Application for Participation in Pilot:  
For Clinical Physical Therapist Integrated DPT to Residency Program Model

**Name of ABPTRFE-Accredited Clinical Residency Program(s):**

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**Purpose**

The purpose of this pilot initiative is to evaluate the effectiveness and impact of a new educational pathway designed to enhance accessibility, efficiency, and long-term career benefits for students pursuing specialization. This pathway aims to reduce the financial burden on students, programs, and sponsoring organizations by streamlining educational requirements, enabling earlier entry into specialized practice, and facilitating the potential for higher earnings earlier in their careers. By accelerating the development of specialists, this model seeks to strengthen the workforce, improve patient outcomes, and contribute to the sustainability and advancement of the profession.

**Expectations**

The program is expected to maintain its established curriculum framework, ensuring alignment with its educational mission, accreditation standards, and professional competencies while implementing strategic adaptations to support the new educational model.

These adaptations should enhance efficiency, integrate innovative learning methodologies, and preserve the depth and quality of education necessary for developing competent and skilled specialists.

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| Clinical Quality Standards |  |

# Quality Standard 2: Curriculum Design and Instruction

Residency/Fellowship programs focus on the advancement of physical therapist knowledge and practice. Curriculum design focuses the knowledge, skills, and affective behaviors the participant gains that improves patient outcomes, enhances professional competence, and emphasizes one-to-one mentoring. Curriculum development follows a structured, systematic process that ensures content validity in a defined area of practice. The curriculum allows the participant to achieve the program’s outcomes through advancing professional competence and education in scientific principles underlying practice applications. The curriculum integrates a variety of educational methods that support the theoretical basis for advanced practice and assessments grounded in scientific inquiry. The curriculum enhances the participant’s knowledge, skills, and affective behaviors through the integration of didactic instruction, focused practice, and application of evidence-based practice principles.

2.1 **Curriculum Development:** The program’s comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). All curriculum components complement each other to enhance the participant’s learning. The program’s curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program’s outcomes.

1. Describe how the accredited program’s current curriculum organization (types, lengths, and sequencing of education and practice components) promotes participant achievement of the program outcomes.   
     
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2. Describe how the integrated program’s curriculum organization (types, lengths, and sequencing of the education and practice components) promote participant achievement of the program outcomes.

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1. Briefly describe, and provide a visual tool on, how the program is allocating hours within the integrated DPT-residency model, specifically identifying where residency activities overlap with DPT coursework, clinical experiences, or other educational components.

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2.2 **Program Requirements:** The program demonstrates compliance with minimum requirements that provides physical therapists with learning experiences resulting in advanced professional competence and increased quality patient care.

2.2.1 **Program Length:** The program provides a systematic set of learning experiences that address the knowledge, skills, and affective behaviors the participant needs to achieve the program outcomes within a set period of time. Residency/Fellowship programs are completed in no fewer than ten (10) full-time equivalent months and in no more than sixty (60) months.

☐ By submitting this application, this integrated DPT to residency program acknowledges and agrees that it will maintain a residency program that is completed in no fewer than ten (10) full-time equivalent months and in no more than sixty (60) months.

2.2.2 **Residency Program Hours:** The program offers a comprehensive curriculum that meets minimum required hours within the program’s area of practice. Residency programs require participants to complete a minimum of 1,800 total program hours including 300 educational hours and 1,500 patient-care clinic hours inclusive of 150 hours of 1:1 mentoring throughout the program.

The participant is the primary patient/client care provider for 100 of the minimum 150 mentoring hours.

* At least 100 of the 150 mentoring hours must be in-person (1:1)
* The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.

☐ By submitting this application, this integrated DPT to residency program acknowledges and agrees that it will require participants to complete all Residency Program Hours as outlined within Key Element 2.2.2).

2.3 **Program Delivery:** The program is conducted in settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care by demonstrating substantial compliance with professionally developed and nationally applied practice and operational standards while maintaining sufficient resources to achieve the mission, goals, and outcomes.

1. Describe how the program ensures that the curriculum and learning experiences are delivered consistently across all clinical sites and identify who is responsible for this oversight.

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# Quality Standard 3: Program Delivery, Director, and Faculty

Residency/Fellowship programs implement consistent procedures for adequately responding to patient and participant’s needs. Admissions criteria allows for equitable evaluation of the participant’s ability to be successful in the program and supports the program’s mission, goals, and outcomes. A qualified and experienced program director provides effective administrative leadership of faculty and oversees the delivery of a quality curriculum. Adequate support services facilitate the participant’s successful completion and achievement of program outcomes.

