

# 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)