

UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES

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Certification Graduate Update

Certification(s) earned: _____ Month & Year Completed Certification: _____

Current Position/Specialty Information: _____

Name (including all initials & titles): _____

Maiden name (or other names used): _____

Address to be published: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone(s): Please check which **one** phone number you want published

Home () _____ Work () _____

I authorize the University to use my listing information on the USA Web site.

Yes No

Permanent Home Address: (all official University Correspondence will be sent here)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Signature _____ **Date** _____

Professional Development Activities:

Check one or more of the following activities and submit the listed documentation with this form.

- 30 hrs (3.0 CEU) attendance (attach copies of certificates) (Courses should be related to manual therapy or in the physical therapy practice management area. Administrative courses in Ethics, Jurisprudence, HIV, etc, are generally not included in the 30-hour minimum requirement)
- Publication of article in a peer-reviewed journal (attach citation for article)
- APTA Credentialed Residency or Fellowship
- Successful Completion of ABPTS exam (attach copy of certificate)
- Post-professional degree coursework – 3 credits (submit unofficial transcript or grade report)
- Presentation (platform or poster) of research project (letter of acceptance)
- Development and/or teaching of a seminar (brochure announcing seminar with description, objectives and content outline)
- Development and/or teaching of rehabilitation – related course in a degree – granting program (letter from academic official)