

# Annual Continuous Improvement Report

2025

Every year, ABPTRFE requires an ACIR submission by all accredited residency/fellowship programs. The ACIR and Annual Fee must be submitted by January 31. The ACIR and all supporting documentation are submitted through the Accreditation Management System. The Board of Commissioners monitors continuous improvement and participant achievement based on the program's mission, goals, and outcomes. If the Board of Commissioners observes significant or consistent declines in participant achievement, the Board of Commissioners may require the submission of additional information.

## Program Website

### ABPTRFE-Accredited Program Logo

- ☐ By checking the box, the program certifies that it maintains a webpage that provides the public with current, accurate, reliable, and readily accessible information about the program. *ABPTRFE interprets "readily accessible" to mean easy access 1) to information without requirements to provide personal contact information, and 2) to relevant information that is one "click" from the program webpage.*
- ☐ By checking the box, the program certifies that its website includes at least one of the current ABPTRFE-accredited program logos on the program homepage to indicate that ABPTRFE accredits the program. If the program website includes other physical therapy residency and fellowship programs not accredited by ABPTRFE, the logo must clearly indicate which program is ABPTRFE-accredited and not imply that ABPTRFE accredits other programs on that webpage. *If a sponsoring institution does not permit the use of the ABPTRFE-accredited program logo, the program must instead publish the Authorized Statement outlined in Policy 7.1.1 and include a link to the ABPTRFE Directory of Programs.*

ABPTRFE  
Accredited  
Program

OR

**ABPTRFE**

Accredited  
Program

## Program Outcomes

- ☐ By checking the box, the program certifies that it annually publishes outcomes data that communicates program performance indicative of participant achievement. Outcomes data must be published on the program's website. Information shall be no more than one "click" away from the program's home webpage. At a minimum, programs publish their program completion rate. *The program needs to demonstrate it has published **2025** program outcomes data.*

## Program Financials

### Program Financial Data

1. Upload the **2026** ABPTRFE Financial Fact Sheet, which discloses the cost of education for participants enrolling in **2026**.
2. Have there been any changes in 2025 to the program's financial resources that support its mission, goals, and outcomes?  
☐ Yes ☐ No
  - a. If yes, briefly describe the changes and indicate whether they continue to adequately support the program. [Click or tap here to enter text.](#)

## Program Structure

Affiliated Practice Site Locations: Choose an item.

Mentor Appointment to Faculty: Choose an item.

Mentor Accessibility: Choose an item.

## Substantive Changes

### Change in Mission

1. Did the program make a significant, and substantive, change to its mission in 2025?  
☐ Yes ☐ No
  - a. If yes, did the program file the ABPTRFE Substantive Change – Change in Program Mission application to obtain ABPTRFE prior approval?

☐ Yes ☐ No

b. If no, did the program make editorial or smaller changes to the program's mission?

☐ Yes ☐ No

i. If yes, provide the program's former mission: Click or tap here to enter text.

ii. If yes, provide the program's current mission: Click or tap here to enter text.

### **Change in Ownership**

1. Did the program undergo a change in ownership (sponsoring organization) in 2025?

☐ Yes ☐ No

a. If yes, did the program file the ABPTRFE Substantive Change – Change in Program Ownership application to obtain ABPTRFE prior approval?

☐ Yes ☐ No

### **Change in Curriculum Content**

1. Did the program significantly change its curriculum content in 2025?

☐ Yes ☐ No

a. If yes, did the program file the ABPTRFE Substantive Change – Change in Program Curriculum application to obtain ABPTRFE prior approval?

☐ Yes ☐ No

### **Change in Program Delivery**

1. Did the program change its method of delivery (e.g., change to in-person versus distant learning; change in full-time to part-time offering; change from single-site to multi-site, etc.) in 2025?

☐ Yes ☐ No

a. If yes, did the program file the ABPTRFE Substantive Change – Change in Program Curriculum application to obtain ABPTRFE prior approval?

☐ Yes ☐ No

### **Change in Program Hours**

1. Did the program substantially increase or decrease its total program hours in 2025?

☐ Yes ☐ No

a. If yes, did the program file the ABPTRFE Substantive Change – Change in Program Curriculum application to obtain ABPTRFE prior approval?

☐ Yes ☐ No

### **Non-Substantive Changes**

#### **Change in Program Leadership**

1. Did the program undergo a change in leadership (program director and/or coordinator) in 2025?

☐ Yes ☐ No

a. If yes, did the program file the ABPTRFE Notification of Change in Program Leadership within 30 days of this change?

