

# Petitioner Guide for Specialty and Subspecialty Recognition

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NOTE: This document is in the copy editing stage. The final version will be published once finalized.

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Preamble

ABPTS and ABPTRFE are pleased to provide this information to those individuals or groups interested in petitioning either board to recognize a new area of specialty or subspecialty practice. The boards believe this information will be of value to petitioners in planning, organizing, writing, and submitting a petition. It is the intent of ABPTS and ABPTRFE to provide every prospective petitioner with as much information and background as possible to help in preparing petitions. Individuals may refer questions to either board:

- ABPTS: [spec-cert@apta.org](mailto:spec-cert@apta.org) or 800/999-2782, ext. 3150
- ABPTRFE: [resfel@apta.org](mailto:resfel@apta.org) or 800/999-2782, ext. 8552

The boards designed these procedures for considering petitions for recognition of new specialty and subspecialty practice as a means to provide for a reasoned consideration of petitions submitted by physical therapists. These procedures allow for communication from other physical therapists and from other health professionals whose practice is directly affected by the recognition of a specialty or subspecialty area. In addition, these procedures allow for communication from the public who will benefit from such recognition, and who also will ultimately bear its cost.

All petitions submitted for consideration as a new specialty or subspecialty area must be consistent with the mission, vision, and purposes of ABPTS ([BOD Y06-21-02-05](#)) and ABPTRFE ([BOD Y06-21-02-06](#)) and the existing House policies covering clinical specialization ([HOD P07-23-07-09](#) and [HOD P07-23-06-08](#)) and residency and fellowship accreditation ([HOD P06-18-40-43](#)).

Vision

ABPTS	ABPTRFE
The American Board of Physical Therapy Specialties will create, promote, and sustain a culture in which the highest-quality physical therapy is provided by therapists who attain and maintain certification in a specialty area.	The global standard of accreditation best practices for physical therapist residency and fellowship education as the pathway for transforming post-professional development and advancement.

Mission

ABPTS	ABPTRFE
To advance the profession of physical therapy by establishing, maintaining, and promoting	Advancing and promoting the physical therapist learning continuum by setting

standards of excellence for clinical specialization, and by recognizing the advanced knowledge, skills, and experience by physical therapist practitioners through specialist credentialing.	standards for quality assurance and continuous improvement in residency and fellowship accreditation to elevate practice and improve the health of society.
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## Terminology

APTA has adopted the following definitions ([BOD P05-21-02-05](#)) and ([HOD P07-23-06-08](#)):

- **Specialty** *is an explicit practice focus on a patient or client population or a set of conditions within physical therapy.*
- **Subspecialty** *is a distinct subset of knowledge and skills within one or more physical therapy specialties.*

## Criteria for the Recognition of a Specialized or Subspecialized Area of Physical Therapist Practice

Petitioners must adequately address 6 criteria in narrative form within the petition for recognition. The criterion are divided into two phases of the petition process.

CRITERION	PHASE OF PETITION PROCESS
Demand ( <i>page 5</i> )	Phase One
Need ( <i>page 6</i> )	Phase One
Specialized Knowledge ( <i>page 19</i> )	Phase Two
Specialized Functions ( <i>page 20</i> )	Phase Two
Education and Training ( <i>page 20</i> )	Phase Two
Transmission of Knowledge ( <i>page 21</i> )	Phase Two

Each criterion has a set of guidelines adopted by ABPTS and ABPTRFE to assist petitioners in addressing the criteria. These guidelines identify specific information, assessments, and documentation considered necessary for the boards' deliberations. Each criterion must include a concluding paragraph summarizing directly and succinctly the questions posed and information requested. Petitioners are encouraged to submit any additional documentation thought to be pertinent to the petition, even if not formally requested in these instructions. When data is lacking or not available, petitioner should specify when such information might become available.

## **Who May Petition**

Any individual or group of individuals may petition to recognize an area of physical therapist practice as a specialty/residency or subspecialty/fellowship. Any individual or group interested in filing a petition with either ABPTS or ABPTRFE is encouraged to communicate with all individuals in the proposed area who may have an interest in filing a similar petition, to consolidate resources, and to coordinate information so that one comprehensive petition is submitted for a proposed area of practice.

If more than one petition is submitted regarding the same area of physical therapist practice, ABPTS and ABPTRFE will accept the first complete petition received as the “petition of record” and refer all subsequent petitioners to the originator of the petition of record for support, coordination, and any necessary modification.

The individual, or group of individuals, seeking to petition for recognition an area of physical therapist practice as a specialty or subspecialty should review this Petitioner Guide, including the required steps in conducting a practice analysis validation, and consult with staff to obtain the necessary instructions and materials.

## **I. Introduction**

The following guidelines have been developed to assist petitioners in performing an extensive practice analysis to be used as supporting evidence for the petition, and if approved, to validate a specialist or subspecialist certification examination, residency curriculum, or fellowship curriculum.

The practice analysis is a systematic plan to study professional behaviors, skills, and knowledge that comprise the practice of the specialist or subspecialist. The purpose of the study is to collect data that will reliably and accurately describe what specialist or subspecialist practitioners do and what they know that enables them to do their work.

