not applicable

|                 |   |
|-----------------|---|
| <b>REQUIRED</b> | <b>STANDARD 2: APPROPRIATE LANGUAGE: The continuing competence provider uses language that does not show bias or cultural insensitivity</b> |
|-----------------|---|

**REQUIRED CRITERIA**

2a. The provider certifies the use of current terminology within the activity that does not show bias or cultural insensitivity.

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | Vendor affirms compliance with the Standard by checking the box. |
|-------------------------------|--|

|                 |   |
|-----------------|---|
| <b>GUIDANCE</b> | The intent of this standard is to communicate the importance of evaluating language and removing any bias or cultural insensitivity in the development, presentation, and administration of an activity. The vendor must incorporate people first language and the content must reflect sensitivity to cultural differences. If the activity content indicates otherwise, the Standard will fail. |
|-----------------|---|

|                 |  |
|-----------------|--|
| <b>EXAMPLES</b> | <p>People first language would include the following examples:</p> <p>Patient with a stroke (not “stroke patient”)</p> <p>Child with cerebral palsy (not “CP child”)</p> <p>Person with cancer (not “cancer victim”)</p> <p>Person with a disability (not “handicapped person”)</p> <p>Example of potential bias/cultural insensitivity: This course is not appropriate for females from cultures requiring a chaperone. Each participant must be able to fully participate; we are unable to accommodate this type of need.</p> |
|-----------------|--|

**VALUE ADDED CRITERIA**

Not applicable

**REQUIRED**

**STANDARD 3 - NON-DISCRIMINATORY: The continuing competence activity is available to all appropriate participants without unlawful discrimination.**

**REQUIRED CRITERIA**

**3a. The provider certifies that the activity is available to all appropriate participants without unlawful discrimination.**

**REQUIRED****DOCUMENTATION**

Vendor affirms compliance with the Standard by checking the box.

**GUIDANCE**

The intent of this standard is to communicate the importance that all rules and laws regarding discrimination should be followed in the development, presentation and administration of a continuing competence activity. While acknowledging that a given activity may have restrictions based on appropriateness to the educational preparation, target audience, qualifications, etc., these restrictions cannot be based on unlawful discrimination. If the activity content indicates otherwise, the Standard will fail.

**EXAMPLES**

Appropriate participants- Level 3 course requiring participants to have first completed Level 1-2

Restricted to physical therapists only

Inappropriate examples: Male PTs restricted from a women's health course

**VALUE ADDED CRITERIA**

Not applicable

|  |  |
|--|--|
| <b>REQUIRED</b>  | <b>STANDARD 4: COPYRIGHT AND DISCLOSURE: Each continuing competence activity provides copyright and disclosure information</b> |
| <ul style="list-style-type: none"> <li>• Copyright permissions of materials developed by others are identified on all audio-visual and activity materials</li> <li>• Copyrights of materials that are authored by the developers or instructors are identified on all audio-visual and course materials</li> <li>• Disclosure information regarding potential conflicts of interest and financial gain is identified and supplied to potential participants</li> </ul> |  |

**REQUIRED CRITERIA**

4a. The provider must certify that appropriate permissions of copyright materials have been obtained, all copyright materials have been identified, and disclosures have been made.

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Vendor affirms compliance with the Standard by checking the box.</p> <p>*If the vendor is promoting or attempting to sell a specific product, trademark, or registered item the vendor must upload a clear statement of disclosure regarding any potential conflicts of interest and financial gain is identified and supplied to potential participants</p> |
|-------------------------------|---|

|                 |  |
|-----------------|--|
| <b>GUIDANCE</b> | <p>The intent of this standard is to communicate both the importance that all rules and laws regarding copyright protections should be followed in the development, presentation, and administration of a continuing competence activity and the necessity to make participants aware of any potential conflicts of interest or financial gain which may be derived by the presenter or developer directly because of the activity. Some information regarding the appropriate use of copyright material and the doctrine of Fair Use Section 107 of the 1976 Copyright Act can be found at the U.S. Copyright Office <a href="http://www.copyright.gov/fls/fl102.html">http://www.copyright.gov/fls/fl102.html</a>. It is the vendor’s responsibility to ensure compliance with all relevant copyright laws and rules. Providers and presenters/authors must disclose to participants and to ProCert any known potential for conflict of interest or appearance of conflict, and any material gain through any product or service. If the activity content indicates otherwise, the Standard will fail.</p> |
|-----------------|--|

|                 |  |
|-----------------|--|
| <b>EXAMPLES</b> | <p>An instructor plans to hand out full photocopies of several journal articles to support the course content. He/she must first determine if this would be an infraction of copyright law. The instructor may choose to share a bibliography instead.</p> <p>A continuing education course on Rehabilitative Ultrasound imaging is sponsored and underwritten by the machine manufacturer. The instructor/developer shall inform participants of this fact.</p> |
|-----------------|--|

**CRITERIA - VALUE ADDED**

Not applicable



|                 |   |
|-----------------|---|
| <b>REQUIRED</b> | <b>STANDARD 5 – CONTENT: Content within the continuing competence activity is relevant to the physical therapy profession and the designated audience(s).</b> |
|-----------------|---|

**REQUIRED CRITERIA**

5a. Content of the activity must relate to the scope of practice of physical therapy as defined by the FSBPT Standards of Competence, NPTE Content Outline, American Physical Therapy Association (APTA) Guide to Physical Therapist Practice, PT and PTA Normative Models for Education, American Physical Therapy Association Ethics Core Documents, descriptions of Specialty practice, state practice acts and regulations, The Model Practice Act and/or other relevant regulatory documents or other generally accepted professional standards.

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification Statement as to the focus of the activity and the relationship of the content to physical therapy practice</p> <p>Upload: Course description and brochure; syllabus if applicable; screenshot of the website with this information</p> |
|-------------------------------|---|

|                 |   |
|-----------------|---|
| <b>GUIDANCE</b> | <p>The <i>Guide to Physical Therapist Practice</i> and <i>The Model Practice Act for Physical Therapy</i> define the practice of physical therapy as including clinical practice, administration, education, consultation, and research. Content in any of these areas would be considered relevant to the physical therapy profession.</p> |
|-----------------|---|

|                 |   |
|-----------------|---|
| <b>EXAMPLES</b> | <p>Ethics CE- references APTA Code of Ethics</p> <p>Surgical techniques for the ACL: this course was introducing a new suture procedure and focused on the actual performance of the surgery and not about the anatomy, physiology, function, or follow up care. Not appropriate for a physical therapist and would fail this Standard.</p> |
|-----------------|---|

**CRITERIA - VALUE ADDED**

Not applicable

**REQUIRED CRITERIA**

**5b. Content within the continuing competence activity is relevant to the targeted audience(s).**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification Statement must discuss the relevance of content to the target audience. If a mixed audience (e.g. PTs/PTAs) or multi-disciplinary, the statement must also explain why the content is</p> |
|-------------------------------|--|

|                               |   |
|-------------------------------|---|
|                               | <p>appropriate for all participants. (Example: why is a course addressing some evaluation appropriate for PTAs?).</p> <p>Upload: Course description and brochure; syllabus if applicable; website screenshot with this information.</p>   |
| <b>GUIDANCE</b>               | <p>The vendor must specify the target audience and justify why the activity is appropriate for ALL members of the target audience. PTs may attend courses given by other professionals that while still appropriate; discuss non-PT techniques such as surgery. The same holds true for PTAs attending courses with PT information such as evaluation and treatment progression (it is still appropriate for the PTA to learn the information, however the vendor must be explicit with the explanation of the relevance of the content to all participant groups).</p>   |
| <b>EXAMPLE</b>                | <p>Audience PT, PTA, OT, OTA, AT. This course is designed to present and review the basics of assessment, evaluation and treatment for patients who present following a stroke resulting in hemiplegia. All participants would use the materials according to State/jurisdictional regulations.</p> <ul style="list-style-type: none"> <li>• The PT and OT will benefit from all aspects of the course from initial evaluation through the development of an inter-professional Plan of Care (POC) as well as the introduction and practice of Evidence Based treatment techniques.</li> <li>• The PTA and COTA will benefit from the understanding of the components and theory behind the evaluation process, and experience in testing techniques as well as treatment methods which would be determined in the POC designed by the therapist.</li> <li>• The Athletic Trainer who encounters the patient with hemiplegia in community activities will benefit from an understanding of the condition and how the inter-professional POC can be incorporated into a training program.</li> </ul> |
| <b>CRITERIA - VALUE ADDED</b> |   |
| Not applicable                |   |

**REQUIRED****STANDARD 6: CONTENT ANALYSIS**

One goal of ProCert is to create a reproducible, objective system of evaluating content that is comparable for all activity types. Content is scored based on the topics covered by the activity, the level of coverage, the emphasis given to each of the categories of learning demand (reflective of the depth of the material), and the total time involved in the activity.

**REQUIRED CRITERIA****REQUIRED DOCUMENTATION****On-site CE:**

- Completion of the online form with accurate content and realistic learning levels represented. Levels 4 and 5 require adequate justification (either a statement or uploaded material).
- Upload: activity agenda or outline (timed)

**Remote CE:**

- Completion of the online form with accurate content selected and realistic learning levels represented. Level 3 requires adequate justification (either a statement or uploaded material).
- Upload: activity agenda or outline (timed)

**Written Text Components:** The [Mergener Formula calculation](#) is required. Select the Mergener Formula box and enter the values for number of words, degree of difficulty and number of assessment questions for all written/text components. DVDs, web-casts, etc. will use the actual running time devoted to the course content. Courses comprised of both text components and additional delivery methods will use a combination of both the [Mergener Formula](#) (entered as its own agenda item) and actual running time to calculate total time.

The values entered do not guarantee the content score claim shall be awarded.

**GUIDANCE**

Complete the following steps to provide the content analysis for most activities:

1. Verify the duration on the form is consistent with the total time for the activity.
2. Record each topic or agenda item from the outline/agenda in the **Title** column.
3. Enter the title of each agenda item, its duration, the content area from the menu, and the teaching strategy from the menu (See APPENDIX E and Figure 1 Level of Learning Demand Scale).
4. Repeat the process for all remaining agenda items; the form will calculate the duration and cannot be saved until the selections entered equal the total time for the activity.

***In the absence of justification to support the level the vendor has claimed, the activity will fail Standard 6.*** When an activity includes case studies, the time spent should be reflected in the Evidenced Based Practice/Use of Research/Case Study category. Time spent in Question and Answer periods should be reflected in the topic area named such.

**CRITERIA - VALUE ADDED**

Not applicable

## Determining Time of the Activity

### Continuing Education (live)

Time should be documented as the actual time spent engaged in the activity rounded up or down to the nearest quarter hour. The total time should not include non-working breaks or meals; however, these break periods may be used to meet the informal interaction criteria in the Engagement Standard. Use the chart below for calculations.