3.1 **Admissions Criteria:** The program publishes equitable and inclusive admissions policies and verifies the participant is appropriate for the integrated DPT-residency model. The program implements consistent procedures for evaluating each prospective participant’s ability to be successful in the program and achieve their educational goals.

1. Specify admission criteria for the integrated DPT-residency program, including student eligibility requirements, key application deadlines, and selection mechanisms.

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1. Outline how candidates will be assessed to ensure they possess the necessary qualifications, competencies, and readiness for this integrated DPT to residency program pathway.   
     
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3.1.2 **Program Contract/Agreement/Letter of Appointment:** The program ensures each participant signs a contract/agreement/letter of appointment prior to commencing the residency/fellowship program. The contract/agreement/letter of appointment is in compliance with the ABPTRFE’s Admissions Offer Disclosures Check List.

1. Describe the timeline and process for offering admissions into the residency program, including when students receive acceptance notifications and when the resident contract is presented.

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1. Outline how the contract aligns with accreditation standards, defines expectations, and ensures transparency regarding the integrated DPT-residency model.

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1. Attach a blank Contract/Agreement/Letter of Appointment for the participant accepted into the integrated DPT to residency program.

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3.3 **Administrative Policies:** The program publishes equitable administrative policies and implements consistent procedures designed to protect the participant and the program.

1. Attach a copy of the Resident Handbook, clearly identifying any policies or procedures specific to residents enrolled in the integrated DPT-Residency model. Within each policy, highlight any differences in expectations, timelines, evaluation processes, or program requirements that distinguish this pathway from the traditional residency model.

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3.3.1 **Retention Policy:** The program implements appropriate retention policies and procedures including academic and clinical requirements the participant must fulfill to maintain active status through graduation.

No Response Required: See Resident Handbook.

3.3.2 **Remediation Policy:** The program implements appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful. The program establishes methods and timelines to identify and remedy unsatisfactory clinical or academic performance. The remediation policies are distributed to and acknowledged in writing by the participant. The program documents and implements any necessary adjustments to the participant’s customized learning plans, including remedial action(s).

No Response Required: See Resident Handbook.

3.3.3 **Termination Policy:** The program implements an appropriate termination policy and procedures including termination of the participant who becomes ineligible to practice due to loss of license or for identified clinical or academic reasons (e.g., consistent underperformance or inability to successfully remediate participant). The program establishes procedures and timelines followed for termination. The program identifies impact on DPT program graduation if residency program termination occurs prior to graduation from DPT program.

No Response Required: See Resident Handbook.

3.3.4 **Grievance Policy:** The program implements an equitable grievance policy including procedures for appeal that ensures due process for the participant, faculty, and staff. Additionally, the program publishes ABPTRFE’s grievance policy that a participant can follow if issues are not resolved at the program level.

No Response Required: See Resident Handbook.

3.3.5 **Leave Policy:** The program establishes appropriate professional, family, and sick leave policies including how these leaves could impact the participant’s ability to complete the program.

No Response Required: See Resident Handbook.

3.3.6 **Non-Discrimination/Privacy/Confidentiality Policies:** The program documents compliance with applicable federal, state, and local regulations including non-discrimination, privacy, and confidentiality policies. Programs do not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, age, and other identities and/or statuses.

No Response Required: See Resident Handbook.

3.3.7 **Malpractice Insurance:** The program ensures that the participant maintains comprehensive malpractice coverage to cover all work conducted as part of the program which may or may not be provided through the sponsoring organization by the program.

☐ By checking the box, this integrated DPT to residency program certifies that participants maintain comprehensive malpractice coverage sufficient to cover all work conducted as part of the program.

1. Indicate when malpractice insurance coverage is required for residents in the integrated DPT-Residency model (e.g., at the start of the residency program while the resident is still completing DPT program requirements, after graduating from DPT program, post-licensure).

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# Quality Standard 4: Program Commitment and Resources

Residency/Fellowship programs’ facilities support excellence in practice and dedication to physical therapy services. The program and sponsoring organization comply with all accreditation and regulatory requirements including other nationally applicable laws and industry standards. The program maintains sufficient resources to achieve the mission, goals, and outcomes. The program retains sufficient quantity and quality of resources to enable the residency/fellowship program to accomplish its goals. Sufficient resources include adequate patient population, faculty, participant support services, staff, finances, access to relevant publications, equipment, materials, and facilities.

