



**PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT
 GENERAL RESPONSE FORM**

Authority: 1978 PA 368, as amended
 An Evaluative Component for Professional Development Requirement (PDR) Credits earned under Activity Code 3 and 4.

Licensee's Name (First, Middle, Last)		
Email Address	Daytime Phone	10-Digit MI Permanent ID/License Number
Street Address		
City	State	Zip Code

Pursuant to Rule 338.7163 of the Administrative Rules, Activity Code 3, PDR credit may be awarded for independent reading of article(s) related to the practice of physical therapy in a professional or scientific journal for a maximum of 6 PDR credits; Activity Code 4 indicates that PDR credits may be awarded for viewing or listening to media related to the practice of physical therapy for a maximum of 6 PDR credits. If audited you must successfully complete an evaluation provided with each article/media and/or a General Response Form.

PLEASE PROVIDE A COPY OF THE INFORMATION BELOW FOR EACH ACTIVITY.

Please note that you are able to earn one PDR credit for each article read under Activity Code 3. In addition, you are able to earn one PDR credit for each hour spent viewing or listening to media under Activity Code 4. These activities do not include those that are approved for PDR credit under Activity Code 1.

ACTIVITY #1

Name and date of article or media publication:	Publisher:	
Date of activity and amount of time spent:	Type of activity:	article/reading audio/visual media
Please provide a brief summary of the article/media:		
<p>Would you recommend this article to other physical therapists or physical therapist assistants? Yes No</p>		

PT/PTA's Full Name	10-Digit MI Permanent ID/License Number
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NOTE: YOU MAY MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

ACTIVITY # _____ of _____

Name and date of article or media publication:	Publisher:	
Date of activity and amount of time spent:	Type of activity: article/reading	audio/visual media
Please provide a brief summary of the article/media:		
Would you recommend this article to other physical therapists or physical therapist assistants? Yes No		

ACTIVITY # _____ of _____

Name and date of article or media publication:	Publisher:	
Date of activity and amount of time spent:	Type of activity: article/reading	audio/visual media
Please provide a brief summary of the article/media:		
Would you recommend this article to other physical therapists or physical therapist assistants? Yes No		

CERTIFICATION

I certify that the information provided in this document is a true and complete record of my PDR credits earned under Activity Code 3 and/or 4.

Signature of PT/PTA

License Number, if applicable

Print or Type Name

Date

NOTE: Unsigned forms will be considered incomplete and not accepted.