### Conferences

The total time of the conference should be a reflection of the time dedicated to educational programming. Time spent during the conference that is not educational, even if relevant to the practice of physical therapy such as the exhibition hall hours, organization policy sessions (networking and job- seeking, class reunions, section business meetings, or financial planning sessions (including the House of Delegates/Delegate Assembly)) should not be included in the total time for the conference. Use the chart below for calculations.

| Minutes above full Hour | Rounding Guidance              | Example   |
|-------------------------|--------------------------------|---|
| 0-7 minutes             | Round Down to 0 minutes        | Activity is 6 hours and 6 minutes<br>Total Time reported: 6 hours                 |
| 8-14 minutes            | Round Up to 15 minutes         | Activity is 6 hours and 12 minutes<br>Total Time reported: 6 hours and 15 minutes |
| 15-22 minutes           | Round Down to 15 minutes       | Activity is 6 hours and 21 minutes<br>Total Time Reported: 6 hours and 15 minutes |
| 23-29 minutes           | Round Up to 30 minutes         | Activity is 6 hours and 23 minutes<br>Total Time Reported: 6 hours and 30 minutes |
| 30-37 minutes           | Round Down to 30 minutes       | Activity is 6 hours and 35 minutes<br>Total Time Reported: 6 hours and 30 minutes |
| 38-44 minutes           | Round Up to 45 minutes         | Activity is 6 hours and 44 minutes<br>Total Time Reported: 6 hours and 45 minutes |
| 45-52 minutes           | Round Down to 45 minutes       | Activity is 6 hours and 50 minutes<br>Total Time Reported: 6 hours and 45 minutes |
| 52-59 minutes           | Round UP to nearest whole hour | Activity is 6 hours and 52 minutes<br>Total Time Reported: 7 hours                |

### Continuing Education (Printed Home Study)

The following formula, known as the Mergener Formula, must be used to determine the number of minutes/hours to allocate for a printed home study continuing education course. This calculation must be uploaded with the vendor's submission. **This is for TEXT materials only.**

Time (in minutes)=  $.09 \times [-22.3 + (0.00209)(\text{number of words}) + (2.78)(\text{number of questions}) + (15.5)(\text{difficulty level})]$

Difficulty level should be determined using the following 5 point Likert Scale:

|                |   |
|----------------|---|
| Very Easy      | 1 |
| Somewhat Easy  | 2 |
| Moderate       | 3 |
| Difficult      | 4 |
| Very Difficult | 5 |

The formula was first published in 1991 in the American Journal of Pharmaceutical Education and further work was done to validate it in the same journal in 2007. The Mergener formula was only intended to be used to calculate the length of time for the text-based instructional part of an activity. The formula is based on estimated minutes required to complete the home study materials (reading and completing a final examination). It is inappropriate to apply the Mergener formula to an evaluation/assessment instrument and count those hours as part of the course when the course is not text based. Courses such as those that are video or live will reflect the fact that an assessment tool exists by gaining value-added credit in Standard 13.

Online calculators are available for applying the Mergener formula to printed material. One such example is <http://touchcalc.com/calculators/mergener>

### References:

Mergener, M.A. A preliminary study to determine the amount of continuing education credit to award for home study programs, American Journal of Pharmaceutical Education, 1991.55:263-266.

DeMuth, J.E. and Hanson, A. Validation of a Formula for Assigning Continuing Education Credit to Printed Home Study Courses

Am J Pharm Educ. 2007 December 15; 71(6): 121.

## Content Topic List

Definitions of many of the following terms are found in the glossary of this document.

When an activity includes case studies, the time spent should be reflected in the Evidenced Based Practice/Use of Research category or may be distributed throughout the appropriate areas. The vendor should note on the Content Analysis form how the time has been distributed.

**Foundational Sciences** Anatomy, Biology, Physics, Chem/Bio-chem/Org-chem, Physiology/Exercise Physiology, Biomechanics/Kinesiology, Histology/Pathology, Pharmacology, Behavioral Sciences

**Examination** Patient/Client History & systems reviews, Tests and Measures

**Evaluation, Diagnosis and Prognosis** Treatment Planning & Discharge Planning

**Intervention** Therapeutic Exercise, Functional Training, Manual Therapy, Orthotics and Prosthetics, Airway Clearance, Wound Management, Electrotherapeutic Modalities, Physical Agents, Mechanical Modalities

**Education, Communication, Psychosocial** Teaching, Learning, Communication, Psychosocial aspects of patient care

**Professionalism, ethics, legal practice** Jurisprudence, Responsibility of Licensure, CMS updates, Professional Responsibilities, Patient/client rights, Sexual Harassment, Appropriate Boundaries

**Administration, Documentation, Billing**, Quality Initiatives, Informatics, Advocacy, Marketing, Business Setting/Practice Management

**Evidence Based Practice/ Research/ Case Studies** Research, Outcomes, Data Collection Techniques

**Health, Wellness & Prevention** Health promotion, Fitness, Wellness, Prevention, Safety, Emergency Preparedness

**Discussion/Question and Answer**

**REQUIRED**

**STANDARD 7 - INSTRUCTOR/DEVELOPER/STAFF QUALIFICATIONS: The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.**

**REQUIRED CRITERIA**

**7a. The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.**

**REQUIRED DOCUMENTATION**

Upload: CVs for all Instructors. For CE, no information is required of the course developer. CVs must be current within 2 years preceding the activity submission date. Vendors must specifically note the particular work/education from the CV that is relevant to the content area being presented. Bios and biographical sketches are not sufficient documentation.

**GUIDANCE**

The intent of this standard is to communicate the importance of qualified personnel being used during the development and presentation of a continuing competence activity. **FSBPT certification requires that the vendor supplies information that supports the qualifications of the personnel involved. Vendors must demonstrate that the instructor’s education, work experience, research, publication, etc. is relevant to the content area being presented.**

Documentation is required for each instructor that is noted. Vendors are encouraged to submit the names and information for anyone that may be a possible instructor in the next year. **Anyone who may be presenting the course must be identified during certification; if there is a new presenter, a new certification is required. Include any potential speakers in the initial certification application.**

**EXAMPLES**

Two instructors have been identified and resumes are included. Their statement of experience shows that the instructors have 10 years of experience, one of the instructors teaches the content area in a transitional DPT program, and both instructors have a specialty certification in the content area.

Lawyer and paralegal present a CE activity to physical therapists regarding the state practice act, scope of practice questions, and other jurisprudence issues in the state. This lawyer is the former Assistant AG to the State PT Board. Paralegal has no background in PT or health law and recently graduated; he has only been working 2 weeks. Based on this data, the lawyer would be deemed reasonably qualified, but the paralegal would not which would fail the activity on this Standard and certification would be denied

**CRITERIA - VALUE ADDED**

Not applicable

**REQUIRED**

**STANDARD 8 - INFORMATION AND MATERIALS: The Continuing Competence Provider furnishes clear, complete information to potential participants about the activity format and content, biography of the activity deliverer/presenter, and participant requirements.**

**REQUIRED CRITERIA**

**8a. The provider supplies sufficient information to allow prospective participants to judge the value and appropriateness of the activity.**

**REQUIRED DOCUMENTATION**

Justification Statement: The vendor should communicate the specific information that would be furnished to potential and actual participants

Vendor must communicate in pre-registration materials if there is an assessment with a proficiency standard in order to get credit for the course (example: 70% required on post-test to get the completion certificate)

Upload: Brochure or Screenshot/.pdf of information available on website. **A link to the website is unacceptable.**

**GUIDANCE**

The vendor should submit **all** information that would be provided to a participant.

The vendor should communicate to the reviewer where exactly to look for the information used to determine that Standard 8 and its criteria have been met.

**EXAMPLES**

Examples of information helpful to a licensee to evaluate a continuing competence activity includes:

- Title and description
- An outline of the material covered within the activity and if appropriate, a specification of the amount of time designated to each content area
- The activity objectives
- proficiency standard in order to get credit for the course
- A list of course presenters/authors with pertinent biographical information.
- The target audience for the CC activity
- Costs and cancellation/refund policies
- Methods of assessment of learning
- Informed consent is included if the CC activity could present risk to the participant.
- Prerequisite assignments and or learning are identified.
- Any disclosures related to conflict of interest should be included in information provided to potential participants. CC providers and presenters/authors must disclose any known potential for conflict of interest or appearance of conflict. Material gain through any product or service should be addressed during the CC activity
- Author/presenter bias and/or opinion is clearly stated as such
- Ratio of teacher/students

**CRITERIA - VALUE ADDED**

Not applicable



|                                 |   |
|---------------------------------|---|
| <b>REQUIRED AND VALUE ADDED</b> | <b>STANDARD 9 - ENGAGEMENT: The continuing competence activity fosters the participant’s learning and professional engagement through reflection, interaction, participation and/or contribution to the profession and its body of knowledge.</b> |
|---------------------------------|---|

|  |
|--|
| <b>REQUIRED CRITERIA</b>   |
| <p><u><i>The activity must meet any one of the criteria below, any others met will be value added to the CCU score:</i></u></p> <ul style="list-style-type: none"> <li><b>9a. Activity includes structured opportunities for self-reflection and identification of growth opportunities</b></li> <li><b>9b. Activity offers informal opportunities for interaction and/or feedback from other professionals</b></li> <li><b>9c. Activity includes opportunities for participation through structured interactive opportunities</b></li> <li><b>9d. Activity provides opportunities to contribute to the profession and its body of knowledge</b></li> </ul> <p>Each element of an activity (e.g., lab session) can only be counted toward one of the criteria. In order to claim credit for more than one criterion, the vendor <b>MUST</b> identify an element of the activity for each criterion being claimed. For example: 9a (self assessment tool administered) and another element that meets 9c (lab session).</p> |

**MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA**

**9a. Activity includes structured opportunities for self-reflection and identification of growth opportunities.**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification Statement: Vendor must identify when/how in the activity self-reflection is performed. Self reflection is careful thought about your own behavior, beliefs, strengths, and weaknesses.</p> <p>Upload: Course agenda, screenshot, something that shows the self-reflection component of the activity. If no self-assessment tool is used, the vendor must demonstrate how the self-reflection takes place or where/when there is an opportunity for self-reflection by the participants.</p> <p>Upload: Any self-assessment tool/instrument used (including professional portfolio). <b><i>A self-assessment tool or instrument is not required but if a self-assessment tool/instrument is used it must be uploaded.</i></b> The vendor may create a specific tool for this purpose or an alternate tool. At minimum, the vendor created self-assessment tool must contain open ended questions as to: 1. Why the participant chose the course and the need it addressed for the participant 2. How the information from the course relates to their practice 3. How the information gained will change the participant’s behavior in the future</p> <p><b><i>These questions cannot be integrated into the course evaluation form.</i></b></p> |
| <b>GUIDANCE</b>               | <p>The self-reflection opportunities must be structured in order to get credit for this criterion. The vendor will need to identify when/how in the activity self-reflection is performed. Self reflection is an assessment of the participant’s strengths/weaknesses and application to practice not an assessment of the material learned or the logistics of the activity. Self-assessment is not the same as the assessment (standard 13) to demonstrate learning or proficiency.</p>  |
| <b>EXAMPLES</b>               | <p>Development of a personal portfolio required for the activity</p> <p>Self-reflection questions/breaks after instruction modules</p>   |

## MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA

9b. Activity offers informal opportunities for interaction and/or feedback from other professionals

### REQUIRED DOCUMENTATION

Justification Statement: Vendor specifies where the opportunities for interaction take place during the activity. The intent of the standard is that the interaction be with people, specifically other professionals and colleagues.

#### On-site CE

This criteria is automatically selected when the activity is published as a live course. There is no need to upload documentation or to provide a justification statement.

