



**World  
Physiotherapy**

# **Continuing professional development event recognition service**

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## **Guidelines and application form**

June 2025

# World Physiotherapy continuing professional development (CPD) event recognition service

More information: <https://world.physio/continuing-professional-development-event-recognition-service>

Contact: [cpd@world.physio](mailto:cpd@world.physio)

## Applicant's guidelines

1. Register as a CPD provider in [CEU Locker](#). Eligible providers include World Physiotherapy regions, specialty groups, and member organisations, for-profit and not-for-profit CPD providers with the primary business of the provision of education relevant for physiotherapist practice as described in the domains of physiotherapist practice competence in [Physiotherapist education framework](#). Not eligible are for-profit entities with commercial interests that develop, produce, market, resell, or distribute drugs, devices, products, or other health care goods, services, or therapies that may be prescribed to patients/clients or ordered by physiotherapist in the diagnosis, treatment, monitoring, management, or health conditions
2. Download and submit the completed application form, at the end of guidelines, in [CEU Locker](#). Make sure to include the completed application form with required supporting documentation and pay the non-refundable application fee. Make sure you answer all questions in the application form and provide weblinks to required documents/information if available online or upload them along with the completed application form as attachments in CEU Locker. Please review your application form for completeness before submitting it to World Physiotherapy. Incomplete applications will not be considered.
3. World Physiotherapy will review and approve the applications within 10 weeks from the submission.
4. When approved, World Physiotherapy will assign a course approval number and the digital seal to be used by CPD providers for the initial presentation of the event and any subsequent presentations of the same CPD event (learning outcomes, materials, presenters etc) within a period of 24 months from the date of World Physiotherapy application approval.
5. Only events that cover topics that advance physiotherapist practice competence as described in [Physiotherapist education framework](#) are eligible for World Physiotherapy CPD event recognition.
6. The application will be reviewed by two independent reviewers with expertise in the topic area and CPD, against the CPD quality requirements.
7. To be approved, all CPD events must meet World Physiotherapy's [CPD quality requirements](#).
8. Incomplete applications, applications with missing information, or applications that do not meet the criteria will be rejected. Fees for rejected applications will not be reimbursed.
9. The application fee is paid at the time of the application submission. Fees are not refundable. To make the service affordable, discounted rates are offered to CPD providers from low and middle income countries/territories. The sliding scale is based on the income classification of the

country/territory in which the CPD provider is registered as a business or an organisation, or in which the individual CPD provider resides. CEU Locker's checkout process will calculate these discounts automatically.

	<b>1-3</b> contact hours	<b>3.25-7</b> contact hours	<b>7.25 or more</b> contact hours
<b>High income countries/territories*</b>	£99	£199	£299
<b>Middle income countries/territories</b>	£75	£149	£225
<b>Low income countries/territories</b>	£49	£99	£149

\* [World Bank Country Classification by Income](#)

10. CPD providers may appeal rejections of the CPD event approval within four weeks of the denial notice. All appeals must be made in writing and sent to World Physiotherapy CPD event recognition service coordinator at [cpd@world.physio](mailto:cpd@world.physio) with the rationale of the appeal, and a copy of the rejection notice.

## CPD quality requirements

World Physiotherapy has a set of requirements to ensure the quality of CPD events including that they are relevant, evidence based, outcome based and consistent with national and World Physiotherapy policies and guidelines including ethical principles and standards of physiotherapy practice. World Physiotherapy approved CPD events must meet the following requirements:

### 1. CPD event

- a. CPD event is a systematic, ongoing structured process of learning relevant for and related to physiotherapist practice as described in the domains of physiotherapist practice competence in [Physiotherapist education framework](#), and consistent with World Physiotherapy policy statements including [Description of physiotherapy](#), [Education](#), [Ethical principles and responsibilities of physiotherapists and member organisations](#).
- b. The title and description of the CPD event adequately represent the programme's content.
- c. CPD event description/agenda includes the list of topics with the sufficient time allocated for each topic, presenters, and clearly identified teaching and learning methods.
- d. CPD event has clear goals and learning outcomes relevant to the scope of practice of physiotherapy, and appropriate learning and teaching approaches are used to achieve them.
- e. The content should be based on referenced scientific evidence, should reflect evidence in practice, and should clearly label personal experience or hypotheses.
- f. Learning materials should be comprehensive and up to date, with references to the latest relevant bibliographic and original peer-reviewed research appropriate to the programme content, not older than 15 years.
- g. CPD event has clear and appropriate methods to evaluate a participant's attainment of the specified learning outcomes.
- h. CPD event should have the CPD event evaluation tool to be completed by participants that evaluate both the course and the instructors.
- i. CPD event provider issues certificates of completion.