The results of the practice analysis will be used to prepare the test specifications for examination (ABPTS) or the residency or fellowship education curriculum blueprint (ABPTRFE). The specifications provide an outline of the content of the examination or residency/fellowship education curriculum and are linked closely with the data from the practice analysis. In general, the specifications (content of the examination or residency/fellowship education curriculum) will not change until a new practice analysis is done.

All documents related to the implementation of the practice analysis, including all data collected, should be carefully archived for the life of the test specifications for examination or for residency and fellowship curriculum specifications that drawn from it. These data will serve as the rationale and substance of the defensibility of the examination, or residency or fellowship education program curriculum.

The boards operate a two-phased approach in the petition for recognition of a specialized or subspecialized area of physical therapist practice. Each phase has a set of criteria that are required to be met as part of the petition process.

All costs associated with the development of the petition, including the practice analysis, as well as filing the petition and conducting public comment forums (if approved) will be borne by the petitioner.

## Notification to Boards

As soon as a group has formally decided it will initiate the petition process, it must contact ABPTS ([spec-cert@apta.org](mailto:spec-cert@apta.org)) and/or ABPTRFE ([resfel@apta.org](mailto:resfel@apta.org)). At that time, a liaison will be assigned to the petitioner from the respective board. This liaison will serve as a consultant to the petitioner throughout the petition process. If a petition is submitted to both boards, a single liaison will be assigned to the petitioning body who will represent and communicate on behalf of both boards.

## II. Phase One Petition Process

### Declaration of Intent to Petition

Petitioners should utilize the Declaration of Intent to Petition Template (Appendix A) when submitting its Phase One Petition. Any related documentation must be included within the Declaration of Intent to Petition and submitted to ABPTS and/or ABPTRFE staff within a single PDF file.

The following items are required elements a petitioner's Declaration of Intent to Petition:

- 1. Identification of Petition Development Task Force:**

Task force members should be identified by name, credentials, and a brief biographical sketch identifying their experience with the proposed area of practice.

- 2. Definition of Proposed Area of Practice:**

A definition of the proposed area of practice will be developed that includes:

- Name for the proposed specialty or subspecialty.
- Definition of the proposed specialty or subspecialty.
- Indicate a preferred group for designation by ABPTS and ABPTRFE as the “sponsoring organization” for the practitioners in the proposed specialty or subspecialty. This sponsoring organization may be the author of the petition, such as an APTA Section or Academy, or any other practitioner-based group, whose membership includes a significant number of physical therapists practicing in the proposed specialty or subspecialty area. This organization shall assist in promoting and publicizing certification, recertification, and residency or fellowship educational program development for the area of practice, and act as the lead agency in developing materials that assist physical therapists in attaining and maintaining competency in the area of practice.

3. **Brief Description/Summary of New Specialty/Subspecialty Area Distinctiveness:**

Provide a brief description summarizing how the proposed specialization or subspecialization differs from those areas already recognized by ABPTS and ABPTRFE. In addition, for proposed subspecialties, those related existing specialty areas that establish the foundational knowledge and skills to support the proposed subspecialization must be identified.

4. **Address the Criteria DEMAND:**

The specialization or subspecialization in the practice of physical therapy shall be one for which there exists a significant and clear health demand and include a reasonable number of individuals who devote a significant portion of their clinical activity to practice in the specialty/subspecialty area. The number of physical therapists with the specialized training and knowledge, and the demand to provide this physical therapy service to the public is the reason for certification in a specialty/subspecialty area, or residency or fellowship education in the specialty/subspecialty area respectively.

Guidelines for Petitioners

- Include at least five, but no more than ten, letters demonstrating evidence of support for physical therapists with the specialized training and knowledge required to provide the services, written by individuals from the following three categories (at least one letter must be submitted from each category):
  - a) Non-physical therapist health professional leaders, planners, or administrators.
  - b) Physical therapists who are not practicing in the proposed area of practice.



c) Members of the public.

Ensure letters clearly include specific examples and/or rationale that support the proposed specialized/subspecialized area of physical therapist practice. As such, letters should not highlight a solicitation process.

Written statements should not be “form letters” and should be no more than two years old as views may change over time.

- Include an estimate of the number of physical therapists currently practicing in the proposed specialty/subspecialty area, documenting the process and providing a rationale for how numbers were derived. Identify the type of practice settings for these physical therapists (e.g., academic institutions, hospital, private practice, managed health care). Workforce data and patient demographics should be utilized to provide estimates.
- Include an estimate of the percentage of time that physical therapists currently practicing in the proposed area of practice devote exclusively to practicing in the proposed area. Provide supporting documentation that details the process and rationale for how estimates were derived.
- *For ABPTS petitions:* Include an estimate of the number of physical therapists who would likely seek board certification in the proposed specialty or subspecialty area during the first five years board certification would be available. Provide supporting documentation that details the process and rationale for how estimates were derived.
- *For ABPTRFE petitions:* Include an estimate of the number of residency (specialty) or fellowship (subspecialty) educational programs in the proposed area of practice would develop and seek ABPTRFE-accreditation during the first five years following recognition of this practice area. Provide supporting documentation that details the process and rationale for how estimates were derived.