#### Remote CE

Screen shot of available message board or chat room for professionals/colleagues. Screen shot of any other means the vendor attempts to meet this standard. The intent of the standard is that the interaction be with people (NOT interaction with the course materials), specifically other professionals and colleagues. Vendors must submit a screenshot or the documentation showing/instructing participants how they can communicate with instructors or other participants. The **opportunity for interaction must be integrated into the course**, a phone number for the instructor/developer is not sufficient to meet this standard.

### GUIDANCE

**Any in-person activity with other colleagues, participants, instructors, etc. would meet 9b.** The intent of the standard is that the interaction be with people, specifically other professionals and colleagues.

An on-line offering can meet criterion 9b. If the on-line activity is structured to allow for message boards or professional chat rooms or even on-line interactive study groups with other professionals, it would be possible to meet this criterion. The intention of the criterion is to allow for an opportunity for professionals to interact. **The submission MUST demonstrate more than the availability of a customer service line.** Participants must be provided with means to communicate and contact the presenter, vendor, or other participants who will respond to their professional questions and or provide feedback. These means must be integrated into the course itself such as "contact us" features on media players or "raise hand" technology" in Webinars. The interaction must be more **than technical customer service -- an actual chance to engage in professional dialogue.**

### EXAMPLES

Question and Answer period with ability to see/comment on other participants questions and comments on-site or on message boards

"Raise hand" technology in Webinars.

PowerPoint or media players with built in "contact us" buttons

Small group discussion time: undirected and without topic assigned

Break periods; discussions during **on-site** meal periods

**MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA**

**9c. Activity includes opportunities for participation through structured interactive opportunities**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | <p><b>On-site CE</b><br/>Upload: Agenda or course syllabus with the specific activity noted</p> <p><b>Remote CE</b><br/>Upload: Documentation of specific, required assignments (such as posting assignments and requirements to an on-line blackboard) that provide for structured, interactive opportunities</p>   |
| <b>GUIDANCE</b>               | <p>The intent of the standard is that the interaction be with people, specifically other professionals and colleagues.<br/>The vendor IS NOT required to verify an individual’s level of participation in the opportunity, only that the opportunity was an integrated, structured part of the activity. <b>Does not include question/answer time.</b></p> <p>An on-line offering can meet criterion 9c above. If the on-line activity is structured to utilize/mandate message boards, professional chat rooms, or mandatory on-line interactive study groups with other professionals, it would be possible to meet this criterion. The difference between 9b &amp; 9c is that posting commentary would be informal (9b), where as required postings that are monitored would be considered formalized (9c). To meet 9c, the vendor again must establish the structured nature of the interaction.</p> |
| <b>EXAMPLES</b>               | <p>Lab time, Discussion groups<br/>Small group discussion time: directed and with topic assigned<br/>Working meals with guided discussion topics/assignments<br/>Small group projects<br/>Moderated panel: 10-15 minutes minimum with greater than 2 panel members<br/>Blackboard on-line: Participants are required to post a patient problem and possible interventions. Each participant must make 2 comments on 3 other participants’ postings which are verified by instructor.</p>   |

**MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA**

**9d. The activity provides opportunities to contribute to the profession and its body of knowledge**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification Statement by the vendor to justify the way the activity contributes to the profession and its body of knowledge</p>   |
| <b>GUIDANCE</b>               | <p>The vendor must prove that there has been some meaningful contribution to the profession as a whole, not just the individual. Additionally, there must be a contribution to the body of knowledge within the profession. <b>Typically 9d will only be met through research, publication.</b></p>  |
| <b>EXAMPLES</b>               | <p>Professional Symposium dedicated to creating core competencies required for advanced professional activities. Example: Rehabilitative Ultrasound Imaging Symposium hosted by the US Army-Baylor University Doctoral Program in Physical Therapy for delegates of six countries recognized as leaders in the rehab ultrasound field to determine the preferred term for ultrasound imaging performed by PTs.</p> |

|                                 |   |
|---------------------------------|---|
| <b>REQUIRED AND VALUE ADDED</b> | <b>STANDARD 10 - EVIDENCE BASED PRACTICE: The continuing competence activity incorporates, reflects and promotes the use of evidence-based practice or incorporates current or proposed regulation of practice.</b> |
|---------------------------------|---|

**REQUIRED CRITERIA**

**10a. The activity is developed from the base of available evidence or current regulations; participants are provided references when appropriate.**

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Upload: 1. Course agenda, brochure, or syllabus <b>and</b> 2. bibliography; reference list</p> <p>Justification Statement: If the activity is not based on research or regulatory document, the vendor must provide clarification of how clinician experience and/or patient values or preferences are used in the development of the activity and thus are part of Evidenced-based practice</p> |
|-------------------------------|---|

|                 |   |
|-----------------|---|
| <b>GUIDANCE</b> | <p>Evidence-based practice (EBP) is broad, comprising three elements: research, clinician experience, and patient values or preferences. Clinicians rely on all three elements to direct choices, practice, behavior, or actions. Acknowledging the role of all three elements is important, particularly in situations where limited research evidence is available or patient values alter the available avenues of treatment.</p> <p><b>Non-clinical topics:</b> such as legal, educational, management or billing issues, the types of evidence used may be completely different and include regulatory documents, accepted professional guidelines, policy documents, or best practices in management.</p> |
|-----------------|---|

|                 |   |
|-----------------|---|
| <b>EXAMPLES</b> | <p>Education/Business/Administration/Regulation and Legal: all these areas have elements of EBP from which to pull and develop content. CC activities based solely on regulation or legal practice may find that the regulatory or legal documents or precedents are the only appropriate evidence to utilize.</p> <p>Discussion on the variance in regulations regarding dry needling should include references to current regulations, statutes, etc. Alternatively, a discussion on the clinical effectiveness and safety of dry needling requires published empirical evidence such as scientific trials.</p> |
|-----------------|---|

**VALUE ADDED CRITERIA**

**10b. Participants are presented with case studies and the provider includes a discussion of this type of evidence and its applicability**

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Upload: 1. Course agenda, brochure, or syllabus with the specific time or activity for case studies noted <b>and</b> 2. the case study that will be used by presenter.</p> <p>Case study <b>must</b> include all of the following elements:</p> <ol style="list-style-type: none"> <li>1. scenario/situation/patient description</li> <li>2. interventions/strategies</li> </ol> |
|-------------------------------|---|

|                 |   |
|-----------------|---|
|                 | <ol style="list-style-type: none"> <li>3. discussion of outcomes</li> <li>4. strengths/weaknesses of the approach used in the case</li> <li>5. discussion of strength and applicability of case study evidence based on Sackett’s Hierarchy of Evidence (See APPENDIX H)</li> </ol>   |
| <b>GUIDANCE</b> | Case studies presented to participants may be clinical or non-clinical in nature. Please contact FSBPT Continuing Competence staff to request a copy of an APTA article presenting a discussion of how the level of evidence of a case study should be discussed.   |
| <b>EXAMPLES</b> | <p>The case involves a patient with whom the presenter worked. The presenter discusses various approaches used during treatment, the rationale and evidence for each approach, and which ones were successful or unsuccessful. Discusses that case studies are low in Sackett’s hierarchy and not as strong to base decision on as other research.</p> <p>Case studies presented may be clinical or non-clinical in nature. Examples case studies include; process documentation for changing regulations, how peer chart reviews improved documentation, etc.</p> <p>Case report/study presented by instructor. The participants discuss the case, interventions, outcomes, etc. The presenter then requires that each student perform a literature search on the strength of case studies as evidence and results are discussed as part of the case study activity. (The search could have been pre-activity assignment also)</p> <p>Presenter shows videos of various PT/PTA supervision scenarios. These scenarios are discussed for appropriateness, alignment with the state law, delegation of activity. Participants discuss these scenarios in small group settings with a facilitator. Review of Sackett’s Hierarchy done during the class showing where case studies fall as evidence.</p> |

**VALUE ADDED CRITERIA**

**10c. Participants present a case study relevant to the content of the activity and include a critical evaluation of whether the case study demonstrates a defensible approach, has broader applicability or would benefit from additional research.**

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Upload: 1. Agenda, brochure, or syllabus noted with the specific time for the case study activity <b>and</b> 2. the required elements that must be presented in the case study</p> <p>Case study must include the following elements at minimum:</p> <ol style="list-style-type: none"> <li>1. scenario/situation/patient description</li> <li>2. interventions/strategies</li> <li>3. discussion of outcomes</li> <li>4. strengths/weaknesses of the approach used in the case</li> <li>5. discussion of strength and applicability of case study evidence based on Sackett’s Hierarchy of Evidence (See APPENDIX H)</li> </ol> |
|                               | Case studies presented to participants may be clinical or non-clinical in nature. Please contact FSBPT Continuing Competence staff to request a copy of an APTA article presenting a discussion of how the level of evidence of a case study should be discussed.   |
| <b>EXAMPLES</b>               | PT/PTA describes a case involving a patient with whom she worked. The licensee discusses various approaches used during treatment, the rationale and evidence for each approach, and which ones were  |

successful or unsuccessful. The licensee discusses if elements of EBP were incorporated into the clinical decision making. Discusses where case studies fall in the evidence hierarchy according to Sackett.

An administrator of a large, multi-office PT clinic demonstrates the reduction of billing errors and increase in reimbursement year to year after mandating an annual 1-day training session in two of the clinics covering proper billing for each of their payers. The training is now mandatory in all the clinics.

Case studies presented by participants may be clinical or non-clinical in nature. Examples case studies include; documenting the process for changing regulations, or how peer chart reviews improved documentation, etc.

## VALUE ADDED CRITERIA

**10d. Activity requires participants to review current scientific evidence published in peer-reviewed resources (applicable to the activity) or to review current regulatory documents**

### REQUIRED DOCUMENTATION

Justification Statement: The vendor must demonstrate that the participants are required to perform the tasks and there must be time within the activity itself to discuss the review of current scientific literature or regulatory documents.

Upload: Agenda, brochure, or syllabus with specific time for these activities noted. Any preparatory assignment list and requirements must be uploaded.

### GUIDANCE

In 10d, the focus is on the highest levels of evidence; those requiring peer-review. This criterion may be met either during the activity itself or in preparatory work that is required for the activity. The activity sponsor may provide pre-activity reading materials or assignments in order to meet the requirements. The examination or review of documents may be done during the activity.

Sources published by a university press will be considered peer-reviewed.

### EXAMPLES

Given a regulatory document, participants are required to perform a literature search to either support or debate the current regulation or policy.

Participants are required to read five assigned research studies prior to arriving for a continuing education course on manipulation.

Given a list of reference material, students are required to determine which sources of information are peer-reviewed versus which are not.

