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| Application for Candidacy |  |

**Introduction:** The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) grants accreditation to post-professional physical therapy programs that offer quality residency and fellowship education that meets published quality standards. The burden of demonstrating quality and compliance with ABPTRFE’s Quality Standards rests with the residency or fellowship program.

**Instructions:** A post-professional residency or fellowship physical therapy program seeking ABPTRFE initial accreditation completes the following Application for Candidacy. The completed application declares the program’s commitment to completing ABPTRFE’s initial accreditation processes within the published timeframe. The residency or fellowship program must meet eligibility requirements prior to submitting the Application for Candidacy.

# *Please note: The Application for Candidacy must be accessed and completed through ABPTRFE’s Accreditation Management System. This paper format is provided to programs for reference purposes only.*

# Eligibility Requirements

Place a checkmark next to each of the following indicating the program meets eligibility requirements.

[ ]  Mission: Communicates the program’s purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice.

[ ]  Program Director (required) and Program Coordinator (as applicable)

[ ]  Curriculum: Developed from the most recent DRP or DFP.

[ ]  Admissions Criteria

[ ]  Faculty

[ ]  Proposed Participant Practice Sites (for initial accreditation – a maximum of 5 sites will receive an onsite visit)

# General Information

## Program Information

**Name of Program:** Type name of program.

**Program Mission:** Enter program mission statement.

**Physical Address:** Enter the program’s physical address.

**Main Telephone Number:** Enter the main telephone number.

**Main Email Address:** Enter the email address.

**Program Website URL:** Enter the program’s website address (not sponsoring organization website).

## Sponsoring Organization

**Name of Sponsoring Organization:** Type name of sponsoring organization.

**Type of Sponsoring Organization:** Select appropriate entity.

**Sponsoring Organization URL:** Enter the sponsoring organization’s website address.

**Name of sponsoring organization’s external agency accreditation\*, both institutional and/or programmatic (if applicable):** Enter external agency accreditation.

**Tax Status:** Select applicable tax status.

**For-Profit:** Select appropriate designation.

**Non-Profit:** Select appropriate designation.

**Name of 2nd Sponsoring Organization (if applicable):** Type name of sponsoring organization.

**Type of 2nd Sponsoring Organization (if applicable):** Select appropriate entity.

**2nd Sponsoring Organization URL (if applicable):** Enter the sponsoring organization’s website address.

**Name of 2nd sponsoring organization’s external agency accreditation\*, both institutional and/or programmatic (if applicable):** Enter external agency accreditation.

**Tax Status:** Select applicable tax status.

**For-Profit:** Select applicable tax status.

**Non-Profit:** Select applicable tax status.

*\*External agency accreditation includes any institutional or programmatic/specialized accrediting organization recognized by the U.S. Department of Education or Council for Higher Education Accreditation (CHEA) or medical accrediting organization (e.g., Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), Medicare provider or provider network standards, CAPTE).*

## Airport

**Name and Code of Program’s Preferred Airport:** Type name and code for airport.

**Distance between Airport and Program:** Enter the distance in miles.

## Hotel

**Name of Program’s Preferred Hotel:** Type name of hotel.

**Hotel Address:** Enter the hotel’s physical address.

**Hotel Telephone Number:** Enter the hotel’s telephone number.

**Hotel Website:** Enter the hotel’s website address.

# Residency/Fellowship Program Information

## Planned Program Information

**Identify whether the planned program is a residency or fellowship:** Select one.

**Type of Residency Program:** Select the type of residency program.

**Type of Fellowship Program:** Select the type of fellowship program.

**Number of Participant Positions:** Enter the number of participant positions.

**Identify the publication year of the Description of Residency Practice or Description of Fellowship Practice used to develop the curriculum:** Provide the version used.

**Program Director Name:** Enter the program director name.

**Program Director APTA Membership Number (if applicable):** Enter the program director APTA membership number.

**Program Director Email Address:** Enter the program director email address.

**Program Director Telephone Number:** Enter the program director telephone number.

**Program Director Academic Credentials:** Enter the program director’s academic credentials that qualify him/her for the position.

**Program Coordinator Name (if applicable):** Enter the program coordinator name, if applicable.

**Program Coordinator APTA Membership Number (if applicable):** Enter the program coordinator APTA membership number.

**Program Coordinator Email Address:** Enter the program coordinator email address, if applicable.

**Program Coordinator Telephone Number:** Enter the program coordinator telephone number, if applicable.

**Program Coordinator Academic Credentials:** Enter the program coordinator’s academic credentials that qualify him/her for the position, if applicable.

# Proposed Participant Practice Sites

List those sites that will be used for patient-care clinic hours (clinical programs) or practice hours (non-clinical programs) as defined within the [ABPTRFE Processes and Procedures](https://abptrfe.apta.org/for-programs/process-and-procedures) Glossary of Terms.