4.4 **Financial Resources:** The program maintains financial resources that are adequate to achieve the mission, goals, and outcomes and supports the academic integrity resulting in continued program sustainability.

1. Describe the program’s procedures for maintaining financial resources that are adequate to achieve its mission, goals, and outcomes within the integrated DPT-residency program model.   
     
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4.4.1 **Sponsoring Organization:** For the protection of the program participant, the sponsoring organization demonstrates its support of the program, in part, by providing sufficient funding resources to sustain the program.

1. Describe how the sponsoring organization demonstrates its financial support for the integrated DPT-residency program model.   
     
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# Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness

Residency/Fellowship programs conduct ongoing evaluation of the mission, goals, outcomes, faculty, curriculum, and participants in a commitment to continuous improvement. The program annually gathers data, monitors results, and analyzes information to determine the extent to which the mission, goals, and outcomes are achieved. The evaluation process is planned, organized, scheduled, and documented to ensure ongoing quality education in a defined area of practice. Participant performance is evaluated initially, on an ongoing basis, and at the conclusion of the program. Participant evaluation data are used to further focus learning and instruction and confirm achievement of the program outcomes. Data collected on the post-graduate performance of the participant is used to evaluate the program’s effectiveness and inform curriculum revisions.

5.2 **Participant Progress:** The program establishes a consistent process for tracking the participant’s level of achievement of the program outcomes against identified benchmarks. Overall participant progress is assessed at regular intervals to ensure timely completion and appropriate progression of participant advancement.

1. Explain how the program will evaluate and monitor student success within this model, including the assessment strategies, benchmarks, and support systems in place to ensure learners meet expected outcomes in both the DPT and residency components.  
     
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# Program Attestations

☐ By submitting this application, our program acknowledges and agrees that it will maintain compliance with all ABPTRFE standards, processes, and procedures, including but not limited to, faculty and mentor quantity and qualifications, practice sites and settings that provide a sufficient patient population for the program’s area of practice.

☐ By submitting this application, our program acknowledges and agrees that, if accepted to participate in the pilot education program, we will track and report resident and program outcomes as required. We commit to collecting, maintaining, and submitting data on resident performance, program effectiveness, and other key metrics to ensure continuous evaluation and improvement of the integrated DPT-Residency model. We understand that participation in this pilot requires full compliance with reporting expectations and a commitment to transparency in assessing the program’s impact.

Outcome data (for both traditional and integrated model) to be collected and reported by programs:

* Pass rates on ABPTS specialty examination (if applicable).
* Residency graduation rates.
* NPTE examination pass rates.
* Achievement of program goals and outcomes through a modified Exhibit 2 and Exhibit 3 provided by ABPTRFE.
* Performance on APTA Resident Competency Evaluation Instrument at all three assessment periods.
* Impact on clinical partnerships:
  + Expanding opportunities/engagement – site and practitioner – career satisfaction and burnout.
  + Clinical education skills (clinical instruction to mentoring).
  + Productivity, operational costs, staff retention/turnover.
* Impact on DPT program (e.g., DCE workload).
* Graduate outcomes (retention, job opportunities, career satisfaction, scholarship, “giving back” to residency/fellowship education through mentoring/faculty role).
* Ability of program to increase resident training capacity (number of residents enrolled in traditional model; number of residents enrolled in integrated model).

☐ By submitting this application, our program acknowledges and agrees that, if accepted to participate in the pilot education program, we will track and report student and program costs for both the traditional and accelerated models. We commit to collecting, maintaining, and submitting data on tuition, fees, financial aid implications, and operational expenses to assess the financial impact of the accelerated model. We understand that participation in this pilot requires full compliance with cost reporting expectations to support transparency, sustainability, and informed decision-making.

☐ By submitting this application, I understand that if approved by ABPTRFE to participate in this pilot, the CAPTE-accredited DPT program affiliated with this integrated DPT to Residency program will submit the necessary notification to CAPTE regarding its participation in this pilot program.

**Last Updated:** 03/14/2025 (Adopted)

**Contact:** [resfel@apta.org](mailto:resfel@apta.org)