## VALUE ADDED CRITERIA

**10e. Activity requires participants to critically analyze different types of evidence, questioning the accuracy and relevance of each type, and the completeness of the body of evidence.**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification Statement: The vendor must demonstrate the participants are required to perform the tasks and there must be time within the activity itself to discuss the review of scientific literature or regulatory documents or the other elements of EBP: clinician experience and patient values/preferences.</p> <p>Upload: Agenda, brochure, syllabus with specific time for these activities noted. Any preparatory assignment list and requirements must be uploaded.</p>   |
| <b>GUIDANCE</b>               | <p>Different types of evidence, encompassing all the levels of EBP described in 10a, may be utilized and discussed. Discussion of the strength/weakness of the various forms of evidence utilized must be evident.</p> <p>The vendor may provide pre-activity reading materials or assignments in order to meet the requirements. If performed, the examination or review of documents may be done during the activity.</p>  |
| <b>EXAMPLES</b>               | <p>Participants are required to read five assigned research studies prior to arriving for a continuing education course on manipulation and determine where each fits on the hierarchy of evidence.</p> <p>Participants will analyze the practice act from their state and compare it to the Model Practice Act, identifying similarities/differences, creating a crosswalk and a plan for improvement.</p> <p>Participants will be trained to perform effective online searches for current best evidence. Results will be discussed and analyzed for strength of evidence and which elements are present/missing in the materials.</p> |

## VALUE ADDED CRITERIA

**10f. The provider has documentation to support that there is a linkage between participation in the activity and the increased use of evidence-based practice by participants.**

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification Statement: The vendor must clearly explain research methods and data collected to support answering the question whether the activity has increased the participant’s use of EBP</p> <p>Upload: Research method/instrument and data collected with data analysis</p>   |
| <b>GUIDANCE</b>               | <p>Criterion 10f will require the activity to be of sufficient length, and/or require thoughtful analysis by the participants as to how the evidence would be incorporated into practice, or require post-activity follow up to determine that activity has led to increased use of EBP. This will not be a commonly met criterion.</p> |
| <b>EXAMPLES</b>               | <p>The activity focused on the Medicare “8 minute rule.” Within 4 weeks, therapists are required to submit billing examples from before and after the activity. A billing audit is completed. The vendor provides the results to the participant and uses these results to evaluate the effectiveness of the activity.</p>              |

**REQUIRED  
AND VALUE  
ADDED**

**STANDARD 11 - BEHAVIORAL OBJECTIVES: The continuing competence activity includes behavioral objectives which reflect the full extent of the activity content**

**IMPORTANT NOTE TO VENDORS:** There are many sources of information regarding writing learning objectives; refer to APPENDICES A through D and Figure 1 of this document for additional guidance. As the objectives have a relationship to several other standards, it is important to write the best objectives possible. Your objectives should communicate clearly to the participant what they can expect to gain from the activity. Write your objectives in such a way that they clearly state what the learner will be able to do as a result of participating in the activity.

**VENDOR OBJECTIVES SUBMISSION FORM IN SYSTEM:** Add each objective, ensuring that all required elements of a behavioral objective are present. A justification statement is required if the submitted objectives do not match those printed in the marketing materials; this statement must explain the discrepancy and indicate the vendor will provide participants with the updated submitted objectives once the activity is certified.

**REQUIRED CRITERIA**

**11a. Objectives sufficiently reflect the focus of the activity and the critical elements of the content**

**REQUIRED  
DOCUMENTATION**

Complete the *Vendor Objectives Submission Form*, adding every objective and ensuring each contains the required elements. (See APPENDIX C).  
Upload: Activity brochure, syllabus, or screenshot of the advertised objectives

**GUIDANCE**

Sufficient means the objectives should map to the content outline and in their entirety should cover the depth and scope of the activity. Activity providers should not expect to be penalized or rewarded if the number of objectives is in excess of the minimum needed to cover the critical elements. Critical elements are those that are the most important elements of the activity. While the activity will likely cover many aspects, only the elements that are the focus of the activity need corresponding objectives.

**EXAMPLES**

Two hour lecture on functional ACL rehab exercises states that there are 3 critical elements to the lecture: theory of functional exercise, describing the functional exercises, and discussion of progression of this type of exercise. The presenter submits behavioral objectives which cover all 3 of these elements. In this case, fewer than 3 objectives would have been too few and more than 3 would be excessive and unnecessary.

Two day course on the same topic (ACL functional rehab exercises) states there are 7 key elements to the course. In this case the 3 objectives from above would be too few to cover the key elements and we would expect to see 7 or more. As a guideline, more than 10 might be excessive, but that is up to the vendor and will not be penalized.

A two week course on the same topic (ACL functional rehab exercises) states that there are 7 key elements to the course. Based on the length of this course, the expectation is for those key elements to potentially be more involved or to be developed more fully and require more objectives than the two day course above.



## REQUIRED CRITERIA

### 11b. Objectives are behavioral and at an appropriate level for the target participant

#### REQUIRED DOCUMENTATION

Complete the *Vendor Objectives Submission Form*, adding every objective individually and ensuring each contains the required elements. APPENDIX B provides guidance on behavioral objectives.  
Upload: Activity brochure, syllabus, or screenshot of the advertised objectives (as noted for 11a)

#### GUIDANCE

##### BEHAVIORAL

##### 50% of objectives must meet all elements below:

1. Objective is written in terms of what the **activity participant** will be able to do. The objective shall describe what the participant will do, not what the developer/presenter is trying to accomplish.
2. Objective is **measurable** (uses a measurable verb)  
The objective should include **ONE observable verb that defines the behavior** such as perform, list, or describe. Unacceptable verbs are unobservable such as learn, understand, value, and appreciate. These verbs do not describe observable behaviors and should not be used.
3. Objective includes the **conditions and specific information** about what the activity participant will be able to do. Include the conditions or circumstances under which the participant would be expected to demonstrate the behavior. Specifics, conditions, requirements and constraints are identified in order to make the objective make sense.
4. Objective listed is **realistic** for the level of the target audience.  
BAD: List all treatments available to physical therapists. (too large, not realistic to think this can be accomplished in any time frame)  
BETTER: List three appropriate treatments to address the functional loss characteristics for the patients described in the case studies.
5. Objective states **performance requirements**; what indicates the learner has mastered this concept. ***Achieving a certain score on an assessment is not acceptable as a performance requirement.***  
Examples of performance requirements are “correctly,” “with supervision,” “independently,” or “5 out of 10,” or “within 8 minutes.”
6. Objective states **when** behavior will be achieved  
Examples include: By the end of course, Following presentation

##### APPROPRIATE LEVEL

When the activity information reasonably allows a participant to accomplish the objective, and is related to the field of physical therapy, the objective is reasonable for the audience. PTs may attend courses given by other professionals that while still appropriate; discuss non-PT techniques such as surgery. The same holds true for PTAs attending courses with PT information such as evaluation and treatment progression. It is still appropriate for the PTA to get the information. **The course does not need separate objectives for each attendee type. You do not need to match up the level of the objectives with the target level of the audience.** Depending on the course topic, such as introducing experienced clinicians to a new technique (dry needling, rehabilitative ultrasound imaging), it may be appropriate to have more basic objectives yet are still reflective of the course elements. For a beginner or novice clinician, the objectives would typically reflect the beginning understanding of material or an introduction to a technique.

#### EXAMPLES

1. *By the end of the course the participant will identify 3 common treatment interventions for a child with Cerebral Palsy*
2. *Given the values for heart rate, respiratory rate, blood pressure, hemoglobin, and glucose, the participant will identify 5 appropriate activities to increase aerobic capacity.*

## VALUE ADDED CRITERIA

11c. Greater than ½ of the total number of objectives meet both required criteria above (11a and 11b)

### REQUIRED DOCUMENTATION

Complete the *Vendor Objectives Submission Form*, adding every objective and ensuring each contains the required elements. The value-added criteria 11c and 11d will be calculated during the review process based on the submitted objectives.  
Upload: Activity brochure, syllabus, or screenshot of advertised objectives (as noted for 11b)

### GUIDANCE

In order to meet this criterion greater than ½ of the total number of objectives must meet 11a & 11b

### EXAMPLES

N/A

***Unless 11a and 11b are met above, 11c cannot be considered; 11a and 11b are prerequisites to 11c.***

***At least one objective which met required criteria 11a and 11b above demonstrates the following:***

## VALUE ADDED CRITERIA

11d. The objectives focus on higher levels of learning

### REQUIRED DOCUMENTATION

Complete the *Vendor Objectives Submission Form*, adding every objective and ensuring each contains the required elements. The value-added criteria 11c and 11d will be calculated during the review process based on the submitted objectives. APPENDIX D and Figure 1 provide guidance on higher level objectives.

Upload: Activity brochure, syllabus, or screenshot of advertised objectives (as noted for 11b)

### GUIDANCE

Physical therapy subject matter can be very challenging and require reasoning and problem solving skills not reflected in basic level objectives with verbs such as list, define, repeat, etc. The content of the course, or level of the audience, whether basic or advanced, does not determine the level at which the objectives can be written.

A higher level learning objective requires the participant to function at a higher level of cognitive, affective, or psychomotor demand. **Common Verbs from the 3 Domains for Higher Learning Objectives(not all inclusive):** Create, design, invent, develop, synthesize, connect, judge, recommend, critique, justify, analyze, prove, alter, defend, explain, relate, compare, discriminate, question, revise, solve, verify, propose, qualify, adapt, formulate, solve, integrate, incorporate, automate

### EXAMPLES

Given a patient's calculated results of laboratory tests compared with predicted normal values, the learner will **design a treatment plan** considering presence or absence of abnormal pulmonary function.

After reading a patient case including history, physical findings, diagnosis, and prescribed drugs the learner will correctly **revise a standing treatment protocol** based on the factors that could modify the exercise response in that patient.

At the completion of this course, the participant will **justify 3 acceptable manual therapy techniques** to incorporate into a treatment program for a case of a pregnant elite athlete with a chronic hamstring injury.

**VALUE ADDED CRITERIA**

**12a. The documentation clearly describes how the activity is designed to support the achievement of the objectives.**

**REQUIRED  
DOCUMENTATION**

Justification Statement:

The vendor must sufficiently address the following 4 items:

1. Identify and document the availability of the resources (personnel, facilities, equipment, etc) required for achieving the objectives.
2. Discuss appropriateness of the mode of delivery for the activity  
Reviewers evaluate if the course content can appropriately be delivered in person or on-line
3. Discuss appropriateness of selected teaching methods  
lab versus lecture, use of small groups, why pre-course prep work, why lab
4. Discuss time as an element of the design  
Why is the amount of time appropriate to allow the instructor to meet the objectives?

**GUIDANCE**

Activity design refers to the ways an activity is structured to make for a successful teaching/learning experience thus meeting the learning objectives.

If the objective is to learn theory or historical basis, then a lecture style may be appropriate. If the activity is marketed as “hands-on” and the objectives reflect gaining experience with the use of or developing a psychomotor skill, then there must be a component of lab or “hands-on” time.

The instructional methods (for “teaching” activities) must be commensurate with material promoted, presented, or assessed; becoming proficient with computerized documentation requires that the technology is available in enough supply for participants to get adequate hands-on experience.

**EXAMPLES**

Vendor Justification Statement: CE Inc. courses are offered as recorded self-paced learning modules recorded by at least one instructor that is a subject matter expert in the field covered. Course materials in the form of a Power Point presentation and handouts are provided to each participant. We are clear with participants as to the technological needs to play all of our graphics. As our courses are non-lab based, it is appropriate to deliver them on-line without a live instructor. Ideally, the ability for the participant to stop and pause or rewind and repeat the course material allows for a self-paced learning environment to enhance comprehension. Courses are presented and marketed as highly visual with recorded narration and instruction. Courses include high resolution pictures, motion graphics, and video. The instructor’s determine the total length of time required to convey the subject matter, but independent research has shown that keeping our courses to no more than six 20 to 40 minutes modules which each cover closely related material, and then build upon each other to provide a comprehensive understanding of the subject matter, is most digestible for our clients. Learners are given one final test at the end of the course. All CE Inc courses are designed around the same framework, for consistency and proper learning outcomes for all content.

|                    |   |
|--------------------|---|
| <b>VALUE ADDED</b> | <b>STANDARD 13: ASSESSMENT: Each continuing competence activity includes methods to assess the participant’s attainment of the specified activity outcomes.</b> |
|--------------------|---|

- **The assessment methodology is appropriate for the stated objectives.**
- **An achievement standard has been developed for the assessment to determine which participants have successfully attained the activity outcomes**

**The vendor is not required to submit the actual assessment or examination.** In the event that the activity has more than one assessment, the vendor will want to choose the one assessment tool/exam of highest quality (meaning, meets the most criteria below) in order to maximize the potential certification score. Types of assessments include, but are not limited to: exams, papers, presentations, clinical skills exams, self-assessments. All criteria will not be applicable to all types of assessment tools; some are mutually exclusive and thus one assessment tool or exam will not be able to get credit for all of the criteria below.

