Texas Board of Physical Therapy Examiners
1801 Congress Ave Ste 10.900 *512-305-6900*
Austin, Texas 78701 *ptot.texas.gov*

Continuing Competence Activity Summary

Reporting Your CCUs for Online Renewal

- If you renewed your **Active License** online (including **late renewal** up to one year) and completed all your CCU requirements within the renewal period prior to your license expiration date, record your CCUs on the Continuing Competence Activity Summary by logging in here.

- If you renewed your **Active License** online (including **late renewal** up to one year) and completed any of the required CCUs after your license expiration date, record your CCUs on the form below and email to exam@ptot.texas.gov.

- If you renewed your **Inactive License** online (including **late renewal** up to one year), record your CCUs on the form below and email to exam@ptot.texas.gov.

- If you renewed your **Retired License** online (including **late renewal** up to one year), record your CCUs on the form below and complete the Voluntary Charity Care Attestation. Email both to exam@ptot.texas.gov.

CCU Renewal Requirements:

- Active and Inactive Status: PT = 30 CCUs, PTA = 20 CCUs
- Retired Status: Performing Voluntary Charity Care: PT/PTA = 6 CCUs

CCUs submitted to satisfy renewal requirements MUST:

- be approved through the Continuing Competence Approval Program, OR
- be offered by a TX Accredited Provider, OR
- be a Board pre-approved activity.

Mandatory requirements for every renewal:

- TX Jurisprudence Assessment Module (TX JAM)
  - 2 CCUs
- Human Trafficking Prevention Training
  - 1 contact hour = 1 CCU
  - Minimum 1 CCU required
  - Not required for Inactive Status

Continuing Competence Activity Summary

NAME: _____ License #: _____

Name of Course/Activity *If you need additional rows, please copy this form.*	**Mandatory Approval Number**	**Course/Activity Completion Date** (MM/DD/YYYY)	**Number of CCUs**

☐ I attest that the coursework/activities that I am submitting on this form have been approved and includes the *Jurisprudence Assessment Module (TX JAM)* and the *Human Trafficking Prevention Training (for Active and Retired).*

Licensee Signature: _____ **Date**: _____