



APTA Georgia 2900 Delk Rd Suite 700, PMB 321 Marietta, GA 30067 Ph: 770.433.2418 info@aptageorgia.org

| DATE:                            | Friday, October 27, 2023  |      |
|----------------------------------|---|------|
| TO:                              | Steve Kraus   |      |
| FROM:                            | APTA Georgia Executive Office   |      |
| RE:                              | Application for Continuing Competency Hours   |      |
| PROGRAM:                         | Evaluation and Management of Temporomandibular Disorders with Cervi<br>Spine Influences   | ical |
|                                  | tion for CCH's has been reviewed by the committee and the following tions have been made: |      |
| X Course Ap                      | pproved   |      |
| CCH's Appro                      | oved: 10 CCH –10/22/23  |      |
| Approval Valid through: 10/21/24 |   |      |
|                                  |   |      |

## Comments:

Each participant must sign the Roster of Participation at the beginning and end of the course. The sample form can be found on the website at: <a href="https://aptageorgia.org/page/CCH-Courses-forms">https://aptageorgia.org/page/CCH-Courses-forms</a>. Organizations are encouraged to keep a list of attendees to verify attendance in case of dispute or lost certificate by the attendee for up to five years post-event, in the case an individual is audited or requires proof of attendance. Rosters do not need to be submitted to the ATPA GA office after the course is completed.