**VALUE ADDED**

**13a. For subjectively scored assessments, reliability evidence is provided**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | Justification: The vendor must clearly explain research methods and data collected to support<br>Upload: Research method/instrument and data collected with data analysis  |
| <b>GUIDANCE</b>               | Subjective scoring refers to the fact that human judgment is a factor in the scoring. Relevant types of reliability evidence are provided that document influence of different sources of error on tests scores. Requires reliability information about the scoring process. Data on intra or inter-rater reliability is provided. May be applicable to single or multiple rater activities.<br><br><i>NOTE:</i> It would be the exceptional course/activity rather than the norm to meet this criterion. Requires significant resources to gather this type of evidence: research team, statistical analysis, etc. Assessments with single rater observation as the primary method of scoring will meet the requirements for many criteria for Standard 13, however without reliability evidence; the activity will not meet the requirements of 13e. |
| <b>EXAMPLES</b>               | Pilot of the instrument with thorough analysis of the pilot<br>Statistical analysis of scoring   |

**VALUE ADDED**

**13b. For objectively scored assessments, reliability evidence is provided**

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | Justification: The vendor must clearly explain research methods and data collected to support<br>Upload: Research method/instrument and data collected with data analysis   |
| <b>GUIDANCE</b>               | Internal consistency reliability, decision consistency is provided. Relevant types of reliability evidence are provided that document influence of different sources of error on test scores<br><br><i>NOTE:</i> It would be the exceptional course/activity rather than the norm to meet this criterion. Requires significant resources to gather this type of evidence: research team, statistical analysis, etc. |
| <b>EXAMPLES</b>               | Pilot of the instrument with thorough analysis of the pilot<br>Statistical analysis of scoring  |

## VALUE ADDED CRITERIA

### 13c. Procedures are identified to ensure the security and integrity of the assessment

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | Justification Statement: Vendor must demonstrate that appropriate security procedures are implemented to provide reasonable assurance that the performance assessment scores are an accurate reflection of the abilities of the participant and that there was no cheating.   |
| <b>GUIDANCE</b>               | <b>The vendors are not required to provide the actual assessment or examination.</b> The vendor should only submit ONE assessment at this time. Appropriate security measures will vary according to the assessment type and to the stakes associated with the outcomes.  |
| <b>EXAMPLES</b>               | The assessment tool may be proctored, password protected, available only at a secure test center, use biometric identification, or have limited access to the appropriate audience.<br>The vendor may demonstrate that during the assessment participants do not have the opportunity to interact or that breaks are scheduled on a limited basis and only when a section of the assessment is completed and no longer available. |

## VALUE ADDED CRITERIA

### 13d. The activity objectives are mapped to the assessment

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | Upload: Documentation which demonstrates: 1. Content areas related to each objective and 2. Individual item numbers or total number of items from the assessment which relate to each objective |
| <b>GUIDANCE</b>               | Documentation is provided on the linkage between the content of the course and the objectives and also the content of the assessment and the objectives.  |
| <b>EXAMPLES</b>               | A table showing the number of items/tasks measuring successful mastery of each objective.<br>For individual or group projects, the project elements are linked to activity objectives.          |

## VALUE ADDED

### 13e. Administration of the assessment is standardized

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | Justification Statement: Specifically states the elements that remain consistent between users such as mode of delivery, time allotted, when the assessment is administered.  |
| <b>GUIDANCE</b>               | The level of standardization may be extremely stringent or may be as simple as the same form of the assessment is given at the same point in the activity each and every time. The point is consistency amongst the participants.   |
| <b>EXAMPLES</b>               | A pre-test may always be administered in the first 5 minutes of the course after instructor introduction and prior to any content. Each participant is given 15 minutes to finish. The same test is administered as a post-test in the last 15 minutes of the course just prior to evaluations.<br>Students are required to present an oral report on a topic. The students are given the same instructions, same access to A/V equipment, same time constraints, and will present to similar audiences. An exam is |

delivered at a testing center on the same type of equipment, with the same time constraints, same number of questions and breaks.  
 An exam is delivered at a testing center on the same type of equipment, with the same time constraints, same number of questions and breaks.

**VALUE ADDED**  
 13f. Scoring is standardized

**REQUIRED DOCUMENTATION** Justification Statement: The vendor establishes that policies are in place for analyzing every participant’s assessment consistently. Answer keys are in place to adhere to predetermined rules for what constitutes a correct answer for full or partial credit

**GUIDANCE** The standardization involves establishing and adhering to predetermined rules for what constitutes correct answers as well as rules for the amount of credit awarded for degrees of correctness. This standardization applies to single rater or multiple rater assessments.  
 Some types of assessments inherently involve some element of subjective/human judgment about performance. In such cases, assessments should include formalized procedures for assessing the degree of disagreement between scorers and have procedures for coming to consensus in order to meet this criterion.  
 The vendor should establish levels of agreement or mechanisms for resolving disagreements among raters. Procedures are documented for resolving scoring discrepancies between raters, if applicable. The appropriate training is performed for raters required to utilize human judgment in scoring; the raters are appropriately trained in the scoring process. Training should also include ways to come to a consensus when raters give differing scores.

**EXAMPLES** A checklist of behaviors is used to score assessments based on observation;  
 Scoring rubrics exist for constructed response (short-answer, essay, article critique) items or tasks  
 Multiple-choice items are awarded pre-determined points based on pre-determined correct answers.  
 Assessment is videotaped and if there is discrepancy between 2 raters on scoring, a senior rater is used to resolve differences and compute final score.

**VALUE ADDED**  
 13g. A proficiency standard has been established, and participants who meet or exceed that standard are awarded credit

**REQUIRED DOCUMENTATION** Upload: Documents that specifically state the required proficiency standard (brochure, ad) in order to be awarded credit or a credential by the course provider

**GUIDANCE** There are two required elements for this criterion:

- The assessment has pre-defined levels of proficiency determined by the vendor/activity developer. **AND**
- The determination of whether credit, or a credential, is awarded based on the proficiency standard is made by the vendor/activity developer NOT another organization (such as a State Board).

This criterion is not related to whether or not the State Board is accepting a given activity towards continuing competence renewal requirements. In order to meet this standard, there must be an actual

|                 |   |
|-----------------|---|
|                 | <p>consequence to not meeting the proficiency standard such as not be awarding the contact hours, CCUs, CEUs, certification, or credential. The standard set must also be reasonable to determine proficiency (5 correct answers out of 100 questions is NOT reasonable).</p> <p>Traditional on-site continuing education may meet this standard; remote education is more likely to meet it. At this time even if a participant does not meet a proficiency standard, he/she is still awarded the contact hours for the course. This criterion would ONLY be met IF the credit was not awarded at all.</p> |
| <b>EXAMPLES</b> | <p>An on-line course requires a score of 70% on a post-test in order to receive credit and the certificate.</p> <p>A specialist certification examination has a passing score; if the candidate does not achieve that score he/she is not awarded the specialist credential.</p>  |

## VALUE ADDED

### 13h. The assessment results are compared to other sources of evidence to evaluate how well the activity meets its objectives

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | <p>Justification: The vendor must clearly explain research methods and data collected to support</p> <p>Upload: Research method/instrument and data collected</p>   |
| <b>GUIDANCE</b>               | <p>The activity provides tools for the assessment results to be compared to subsequent performance measures to evaluate the relationship between performance at the end of the activity and application of knowledge and skills on the job.</p> <p>This criterion involves showing that successful completion of an activity is correlated with other measures of successful performance, collected either within the activity itself or after the activity is complete. Activities longer in length may provide a broad array of opportunities to assess performance on different performance measures, where as shorter activities will have greater difficulty in meeting these criteria unless post-activity surveys or other strategies are employed.</p> <p><u>NOTE:</u> It would be the exceptional course/activity rather than the norm to meet this criterion. Requires significant resources to gather this type of evidence: research team, statistical analysis, etc.</p> |
| <b>EXAMPLES</b>               | <p>The activity includes a pre-test and a post-test where the provider documents the equivalence of the two forms and their ability to measure performance changes resulting from education/training. The vendor must demonstrate use of other evidence such as analysis of the evidence on training effect and scoring, the practice effect, or the tests used to determine equivalence of multiple exam forms.</p> <p>A vendor may use follow up surveys sent to participants in order to assess any of the following:</p> <ul style="list-style-type: none"> <li>• how often they utilize the references supplied during the activity</li> <li>• how useful the information in making decisions in their area of physical therapy practice.</li> <li>• behavior changes as a result of the activity</li> <li>• applicability of the information presented during the activity</li> </ul>   |

|                    |   |
|--------------------|---|
| <b>VALUE ADDED</b> | <b>STANDARD 14 - REVIEW AND EVALUATION: Mechanisms exist for review and evaluation of the quality and the effectiveness of the continuing competence activity. Subsequent offerings incorporate modifications based on information gained from the review and evaluation.</b> |
|--------------------|---|

**VALUE ADDED CRITERIA**

**14a. Recommendations for improvements are solicited from participants.**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | Upload: Course evaluation form   |
| <b>GUIDANCE</b>               | The traditional post-activity evaluation that is filled out by the participant either anonymously or with name. Course and professor evaluations in degree programs. Many exams/assessment tools have a post comment form for the candidate to provide feedback. |
| <b>EXAMPLES</b>               | Participant evaluations completed at the conclusion of the activity.<br>Participants are individually contacted by phone or e-mail post activity and asked for feedback.   |

**VALUE ADDED CRITERIA**

**14b. The developer/deliverer collects data regarding the quality and effectiveness of the activity outside of collecting participant feedback.**

|                               |  |
|-------------------------------|--|
| <b>REQUIRED DOCUMENTATION</b> | Upload: Vendor must upload data collection tool, data points, and analysis performed   |
| <b>GUIDANCE</b>               | Information collected about any measurable change in behavior by the participants would be one way to meet this standard.<br>Collecting information from another source about <i>the behavior of the participant pre/post</i> activity would meet this standard.<br>Data is gathered using a variety of tools which may include direct observation of performance, pre and post testing (not during the activity), surveys or other means to evaluate a change in behavior of course participants. |
| <b>EXAMPLES</b>               | Employer surveys: Based on your employee’s attendance at this activity have you seen a change in behavior? Practice patterns? Use of evidence-based practice?  |