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| Site Name | Address | City | State | Zip | Distance from Main Program Address (miles) | Setting(select all that apply) | Type of Training |
| Enter name of site. | Enter site address. | Enter city. | Enter state. | Enter zip code. | Enter distance in miles. | * Acute Care Facility
* Early child intervention setting
* Inpatient facility
* Inpatient rehabilitation facility
* Outpatient facility
* Patient’s home/home care
* School system
* Skilled nursing facility
* Sport team facility
* Athletic event coverage
 | Select one. |
| \*Add additional rows as needed |

# Proposed Residency/Fellowship Program Applicant Information

**Application Deadline Date:** Enter the anticipated program application deadline date.

**Anticipated Program Start Date:** Enter the anticipated program start date.

**2nd Application Deadline Date:** Enter the 2nd program application deadline date, if applicable.

**Anticipated Program 2nd Start Date:** Enter the 2nd program start date, if applicable.

**3rd Application Deadline Date:** Enter the 3rd program application deadline date, if applicable

**Anticipated Program 3rd Start Date (if applicable):** Enter the 3rd program start date, if applicable.

# Residency/Fellowship Program Structure Information

**Program Type\*\*:** Select program type.

*\*\*Please refer to the following definitions for program type* *as defined within the* [*ABPTRFE Processes and Procedures*](https://abptrfe.apta.org/for-programs/process-and-procedures) *Glossary of Terms:*

***Single-Site Program:*** *A program that uses one participant practice site to conduct educational methods and all participants are located at this practice site for the duration of the program.*

***Multi-Facility Program:*** *A program instructional delivery method that uses more than one participant practice site to conduct educational methods where every participant rotates to each practice site over the course of the program (rotation).*

***Multi-Site Program:*** *A program instructional delivery method that uses more than one participant practice site to conduct educational methods where participants do not rotate to each practice site over the course of the program (no rotation).*

**Program Format:** Select program format.

**Program Length:** Enter the program length in months.

**2nd Program Format:** Select 2nd program format, if applicable.

**2nd Program Length:** Enter the 2nd program length in months, if applicable

**Program Fees (if applicable).** *Any costs to the participant that is less than $1,000 are considered fees.*: Enter total fee amount.

**Program Tuition (if applicable).** *Any costs to the participant that is $1,000 or more is considered tuition.*: Enter total tuition amount.

**Average Annual Salary Paid by Program (if applicable):** Enter average annual salary.

**Percent Salary to Comparable PT at Organization:** Enter salary percentage.

**Format for Educational Hours:** Select format.

**Affiliated Practice Site Locations:** Select locations.

**Mentor Appointment to Faculty:** Select appointment type.

**Mentor Accessibility:** Select accessibility.

# Distant Education

ABPTRFE uses the definition of distance education published by the U.S. Department of Education Title 34, Subtitle B, Chapter VI, Part 600, Subpart A, §600.2 ([link](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-VI/part-600/subpart-A/section-600.2)), as follows:

1. Education that uses one or more of the technologies listed in paragraphs (2)(i) through (iv) of this definition to deliver instruction to students who are separated from the instructor or instructors and to support regular and substantive interaction between the students and the instructor or instructors, either synchronously or asynchronously.
2. The technologies that may be used to offer distance include –
	1. The internet;
	2. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
	3. Audio conference; or
	4. Other media used in a course in conjunction with any of the technologies listed in paragraphs (2)(i) through (iii) of this definition.
3. For purposes of this definition, an instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by an institution’s accrediting agency.
4. For purposes of this definition, substantive interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following –
5. Providing direct instruction;
6. Assessing or providing feedback on a student’s coursework;
7. Providing information or responding to questions about the content of a course or competency;
8. Facilitating a group discussion regarding the content of a course or competency; or
9. Other instructional activities approved by the institution’s or program’s accrediting agency.
10. An institution ensures regular interaction between a student and an instructor or instructors by, prior to the student’s completion of a course or competency –
11. Providing the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency; and
12. Monitoring the student’s academic engagement and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student.

Is the program planning to offer any didactic or clinical opportunities through distance education?

[ ]  Yes

[ ]  No

If yes, please describe the planned distance education activities including the percentage of the program that will be offered through distance education.

Describe the planned distance education activities.

# Program Affirmations

## Program Affirmations

Place a checkmark next to each disclosure acknowledging understanding and intent to comply.

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|[ ]  Does not imply or claim that the program is a candidate for or already accredited by ABPTRFE.  |
|[ ]  Agrees to remain in compliance with all ABPTRFE Quality Standards, policies, and procedures. Any non-compliance with ABPTRFE’s Quality Standards, policies, or procedures constitutes justification for withdrawal of recognition as a developing program, candidacy, or accreditation.  |
|[x]  Acknowledges a participant who enrolls in a program prior to ABPTRFE granting it candidacy status will not be deemed to have graduated from an ABPTRFE-accredited program even if the program is granted accreditation before the resident/fellow graduates from the program.  |
|[ ]  Understands that following submission of the Self-Evaluation Report and Exhibits, in accordance with ABPTRFE policy 2.3.1, a program may not make any substantive changes during the candidacy review process.  |

## Candidacy Workshop

Upload a copy of the program director’s Candidacy Workshop Certificate of Completion.

# Fees

The program agrees to pay the non-refundable candidacy fee as published on the website.

**Date Adopted:** 10/27/2018

**Date Revised:** 8/29/2018; 9/232019; 3/4/2021
**Last Updated:** 09/18/2022

**Contact:** resfel@apta.org