### 2. Instructor/facilitator/speaker/lecturer

- a. CPD event is conducted by qualified individuals with current expertise in the field, specialised education, training, or experience to teach the subject matter who are also competent in facilitating professional learning. For example, appropriately qualified individuals are qualified physiotherapists, or other health professionals; experts in fields associated with the practice of physiotherapy (such as lawyers, health administrators, philosophers); and individuals with specific relevant experience, for example, expert clients.
- b. Qualified individuals must have a minimum of four years of experience OR peer-reviewed publications or presentations of the same/similar material OR an advanced degree in the topic.
- c. Instructors must disclose, in advance of the programme, any bias or proprietary interest in any product, device, service, or material discussed during the programme. They should also identify any conflict of interest, for example, sponsorship by a company providing a product.

### **3. Accessibility, diversity, and inclusion**

- a. CPD providers must ensure a physically and psychologically safe, supportive, and accessible learning environment, cognisant of their legal liabilities. Learning environments must be accessible and conducive to interactive learning to meet the learning needs of diverse learners.
- b. CPD providers must promote diversity and inclusion when:
  - i. selecting instructors/facilitators/speakers/lecturers for the CPD events
  - ii. developing learning resources to reflect the diversity of patients/clients, including diversity in patterns of disease, symptoms, and responses to treatments.

### **4. Transparency**

- a. CPD provider should make information available to potential participants and included in promotional materials and brochures:
  - i. course description (with the amount of time designated to each content area and the total number of hours required to complete it)
  - ii. list of course presenters (their qualifications for delivering the course should be included in the information package)
  - iii. target audience for the CPD offering (along with the prerequisites and requirements for entry to, and successful completion of, the CPD offer)
  - iv. information about whether CEUs (continuing education units) are offered (and on what basis, as well as an indication of whether certificates of completion that record the award of CEUs will be provided)
  - v. information about the learning resources that will be provided
  - vi. maximum number of participants for a laboratory/demonstration course
  - vii. information about the fee, and a statement about the provider's fees and cancellation policy
  - viii. CPD provider's contact details and may also include former attendee endorsements of the programme
  - ix. commercial sponsorship disclosed

## Application form for continuing professional development event recognition to award World Physiotherapy CEUs

Instructions: Please complete the form in English. Only fully completed applications with the required additional information provided on webpages or attachments will be reviewed.

CPD provider information	
Organisation/ company name:	
Type of organisation:	<input type="checkbox"/> Not-for-profit CPD provider <input type="checkbox"/> For-profit CPD provider without commercial interests (See note)  <i>Note: For-profit entities with commercial interest that develop, produce, market, resell, or distribute drugs, devices, products, or other health care goods, services, or therapies that may be prescribed to patients/ clients or ordered by a physiotherapist in the diagnosis, treatment, monitoring, management, or health conditions, are <b>not eligible</b> to apply for the World Physiotherapy CPD event recognition. For example, the following are not eligible CPD providers: pharmaceutical companies, medical device companies, producers of non-prescription health care products, nutrition companies, pharmacies; diet, fitness, and weight-loss companies; prosthetic and orthotic stores; home care companies; etc.</i>
Provide a short description of the organisation and its purpose (max 250 words):	
Field/area of CPD event concentration:	
Organisation/ company website:	
Contact person (full name):	
Job title:	
Address (incl. postcode):	

### CPD provider information (continued)

Country/territory:	
Email:	
Phone:	

### Part 1 – Event overview

Event title:	
Summary of event (500 words):	

## Part 1 – Event overview (continued)

Event date(s):				
Delivery type:				
Event type:				
If other please stipulate:				
Domain of physiotherapist practice competence addressed in the event:				
Please specify using the domains described in <a href="#">Physiotherapist education framework</a> , pg.11				
Event website:				
Language:				
Target geographical area:	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> International	<input type="checkbox"/> Local
Specify:				
Target audience:	<input type="checkbox"/> Physiotherapists only	<input type="checkbox"/> Multi-professional		
Define any specific group most likely to benefit:				
Contact hours (number of hours excluding breaks):				
Venue (for onsite events):				
Promotional material/ publicity advertising: (please include webpage or submit as accompanying pdf)	<input type="checkbox"/> Attached			
	<input type="checkbox"/> Webpage			
	Add webpage:			
Programme outline: (please include webpage or submit as accompanying pdf)	<input type="checkbox"/> Attached			
	<input type="checkbox"/> Webpage			
	Add webpage:			
Participation fee (GBP):				



### Part 1 – Event overview (continued)

Funding source for event:  
Provide details of funding  
sources

☐ Commercial sponsorship ☐ Educational grant ☐ None

Detail of funders:

Number of subsidised places  
for people from World  
Physiotherapy member  
organisations from low and  
low middle income countries/  
territories

Free:

Reduced rate:

List the names of the  
organising team/committee:

Enter details below only if different from CPD provider contact person:

Contact person (full name):

Job title:

Address  
(incl. postcode):

Country/territory:

Email:

Phone:

### Part 2 – Event educational information

Aim of event (100 words):

## Part 2 – Event educational information (continued)

**Learning outcomes:** (maximum of 5) (For a multi-track conference/event please provide overall objectives)

1.

2.

3.

4.

5.