## VALUE ADDED CRITERIA

### 14c. The developer/provider has documented methods for analyzing data and incorporating results into future versions of the activity

|                               |   |
|-------------------------------|---|
| <b>REQUIRED DOCUMENTATION</b> | Upload: The vendor <b>MUST</b> include the analysis tool and a minimum of one example of a change that has been made in one of their offered activities. The vendor must provide full descriptions and documentation of the changes such as a change to policy language, change to venue(s), choice of instructors, etc. <b>If the analysis tool was evaluation forms and participant comments, the vendor must provide a sampling of the comments received.</b> When available, the vendor should include documentation that shows the change in marketing or external documents (Example: new schedule or new instructor) The intent is that a truly meaningful change is made to the course; making a change to the menu or the parking facilities or the color of the certificates is not in the spirit of this criterion.  |
| <b>GUIDANCE</b>               | The vendor attempts to quantify the quality and effectiveness of the activity. Evaluative data are used to measure overall activity effectiveness, design, content, objectives, etc. to support changes to future offerings.<br>The intent is that a truly meaningful change is made to the course; making a change to the menu or the parking facilities or the color of the certificates is not in the spirit of this criterion.  |
| <b>EXAMPLES</b>               | The use of aggregate data from evaluations: It is possible to collect and analyze participant ratings on a number of different aspects regarding the activity including content level, instructor performance, or target audience being correctly identified.<br>The developer may use an evaluation or questionnaire with some type of rating scale to (e.g. Ratings from 1-5) and use the numerical values to garner information about the quality level of the activity based on participant ratings. For example, the vendor could: <ol style="list-style-type: none"><li>1. Calculate total number attendees and the total number that answered the question being analyzed</li><li>2. Calculate an average score for each item that was rated using the scale</li><li>3. Determine aggregate feedback range; examine high and low performing items. Items rating a speaker can be used to determine if speaker meets a predetermined threshold or cut point for performance.</li><li>4. Using a 1-5 scale (5 is best), any speaker with an average of 2.75 or lower, may not be asked to speak again.</li></ol> |

**APPENDIX A: FSBPT Standards for Continuing Competence Activities - Standards Overview**

|   | Required | Required + Value-Added | Value Added |
|---|----------|------------------------|-------------|
| <b>Standard 1. The continuing competence provider has established processes for developing, administering and documenting the activity.</b><br>-The provider identifies and provides a supportive learning environment, the physical, material, and technological resources necessary to support the activity.<br>-Documentation is maintained of the processes used to develop, administer, deliver, conduct and assess the activity and participants.<br>-The provider maintains cumulative records with appropriate security for a period of five years. | X        |                        |             |
| <b>Standard 2. The continuing competence provider uses language that does not show bias or cultural insensitivity.</b>  | X        |                        |             |
| <b>Standard 3. The continuing competence activity is available to all appropriate participants without unlawful discrimination.</b>   | X        |                        |             |
| <b>Standard 4. Each continuing competence activity provides copyright and disclosure information.</b><br>-Copyright permissions of materials developed by others are identified on all audio-visual and activity materials.<br>-Copyrights of materials that are authored by the developers or instructors are identified on all audio-visual and course materials.<br>- Disclosure information regarding potential conflicts of interest and financial gain is identified and supplied to potential participants.  | X        |                        |             |
| <b>Standard 5,6. Content within the continuing competence activity is relevant to the physical therapy profession and the designated audience(s).</b>   | X        |                        |             |
| <b>Standard 7. The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.</b>   | X        |                        |             |
| <b>Standard 8. The continuing competence provider furnishes clear, complete information to potential participants about the activity format and content, biography of the activity deliverer/presenter, and participant requirements.</b>   | X        |                        |             |
| <b>Standard 9. The continuing competence activity fosters the participant’s learning and professional engagement through reflection, interaction, participation and/or contribution to the profession and its body of knowledge.</b>  |          | X                      |             |
| <b>Standard 10. The continuing competence activity incorporates, reflects and promotes the use of evidence-based practice or incorporates current or proposed regulation of practice.</b>   |          | X                      |             |
| <b>Standard 11. The continuing competence activity includes behavioral objectives which reflect the full extent of the activity content.</b>  |          | X                      |             |
| <b>Standard 12. The activity is designed to support achievement of the objectives.</b><br>-The provider is responsible for documenting how the activity enables the participant to achieve the stated objectives.   |          |                        | X           |
| <b>Standard 13. Each continuing competence activity includes methods to assess the participant’s attainment of the specified activity outcomes.</b><br>-The assessment methodology is appropriate for the stated objectives.<br>-An achievement standard has been developed for the assessment to determine which participants have successfully attained the activity outcomes   |          |                        | X           |
| <b>Standard 14. Mechanisms exist for review and evaluation of the quality and the effectiveness of the continuing competence activity. Subsequent offerings incorporate modifications based on information gained from the review and evaluation.</b>   |          |                        | X           |

## **APPENDIX B: Behavioral Objectives**

Behavioral objectives are a powerful tool to demonstrate evidence of learning. Properly constructed objectives specify behavior a student must demonstrate or perform. Through observation of the behavior the activity provider may infer learning took place. Without clear objectives of the intended learning outcome, there is no objective measurement the desired outcome has been met.

Well-written behavioral objectives are an excellent method for an instructor or developer to determine if the activity has been effective in communicating the desired information to the participants. Evaluating how well students meet the behavioral objective may help the vendor answer the question: How effective is this activity? Vendors should think of behavioral objectives as an asset to themselves and the participants rather than a necessary obstacle of the certification process. There are many sources of information regarding writing learning objectives including training modules developed by FSBPT for vendors and reviewers. FSBPT encourages vendors to seek out information to help improve the written objectives. These learning objectives will be an important way to communicate with the reviewers what you intend to achieve with the activity. Additionally, the objectives have a relationship to several other standards therefore it is important to write the best objectives possible.

### References:

Robert Mager can most likely be credited with launching the broad based movement to utilize learning objectives in education. His work on behavioral objectives *Preparing Instructional Objectives* was published in 1962 and reprinted as a second edition in 1975. Of course, other models for behavioral objectives have been developed, yet Mager's model remains the most prevalent. Mager's work was used as the basis by FSBPT for guidance with regard to behavioral objectives. There are many resources available online to assist vendors with composing behavioral objectives.

### Writing Behavioral Objectives

A behavioral objective must have certain elements to communicate the intent. At minimum, the objective must communicate the conditions under which the behavior is performed, a verb that defines the behavior itself, and the criteria by which the participant must perform the behavior. The instruction that leads to the behavior is not part of the objective. It is important to choose a verb for the learning objective that is an observable behavior or leads to an observable product. The criteria part of a learning objective is a declarative statement that describes how well the behavior must be performed to satisfy the intent of the behavioral verb. When the provider of the activity cannot or will not be able to verify that students have met the objectives then the objectives are worthless. For example, if the objectives require students to describe a clinical presentation, but during the course of the activity students are never asked to give the description, this objective is worthless.

Behavioral objectives need to be easily understood and follow some basic guidelines. Objectives should be as specific as possible. The intent should be to explicitly state what you as the vendor want to see the participant to achieve as a result of your activity. The objective must be measurable in order to gauge success or failure. This means you must identify the current, or baseline, value and the level or amount of change that is expected. The objectives should be achievable and realistic for the given activity. It is not realistic to have participants demonstrate a technique on a patient population if there is no patient population to work with during the activity. Just as the content of the activity must relate to physical therapy, the objectives must be relevant to your audience and to the overall activity goals. It is essential to define in the objective the expected timeframe for the outcome. If your program is two days over a weekend, then you must be able to demonstrate the participant achieved the objectives in that time period; it is not appropriate to expect to see mastery of rehabilitative ultrasound imaging in a weekend, but it may be appropriate for the participant to identify the conditions in which rehabilitative ultrasound imaging would be appropriate. You must be realistic about the effect that you can achieve within the confines of the time of the activity.

When developing behavioral objectives ask the following questions:

- Has one single key result been specified and identified? If more than one result is to be accomplished, more than one objective should be written.
- Is it measurable & can WE measure it? You should be able to measure whether you are meeting the objectives
- Are the objectives set achievable and attainable?
- Can you realistically achieve the objectives with the resources you have?
- When do you want to achieve the set objectives?

## APPENDIX C: Vendor Submission Form for Behavioral Objectives – Continuing Education

To submit the objectives click Add New Objective and repeat until all are entered. Address the checkboxes for the Required Criteria and upload published objectives as required. The value-added criteria 11c and 11d will be calculated during the review process based on the submitted objectives.

Activity Details | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Review | Pay

2014 leadership issues forum

Federation of State Bo... Go

### Standard 11 - Behavioral Objectives

The continuing competence activity includes behavioral objectives which reflect the full extent of the activity content.

#### Instructions

[Show instructions](#)

#### Your Objectives

[New Objective](#) ✖

[Add New Objective](#)

#### Objective

Objective:  
By the end of the course, given the findings of an evaluation of a child with Cerebral Palsy, the participant will integrate 3 common treatment activities into a play session.

Higher Level Objective? ?  
 Yes  No

#### Required Elements of a Behavioral Objective

[What is the timeframe of these objectives?](#) ?  
Who will perform the objective? ?  
What is the measurable behavior? ?  
What are the performance requirements? ?  
What are the specifics and conditions? ?

**Example of Lower Level Objective:**  
By the end of the course, the participant will identify 3 common treatment interventions for a child with Cerebral Palsy.

**Example of Higher Level Objective:**  
By the end of the course, given the findings of an evaluation of a child with Cerebral Palsy, the participant will integrate 3 common treatment activities into a play session.

**Required: Objectives sufficiently reflect the focus of the activity and the critical elements of the content.**

I Agree

[Use Existing Files](#) ?  
OR  
[Upload file \(max 10MB\)](#)

**Required: Objectives are behavioral and at an appropriate level for the target participant.**

I Agree

[Use Existing Files](#) ?  
OR  
[Upload file \(max 10MB\)](#)

Justification Statement: ?

[Finish](#) [Save and Quit](#) [Next](#) [Previous](#)  
Click "Finished" when you are done with this step

## APPENDIX D: Higher Level Learning Objectives

Behavioral objectives submitted for the value-added **criterion 11d would be required to meet the description of Level 4 or Level 5.** (Standard 11, criterion d: The objectives focus on higher levels of learning) See Figure 1 Higher Level OBJECTIVES below.

Writing objectives that demonstrate higher levels of learning can be challenging. Even more challenging is the fact that relevant physical therapy content may cover many areas including the cognitive, affective, and psychomotor learning domains. These three areas of learning apply to growth in knowledge, emotional areas or attitude, and physical skills. A given activity may touch on all three areas or any one of the three. In order to convey the desired learning outcome within the appropriate domain, the verb must be chosen thoughtfully. Higher learning objectives may challenge the participant to do any of the following (not all inclusive):

- Cognitive: The participant identifies and evaluates conclusions, implications, and consequences. Identifies relationships and connectedness in the information amongst many parts.
- Affective: The participant will formulate a reason why he/she values certain choices, things, or actions and not others, and make the appropriate choice based on that valuation. States the basis for and defend consistent judgments. The participant's behavior is consistent with an obvious, internalized value system.
- Psychomotor: The participant is able to demonstrate the coordination of multi-step action using the proper sequence and control. The participant performs a given activity with a high level of proficiency in a routine, automatic, and spontaneous way.