☐ Yes ☐ No

#### **Change in Practice Site or Setting**

1. Did the program add any new practice sites or new settings within existing practice sites in 2025?

☐ Yes ☐ No

a. If yes, did the program file the ABPTRFE Notification of Change in Practice Site or Setting within 30 days of this change?

☐ Yes ☐ No

#### **Addition of New Mentors**

1. Did the program add any new mentors to its faculty in 2025?

☐ Yes ☐ No

- a. If yes, did the program file the ABPTRFE Notification of Addition of New Mentors within 30 days of this change?

☐ Yes ☐ No

## Participant Positions

### Current Accredited Positions

Check the ABPTRFE Online Directory for the number of participant positions the program is currently accredited to enroll each year, and enter that number here: [Click or tap here to enter text.](#)

### 2025 Participants Enrolled

1. In **2025**, did the program enroll participants in all positions for which it is currently accredited (total number indicated above)?

☐ Yes ☐ No

- a. If no, please explain (e.g., intentional reduction in cohort size for 2025, insufficient applicants, applicant did not pass the FSBPT exam, etc.): [Click or tap here to enter text.](#)

### Participant Position Changes

1. In **2025**, did the program increase the number of participant positions beyond its current accredited capacity listed above?

☐ Yes ☐ No

1. If yes, indicate the total number of participant positions the program enrolled in **2025**: [Click or tap here to enter text.](#)

- b. If the program increased its enrolled positions in 2025 by less than two, please describe how the program accommodated the growth: [Click or tap here to enter text.](#)

- c. If the program increased its enrolled positions in 2025 by more than two, did the program file the ABPTRFE Substantive Change – Change in Participant Positions application to obtain ABPTRFE prior approval?

☐ Yes ☐ No

# Participant Data

The following participants were reported as active in the program as of December 31, **2024**. Please update their status for **2025**. Add additional rows as needed.

Participant Name	APTA Number (member or non-member)	Status in Program as of Dec. 31, <b>2025</b>	Status Effective Date (for graduated, dropped, or failed)	Medical Condition Chart (for 2025 graduates only)
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Upload chart.
Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Upload chart.

- Between January 1, **2024**, and December 31, **2024**, did the program enroll any participants **not reported** on the **2024 ACIR** and **not** already **noted above**? ☐ Yes ☐ No

a. If yes, enter their information below.

Participant Name	APTA Number (member or non-member)  * <b>Only</b> if no APTA account, provide <b>personal email</b> (not	Program Start Date	Status in Program as of Dec. 31, <b>2025</b>	Status Effective Date (for graduated, dropped, or failed)	Medical Condition Chart (for 2025 graduates only)
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	<i>program email)</i>				
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Upload chart.
Click or tap here to enter text.	Click or tap here to enter text.		Choose an item.	Click or tap here to enter text.	Upload chart.

2. Did the program enroll (start) any participants between January 1, **2025** and December 31, **2025**? ☐ Yes ☐ No

a. If yes, list all program participants who started the program between January 1, **2025** and December 31, **2025**:

Participant Name	APTA Number (member or non-member)  <i>*Only if no APTA account, provide <u>personal</u> email (not program email)</i>	Program Start Date	Status in Program as of Dec. 31, <b>2025</b>	Status Effective Date (for graduated, dropped, or failed)	Medical Condition Chart (for 2025 graduates only)
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Upload chart.

Click or tap here to enter text.	Click or tap here to enter text.		Choose an item.	Click or tap here to enter text.	Upload chart.
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## Program Results

1. Upload Exhibit 2: Mission and Goals Table inclusive of the **2025** program graduate results: Upload Exhibit 2.
2. Upload Exhibit 3: Assessment Table inclusive of the **2025** program graduate results: Upload Exhibit 3.
3. For ABPTRFE-approved programs actively participating in the Integrated DPT-Residency Program Pilot, upload the program's Outcomes Reporting Form: Upload reporting form.

## Fees

The program will pay a non-refundable 2026 annual fee of \$1,350. A \$50 processing fee applies to check payments (paper or electronic). Check payments must include the [2026 Annual Fee Payment Form](#).

1. Specify the method the program will use to pay the 2026 annual fee: Choose an item.
  - a. If paying by credit card, a payment of \$1,350 is due. Click 'Exit' and return to the summary page to complete the credit card payment. After payment, return to this Fees page to submit the ACIR.
  - b. If paying by check, provide the check number for this payment: Click or tap here to enter text.

**Last Updated:** 09/15/2025

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