**Indicative content:** (Give an overview of the key topics to be covered in list format, 250 words)

**Part 2 – Event educational information (continued)**

**Supporting references:** Please list up to five supporting references published within 5-15 years that provide evidence base for the CPD event. At least two references must be published in English.

1.

2.

3.

4.

5.

## Part 2 – Event educational information (continued)

Teaching methodology used: (tick all that apply)	<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Practical <input type="checkbox"/> Other _____
Learner's assessment strategy: (tick all that apply)	<input type="checkbox"/> Written assessment <input type="checkbox"/> Self-assessment <input type="checkbox"/> Portfolio <input type="checkbox"/> Evaluation form <input type="checkbox"/> Other _____
Other recognition / accreditation granted: Provide details of awarding body and units	
Verification of completion of event:	<input type="checkbox"/> Smart card swipe <input type="checkbox"/> Sign-in/out <input type="checkbox"/> Evaluation submission <input type="checkbox"/> Other (specify) _____
Event evaluation tools: (please include webpage or submit as accompanying pdf)	<input type="checkbox"/> Attached <input type="checkbox"/> Webpage Add webpage: _____
Describe (100 words):	

### Part 3 – Instructor/facilitator/speaker/lecturer information

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

#### Speaker details

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

### Part 3 – Instructor/facilitator/speaker/lecturer information continued

#### Speaker details continued

Short career biography,  
including previous  
educational event delivery  
experience: (max 250 words)

Declare actual or perceived  
conflict(s) of interest:

### Part 3 – Instructor/facilitator/speaker/lecturer information continued

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

#### Additional speaker details 1

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

### Part 3 – Instructor/facilitator/speaker/lecturer information continued

#### Additional speaker details 1 continued

Short career biography,  
including previous  
educational event delivery  
experience: (max 250 words)

Declare actual or perceived  
conflict(s) of interest:



### Part 3 – Instructor/facilitator/speaker/lecturer information continued

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

#### Additional speaker details 2

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

### Part 3 – Instructor/facilitator/speaker/lecturer information continued

#### Additional speaker details 2 continued

Short career biography,  
including previous  
educational event delivery  
experience: (max 250 words)

Declare actual or perceived  
conflict(s) of interest:

### Part 3 – Instructor/facilitator/speaker/lecturer information continued

Please complete speaker details for each speaker/lecturer involved in the event delivery. For a multitrack event/conference, include all keynote/significant speakers but not individual abstract presenters.

#### Additional speaker details 3

Event title:	
Event date:	
Title of speaker's session:	
Speaker first name:	
Speaker last name:	
Speaker job title:	
Affiliation: (primary workplace)	
Professional qualifications:	
Physiotherapist:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a physiotherapist, are they a member of a World Physiotherapy member organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which regulatory body: _____ Registration number: _____
Individual indemnity provider:	
Personal website/Linkedin:	
Experience relevant to presentation topic:	

### Part 3 – Instructor/facilitator/speaker/lecturer information continued

#### Additional speaker details 3 continued

Short career biography,  
including previous  
educational event delivery  
experience: (max 250 words)

Declare actual or perceived  
conflict(s) of interest:

## Part 4 – Event organisation and governance

<b>Indemnity:</b> Provide evidence that you hold adequate indemnity arrangements for the event, including suitable limits of liability and public liability indemnity	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<b>Corporate indemnity provider:</b>	
<b>Consent for demonstration:</b> Provide a copy of any consent form you will use if you intend to include patient and/or participant participation in demonstration. Provide a copy of consent and release forms for participants (eg skills courses where they will be engaging in activities)	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<b>Confidentiality/record keeping:</b> Provide evidence that you are registered with a data controller, if applicable to your jurisdiction, if you intend to hold or process participants' personal information.	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<b>Copyright:</b> Provide evidence that you are the copyright holder of any material given to participants, or that you have permission of presenters to supply their presentations to participants.	<input type="checkbox"/> Attached <input type="checkbox"/> Not required
<b>Professional regulation:</b> Provide confirmation that your professional speakers are regulated by the relevant regulator if applicable.	<input type="checkbox"/> Completed on speaker summary form <input type="checkbox"/> Not required
<b>Scope of professional practice:</b> Are the event topics within the global scope of physiotherapist practice as described in the domains of physiotherapist practice competence in <a href="#">Physiotherapist education framework</a> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, which territories are they restricted to? _____
<b>Financial security:</b> Can you assure that participants' financial details are processed securely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Commercial sponsorship:</b> If yes, declare details on actual or perceived conflict of interest.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Conflict of interest:</b> Declare actual or perceived conflict(s) of interest.	

## Part 5 – Submission statement

I confirm that I have accurately completed all the forms and have attached all the required information where indicated.  I confirm that I understand that my application will not be reviewed until I have paid the application fee(s).  I confirm that I understand that, if approved, the CPD event will be implemented as described in this application form. Changes to the approved event must be reported to World Physiotherapy prior to the event (eg speakers, topics etc.) and might result in revocation of the recognition.	
Name:	
By entering your name in the above field, you are confirming that submission is complete.	
Date of submission:	