Higher learning objectives may challenge the participant to do any of the following (not an all-inclusive list):

- Propose and evaluate solutions. Originate, integrate, and combine ideas into a product, plan, or proposal that is new to him or her. Apply a concept in other or new contexts. Combine and synthesize ideas into new concepts
- Appraise, assess, or critique on a basis of specific Standards and Criteria. Gather, analyze, organize, and synthesize information from multiple sources. Cite evidence and develop a logical argument for concepts. Make predictions with evidence as support.
- Given a situation/problem research, define, and describe the situation/problem and provide alternative solutions. Solve non-routine problems. Determine how to select one approach among many alternatives on how the situation should be solved.
- Analyze similarities and differences in issues or problems (cognitive, affective, or psychomotor problems). Make several connections and relate ideas within the content area or among content areas. Relate and combine associated activities to develop methods to meet varying, novel requirements.
- Behave consistently with personal value set; states personal position/personal beliefs and reasons, however, is able to revise judgments and changes behavior in light of new evidence. Display a professional commitment to ethical practice.
- Develop physical performance of skills to level of becoming natural. Be proficient to the degree in which the individual can modify the skills to fit special requirements or unusual circumstances. Coordinate or produce a series of actions.
- Explain the role of systematic planning in solving problem. Develop a model for a complex situation. Define aim, approach and strategy for use of activities to meet strategic need.
- Instruct others as appropriate. Modifies instruction to meet the needs of the participants.

A participant may demonstrate higher level thinking by interpreting the author's meaning or the potential bias. Additionally, some activities within an activity have a greater likelihood of creating the environment for higher levels of learning:

- Have participants engaged in any problem-based or project-based collaborative assignments?
- Have participants been required to share with others the information they have learned?
- Have participants been required to perform a physical skill without assistance in a novel way?

Asking what is expected of learners at the completion of the activity helps identify objectives focusing on higher level learning:

- Can the student examine the information or concept as a whole and scrutinize the elements?
- Can the participant examine and relate the information to currently held beliefs?
- Can the student independently adapt the task or skill learned to a novel situation or challenge?
  - (Example: requiring performing a mobilization with the patient in a different position)
- Can the student justify a stand or a decision or use the information to create a new point of view on a topic?
- Can the student verbalize how the information learned will be applied to a personal case study/situation?
- Can the participant independently perform the task or activity with high skill in a reasonable time period?
  - (Example: no more than twice the time that it takes the instructor or an expert to perform)

For a list of common verbs used in objectives for higher learning levels, see guidance for Standard 11, criteria d.

**Figure 1: Higher Level OBJECTIVES**

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <p><b>Description</b></p>                      | <p><b>LEVEL 1:</b> Recall information.<br/>Repeat what has been said/done.<br/>May continue to require assistance.</p>                                  | <p><b>LEVEL 2:</b> Understand to draw conclusions or inferences from information.<br/><br/>Reproduces an action demonstrated in the activity from memory or instructions.</p> | <p><b>LEVEL 3:</b> Involves more flexibility of thinking. Information is applied to actual situations or to make a choice from alternatives. Participant can indicate how the information would be applicable to his/her life, work, practice, etc.<br/><br/>Participant will demonstrate/defend a preference or display a high degree of certainty and conviction in choice.<br/><br/>Participant is able to execute a task or activity without assistance or instruction and with control and minimal error.</p> | <p><b>LEVEL 4 (Higher Level):</b> Demonstrate relationships and connectedness amongst many parts.<br/><br/>Participant solve unfamiliar problems in a unique way, or formulate a unique or novel solution. Participant formulates a reason why s/he values certain choices, things, or actions and not others; make appropriate choice based on the valuation.<br/><br/>Participant is able to demonstrate the coordination of multi-step action using the proper sequence and control.</p> | <p><b>LEVEL 5 (Higher Level):</b> Information is used to identify and evaluate conclusions, implications, and consequences, stating basis for/defending judgments.<br/><br/>Engage in more abstract reasoning, planning, analysis, judgment, and creative thought.<br/><br/>The participant’s behavior is consistent with an obvious, internalized value system.<br/><br/>The participant performs a given activity with a high level of proficiency in a routine, automatic, and spontaneous way not requiring thought.</p> |
| <p><b>When the Activity is finished...</b></p> | <p>Can the participant recall or remember the information?<br/><br/>Can the student replicate the actions demonstrated by the instructor with help?</p> | <p>Can the student explain ideas or concepts? Can the participant reproduce an action from memory or instructions?</p>  | <p>Can the student use the information appropriately? Can the student demonstrate an activity to other participants without assistance or instruction? Can the student verbalize how the information learned will be applied to a personal case study/situation?</p>   | <p>Can the student examine the information or concept as a whole and scrutinize the elements? Can the participant examine and relate the information to currently held beliefs? Can the student adapt the task or skill learned to a novel situation or challenge (ex: requiring mobilization performance with a patient in a different position; using the Model Practice Act crosswalk for statutes and applying it to regulations)?</p>  | <p>Can the student justify a stand or decision or use the information to create a new point of view on a topic? Can the participant independently perform the task or activity with high skill in no more than twice the time that it takes the instructor or an expert to perform? Have participants engaged in any problem-based or project-based collaborative assignments? Are participants required to share with others the information they have learned?</p>   |
| <p><b>Verb Examples</b></p>                    | <p>Define, Notice, Recall, Repeat, Follow, Share Imitate, Outline, List</p>   | <p>Distinguish, Explain, Discuss, Restate, Describe, Reproduce Recognize, Identify, Participate</p>   | <p>Apply, Interpret, Demonstrate, Relate, Operate, Develop, Act, Convince, Express, Help, Execute</p>  | <p>Analyze, Distinguish, Infer, Deduce, Compare, Decide, Theorize, Articulate, Coordinate, Integrate</p>  | <p>Evaluate, Defend, Criticize, Plan, Propose, Design, Judge, Choose, Revise, Formulate, Justify, Internalize, Resolve, Perfect, Automate, Excel</p>   |

**APPENDIX E: Level of Learning Demand; Content**

**FSBPT LEVELS OF LEARNING DEMAND SCALE: CONTENT**

The Levels of Learning Demand Scale utilizes common teaching methods to determine how the activity participant is presented and then asked to use the information during the activity. These different teaching methods are a reflection of increasing complexity and demand placed upon the participant. The vendor simply must identify time devoted (lecturing, role playing, etc), submit supporting data (agenda, outline) and the learning levels will be identified. See Figure 1 FSBPT Level of Learning Demand Scale CONTENT below.

For example, anatomy is a fairly complex topic. If the participant sits in a lecture and is asked to memorize a structure and its origin and insertion points and then recall those items, that is level 1 content. However, the same topic is elevated to level 3 if the participant is taught the structure with its origin and insertion points and then asked to work in a small group to determine what the likely result would be for the individual with a paralysis of that muscle. Finally, if the participant was asked to identify potential compensations the individual would adopt, research other adaptations and instruct the lab session on “Adaptations for Maximized Function,” the content is now level 5. The progression of the material and learning is reasonable in this example. It is very possible that the vendor in this example would allocate time in the “Anatomy” topic to FSBPT levels 1, 3, and 5.

**Figure 1: FSBPT Level of Learning Demand Scale CONTENT**

| Teaching Method             | Level 1   | Level 2   | Level 3  | Level 4<br>HIGHER LEVEL   | Level 5<br>HIGHER LEVEL   |
|-----------------------------|---|---|--|---|---|
| <b>In Person Activities</b> | Lecture without discussion<br><br>Panel of Experts without discussion   | Lecture with Questions and Answers<br><br>Demonstration(s)<br><br>Lab- demo only<br><br>Case presentation by instructor without discussion<br><br>Panel of Experts with discussion<br><br>Brainstorming   | Lecture Tutorials- Worksheets of carefully designed questions required to be completed by students to make the lecture more interactive. May be completed during or after lecture individually or by groups of 2-3.<br><br>Lab- Application of techniques or information. Repeating what was directly taught<br>Case Presentation with Large Group Discussion- no requirement to report out to group or do significant analysis<br>Case Presentation- Individual analysis and no requirement to report out<br>Group Projects- no requirement to report out<br>Small Group Discussion- no requirement to report out | Lab- analyze and choose techniques to perform<br><br>Group Projects/ Presentations with report out sessions<br><br>Small Group Discussions with report out sessions<br><br>Case Presentation- Group discussion with analysis & report out<br><br>Case Presentation- Individual analysis with report out | Simulation;<br>Role Playing<br><br>Teach to the Group/Learn by Teaching<br><br>Lab- create new applications, critique others, defend techniques/practice<br><br>Case Presentation- Group discussion with defense of report AND/OR critique of other groups work<br><br>Case Presentation- Individual discussion with defense of report AND/OR critique of other individual's work |
| <b>Distance Activities</b>  | Asynchronous e-learning without feedback or communication<br><br>Recorded activities without integrated interactive/ communication features | Asynchronous e-learning using e-mail, discussion boards, blogs, , etc<br><br>Synchronous e-learning using live videoconferencing, live 2 way video, instant message/chat, etc<br><br>Interactive course player- integrated ability to communicate directly from the course materials usually Power Point<br><br>Live Webinars with interactive features i.e. polling, raise hands feature | Hybrid e-learning using wikis, virtual worlds<br><br>Simultaneous, synchronous live and distance activity with integrated requirements for the on-line participant to interact with the live class such as during case presentation, small group discussions, or group projects.<br><br>Simultaneous, synchronous live and distance activity with integrated requirements for distance participant to submit written/oral work and receive feedback directly from instructor during activity allotted time.  |   |   |

## APPENDIX F: Glossary of Terms

---

**Affective Domain:** Includes the manner in which we deal with things emotionally, such as feelings, values, appreciation, enthusiasms, motivations, and attitudes. (Taken from <http://www.nwlink.com/~donclark/hrd/bloom.html>)

**Asynchronous e-learning:** Educational sessions are presented with a delay in feedback and questions asked and answered. Students enter the electronic environment at their discretion and when time allows. Communications can be sent but will have a delay in answering

**Behavioral Objective:** Statements that communicate and clarify the intent, purpose, observable student performance, and expected outcome for a given activity

**Certified:** Continuing competence activity has been submitted to the FSBPT for review and is given a CCU value based on how well it meets objective Standards and Criteria

**Cognitive Domain:** involves knowledge and the development of intellectual skills. This includes the recall or recognition of specific facts, procedural patterns, and concepts that serve in the development of intellectual abilities and skills. (Taken from <http://www.nwlink.com/~donclark/hrd/bloom.html>)

**Competence:** is the application of knowledge, skills and behaviors required to function effectively, safely, ethically and legally within the context of the individual's role and environment.

**Continuing Competence:** is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development and implementation of a personal learning plan, and subsequent reassessment

**CCU:** Continuing competence unit. A measurement of the value of the continuing competence activity as certified by **ProCert**.

**Continuing Competence Activity:** Any approved or certified pursuit which is valuable and benefits a licensee in the ability to practice or work in physical therapy

**Continuing Competence Model:** A jurisdiction's licensure renewal requirements regarding continuing competence. See also FSBPT Continuing Competence Model

**Documentation, Billing & Reimbursement:** Process of thoroughly and accurately entering information in patient/client record and requesting payment for physical therapy services provided while complying with applicable jurisdictional/regulatory requirements. Includes information regarding commercial and government payment systems.

**Domains:** an area of educational activity or learning. Three domains relative to learning in physical therapy are cognitive, affective, and psychomotor.

