



نقابة المعالجين الفيزيائيين في لبنان
Lebanese Order of Physiotherapists

Professional Development Activity Compliance Form

Provider's Information:

- Name: _____

- E-mail: _____

- Date: _____

Activity Details:

- Title of Activity: _____

- Type of Activity (select one):

- Continuing Education Courses
- Symposium/Conferences
- Workshops/Seminars
- Degree Coursework
- Examinations/Assessments/Residencies/Fellowships
- Certificate Courses
- Online Courses
- DVDs/Videos

Standards Compliance:

1. Administration

1.1 Criteria – Required:

- All professional development activities are conducted within the National Institute of Physiotherapy (NIP) with necessary resources.
- Documentation of the processes for development, administration, and assessment is provided.
- If conducted outside NIP, reasons are specified, and NIP approval is sought.

Reasons:

2. Appropriate Language

2.1 Criteria – Required:

- Use of current terminology that does not show bias or cultural insensitivity.

- Please select Language(s) used in the activity:

- Arabic

- English

- French

3. Non-discriminatory

3.1 Criteria – Required:

Activity is available to all appropriate participants without discrimination.

4. Copyright and Disclosure

4.1 Criteria – Required:

- Copyright permissions are identified for materials developed by others.
- Copyrights of materials authored by the developers or instructors are identified.
- Disclosure information regarding potential conflicts of interest and financial gain of participants is provided.

Notes:

5. Content

5.1 Criteria – Required:

- Content is relevant to the targeted audience(s).

6. Instructor/Developer/Staff Qualifications

6.1 Criteria – Required:

- List Provider's qualifications that align with activity objectives (attach a CV).

Notes:

7. Information and Materials

7.1 Criteria – Required:

- List clear and complete information about:

Activity format:

Content:

Provider biography:

Participant requirements:

8. Engagement

8.1 Criteria – Required (Choose at least one):

- Opportunities for self-reflection and identification of growth opportunities.
- Informal opportunities for interaction and/or feedback.
- Opportunities to contribute to the profession's body of knowledge.

9. Evidence-Based Practice/Regulation of Practice

9.1 Criteria – Required:

- Incorporation and promotion of evidence-based practice or current/proposed regulation of practice.
- References provided when appropriate.

9.2 Criteria – Added Value (Optional, if applicable):

- Case studies and discussion.
- Participants' case study presentations.
- Review of scientific evidence and regulatory documents.

- Critical analysis of different types of evidence.

Notes:

10. Objectives

10.1 Criteria – Required:

- Objectives reflect the focus of the activity and content.
- Objectives are at an appropriate level for the target participant.
- Documentation of how the activity enables participants to achieve the objectives.

Notes:

11. Assessment

11.1 Criteria – Required:

- Assessment methods are appropriate for the objectives.
- Reliability evidence for subjectively scored assessments is provided (if applicable).
- Reliability evidence for objectively scored assessments is provided.
- Standardized administration and scoring.

Notes:

12. Review and Evaluation by Participants

12.1 Criteria – Required:

- Data collection from participants for activity improvement. Attach a form to be filled by the participants' evaluating the activity

Notes:

Participant Signature: _____ (Date: _____)