**Evidence Based Practice:** Physical therapy practice and decision making which is based on integrating the best available research with a patient's values and the clinician's experience (IOM report on Informatics)

**FSBPT:** Federation of State Boards of Physical Therapy

**FSBPT Continuing Competence Model:** Guidelines developed and recommended by FSBPT for re-licensure requirements regarding continuing competence. Each licensee must obtain a minimum of 30 CCUs from either certified or approved activities in a 2 year renewal period. At least 15 CCUs must be obtained through certified activities. Find the Model at [www.continuingcompetence.org](http://www.continuingcompetence.org)



**Hybrid e-learning:** Blends elements of both asynchronous and synchronous e-learning in one educational offering

**Interdisciplinary Communication & Collaboration:** Sharing of information with other appropriate professionals while maintaining privacy and complying with applicable jurisdictional/regulatory requirements. Includes strategies to communicate with physicians and other referral sources, work and collaborate in a team setting, and co-treatment with other professionals. Does not include supervisory communication with PTA or aides.

**Jurisdiction:** All 50 of the United States, the District of Columbia, Puerto Rico, and the US Virgin Islands

**Lecture Tutorials:** Worksheets of carefully designed questions that are required to be completed by students to make the lecture more interactive. May be completed during or after lecture individually or by groups of 2-3 students.

**Licensee:** Physical therapist or physical therapist assistant registered, certified, or licensed in any jurisdiction

**Patient/Client & Caregiver Education:** Principles and theories of teaching and learning required to create a learning environment in which information is effectively communicated to patients/clients. The process of informing, educating, or training patients/clients and caregivers with the intent to promote follow through of physical therapy plan of care and ensure that appropriate instruction is given to support patient/client management decisions. (Standards of competence)

**Professionalism, Leadership & Ethical Practice:** Responsibilities of healthcare provider to ensure that patient/client communication, management, and healthcare decisions take place in an ethical, secure, confidential, and trustworthy manner. Patient/client rights. Maintaining the character, attitude, commitment, competence, and conduct of a professional.

**Psychomotor Domain:** includes physical movement, coordination, and use of the motor-skill areas. Development of these skills requires practice and is measured in terms of speed, precision, distance, procedures, or techniques in execution. (Taken from: <http://www.nwlink.com/~donclark/hrd/bloom.html>)

**Psychosocial Aspects of Patient Care:** Includes issues such as respect, fairness, cultural competence, and diversity, discrimination in health care, access to care, death and dying.

**Reviewer:** Volunteer for FSBPT that takes the vendors application for certification and determines if the responses are accurate and substantiated by appropriate documentation. The reviewer determines that the Standards and Criteria have been met or not.

**Safety & Protection:** Factors influencing patient/client safety such as fall risk, use of restraint, environmental factors, and use of equipment. Injury prevention to the health care worker, proper body mechanics. Infection control. Risk guidelines. Emergency preparedness including CPR, first aid, disaster response.

**Synchronous e-learning:** Educational sessions are presented with feedback and questions asked and answered in real time

**Teaching & Learning Strategies:** Theories and techniques associated with the communication of ideas from teacher to participant. Participant may be physical therapy students, clients, or peers. Does not include patient education.

**Vendor:** The owner of the continuing competence activity who may/may not submit the activity for certification

**Virtual World:** a computer-based simulated environment where multiple on-line users interact with one another

**Wikis:** website powered by wiki software created through collaborative efforts of the users by adding, modifying, or deleting content via a web browser.

## **APPENDIX G: Acronyms List**

**ABPTS:** American Board of Physical Therapy Specialties

**APTA:** American Physical Therapy Association

**CC:** Continuing Competence

**CCU:** Continuing Competence Unit

**CMS:** Center for Medicare and Medicaid Services

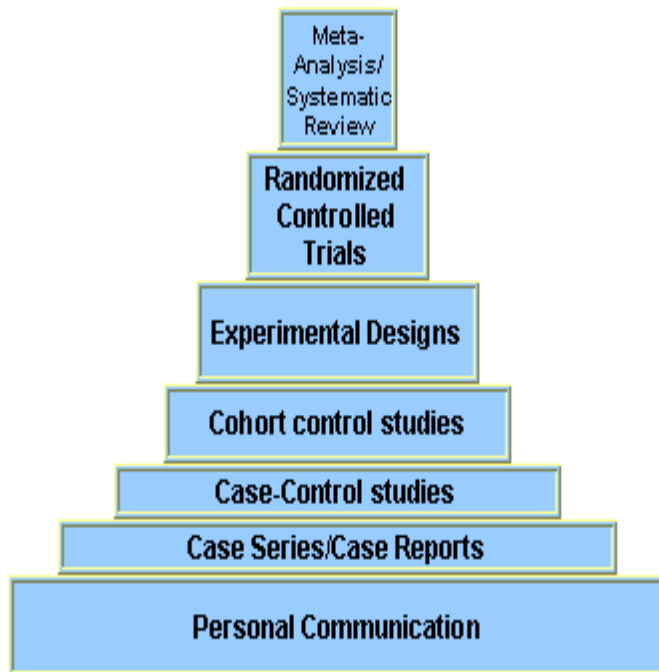
**FSBPT:** Federation of State Boards of Physical Therapy

**PT:** Physical Therapist or Physical Therapy

**PTA:** Physical Therapist Assistant

## APPENDIX H: Sackett's Hierarchy of Evidence

There are a number of ways to perform and/or present research on a topic. The strength of the evidence is variable based on several factors including: the way in which a study is designed, how data is gathered or reported, the size of the study, etc. There is an accepted hierarchy to the strength of clinical evidence that has a larger pool of weaker evidence such as personal communication and the narrowest pool of stronger evidence such as Systematic Reviews.



## APPENDIX I: Typical Activity Standards & Criteria Guide

GREEN = Very likely will meet this standard/criteria

YELLOW = Less likely will meet this standard/criteria; justification will need to be convincing

RED = Only an exceptional activity will meet this standard/criteria; justification will need to be very compelling

|   | Continuing Education Live | Continuing Education Remote |
|---|---------------------------|-----------------------------|
| <b>STANDARD 1: ADMINISTRATION</b>   |                           |                             |
| The provider identifies and provides a supportive learning environment, the physical, material, and technological resources necessary to support the activity.                  | GREEN                     | GREEN                       |
| Documentation is maintained of the processes used to develop, administer, deliver, conduct and assess the activity and participants.  | GREEN                     | GREEN                       |
| The provider maintains cumulative records with appropriate security for a period of five years.   | GREEN                     | GREEN                       |
| <b>STANDARD 2: APPROPRIATE LANGUAGE</b>   |                           |                             |
| The provider certifies the use of current terminology within the activity that does not show bias or cultural insensitivity.  | GREEN                     | GREEN                       |
| <b>STANDARD 3: NON-DISCRIMINATORY</b>   |                           |                             |
| The provider certifies that the activity is available to all appropriate participants without unlawful discrimination.  | GREEN                     | GREEN                       |
| <b>STANDARD 4: COPYRIGHT &amp; DISCLOSURE</b>   |                           |                             |
| The provider must certify that appropriate permissions of copyright materials have been obtained, all copyright materials have been identified, and disclosures have been made. | GREEN                     | GREEN                       |
| <b>STANDARD 5: CONTENT</b>  |                           |                             |
| Content of the activity must relate to the scope of practice of physical therapy as defined by the FSBPT Standards of Competence, APTA Guide to practice....                    | GREEN                     | GREEN                       |
| Content within the continuing competence activity is relevant to the targeted audience(s).  | GREEN                     | GREEN                       |
| <b>STANDARD 6: CONTENT ANALYSIS</b>   |                           |                             |
| Based on the level of coverage, the emphasis given to each of the categories of learning demand and the total time involved in the activity.                                    | GREEN                     | GREEN                       |
| <b>STANDARD 7: INSTRUCTORS &amp; DEVELOPERS</b>   |                           |                             |
| The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.                            | GREEN                     | GREEN                       |
| <b>STANDARD 8: INFORMATION &amp; MATERIALS</b>  |                           |                             |
| The provider supplies sufficient information to allow prospective participants to judge the value and appropriateness of the activity.  | GREEN                     | GREEN                       |
| <b>STANDARD 9: ENGAGEMENT</b><br><b>Need one of the following as required, all others value added</b>   |                           |                             |
| a. Activity includes structured opportunities for self-reflection and identification of growth opportunities.   | GREEN                     | GREEN                       |
| b. Activity offers informal opportunities for interaction and/or feedback from other professionals.   | GIVEN                     | YELLOW                      |
| c. Activity includes opportunities for participation through structured interactive opportunities.  | YELLOW                    | RED                         |
| d. Activity provides opportunities to contribute to the profession and its body of knowledge.   | RED                       | RED                         |
|   |                           |                             |

| <b>STANDARD 10: EVIDENCE-BASED PRACTICE</b>   | <b>CE Live</b> | <b>CE Remote</b> |
|---|----------------|------------------|
| a. The activity is developed from the base of available evidence or current regulations; participants are provided references when appropriate.   |                |                  |
| b. Participants are presented with case studies and the provider includes a discussion of this type of evidence and its applicability.  |                |                  |
| c. Participants present a case study relevant to the content of the activity and include a critical evaluation of whether the case study demonstrates a defensible approach, has broader applicability or would benefit from additional research. |                |                  |
| d. Activity requires participants to review current scientific evidence published in peer-reviewed resources (applicable to the activity) or to review current regulatory documents   |                |                  |
| e. Activity requires participants to critically analyze different types of evidence, questioning the accuracy and relevance of each type, and the completeness of the body of evidence.   |                |                  |
| f. The provider has documentation to support that there is a linkage between participation in the activity and the increased use of evidence-based practice by participants.  |                |                  |
| <b>STANDARD 11: OBJECTIVES</b>  |                |                  |
| a. Objectives sufficiently reflect the focus of the activity and the critical elements of the content.  |                |                  |
| b. Objectives are behavioral and at an appropriate level for the target participant.  |                |                  |
| c. Greater than ½ of the total number of objectives meet both required criteria   |                |                  |
| d. The objectives focus on higher levels of learning.   |                |                  |
| <b>STANDARD 12: ACTIVITY DESIGN</b>   |                |                  |
| The documentation clearly describes how the activity is designed to support the achievement of the objectives.  |                |                  |
| <b>STANDARD 13: ASSESSMENT</b>  |                |                  |
| a. For subjectively scored assessments, reliability evidence is provided.   |                |                  |
| b. For objectively scored assessments, reliability evidence is provided.  |                |                  |
| c. Procedures are identified to ensure the security and integrity of the assessment.  |                |                  |
| d. The activity objectives are mapped to the assessment.  |                |                  |
| e. Administration of the assessment is standardized.  |                |                  |
| f. Scoring is standardized.   |                |                  |
| g. A proficiency standard has been established, and participants who meet or exceed that standard are awarded credit.   |                |                  |
| h. The assessment results are compared to other sources of evidence to evaluate how well the activity meets its objectives.   |                |                  |
| <b>STANDARD 14: REVIEW &amp; EVALUATION</b>   |                |                  |
| a. Recommendations for improvements are solicited from participants.  |                |                  |
| b. The developer/deliverer collects data regarding the quality and effectiveness of the activity outside of collecting participant feedback.  |                |                  |
| c. The developer/provider has documented methods for analyzing data and incorporating results into future versions of the activity.   |                |                  |