5. **Address the Criteria NEED:**

The area of specialization/subspecialization shall be one for which specifically educated and trained practitioners are needed to fulfill the responsibilities of the physical therapy profession in improving the health and welfare of the public. In addition, it shall be an area that other health care providers may not currently or effectively fulfill (e.g., issues with patient access to care, wait times).

## Guidelines for Petitioners

- Describe how functions provided by the physical therapist practitioners in the proposed specialty/subspecialty area will fulfill APTA's [mission and vision](#). Ensure that practice in the proposed area of practice is consistent with the Association's Standards of Practice for Physical Therapy ([HOD S06-20-35-29](#)) and Code of Ethics for the Physical Therapist ([HOD S06-20-28-25](#)).
- Identify specific public health and patient care needs that could be better met by a physical therapist in the proposed area of specialty or subspecialty practice compared to a non-specialist/subspecialist.
- Specify how the functions performed by physical therapists in the proposed area of practice benefit these specific needs of the public's health and well-being.
- Describe and document, with references, how the public's health and well-being may be at risk if physical therapist practitioners do not provide the services in the proposed area of practice.
- Describe the reasons why the needs as described above are not, or cannot be, met by physical therapists who do not have specialized education and training in the proposed specialty/subspecialty area. If the needs are currently being met by these physical therapists, describe how the needs could be better met by a physical therapist in the proposed specialty/subspecialty area compared to a non-specialist/subspecialist.
- *For subspecialty petitions only:* Provide statement on how this proposed subspecialty area would enhance clinical practice in one or more specialty areas.

### 6. **Signatures:**

The petition shall be accompanied by no less than 100 signatures or letters of support from individuals practicing in the proposed specialty/subspecialty area. Address, title, and place of practice must accompany signatures. Each signer's name should also appear in a printed format.

### 7. **Projected Budget:**

#### ABPTS

Petitioners must submit a five-year pro forma financial statement that includes a

projected budget for each year of the five-year period following approval as a specialty or subspecialty area by the House of Delegates. Budget expenses and revenue are to be based on the anticipated number of candidates who will apply for specialization/subspecialization each year. The estimated number of candidates is to be determined by the results of a survey of specialty/subspecialty area physical therapist practitioners. The budget should address specialty panel operations, certification examination development, and other related budget activities. A Cost Estimate-Preparation of Petition Instructions should be utilized when projecting the budget (Appendix B).

#### ABPTRFE

Petitioners must submit a five-year pro forma financial statement that includes a projected budget for each year of the five-year period following approval as a residency or fellowship area of practice. Budget expenses and revenue are to be based on the anticipated number of educational programs who will apply for accreditation as well as the projected number of individuals that would apply to these educational programs (residents/fellows). The estimated number of programs and applicants to programs is to be determined by the results of a survey of specialty/subspecialty area physical therapist practitioners. The budget should address ABPTRFE operations, residency/fellowship program development, grant opportunities through related Sections and Academies, and other related budget activities. A Cost Estimate-Preparation of Petition Instructions should be utilized when projecting the budget (Appendix B).

### **Submission of Phase One Petition**

The petitioner submits the Phase One Petition to ABPTS ([spec-cert@apta.org](mailto:spec-cert@apta.org)) and/or ABPTRFE ([resfel@apta.org](mailto:resfel@apta.org)). A non-refundable filing fee of the Phase One Petition (\$3,000 for ABPTS; \$2,500 for ABPTRFE) must accompany the submission of the Phase One Petition. This fee is applied towards expenses incurred by ABPTS, ABPTRFE, and respective staff for activities related to the petition and petitioning process.

Preliminary screening by staff for completeness of the petition will occur within 10 business days from receipt of the petition and filing fee.

The Phase One Petition will be reviewed by the respective board(s) during their next scheduled meeting with a decision being provided to the petitioner within 45 days from the scheduled meeting.

If the Phase One Petition is approved by the respective board, the petitioner will proceed with the Phase Two Petition process.

If the Phase One Petition does not receive approval by the respective board, the board will provide specific feedback to the petitioner about the reason the petition was not approved. The petitioner may re-submit an amended petition within 90 days of receipt of the letter notifying the petitioner that the petition was not approved.

The petitioner may request an extension for the resubmission of an amended Phase One Petition by submitting a formal request to the board(s) within 30 days of receipt of the letter notifying the petitioner that the petition was not approved. Within the extension request, the petitioner must identify a proposed new submission date and justification for the need of an extension.

Petitions will be considered abandoned if the petitioner does not:

- Resubmit an amended Phase One Petition within 90 days of receipt of letter, or
- Request an extension for resubmission of an amended Phase One Petition within 30 days of receipt of the letter notifying the petitioner that the petition was not approved, or
- Resubmit an amended Phase One Petition by the deadline extension date approved by ABPTS and/or ABPTRFE.

If ABPTS or ABPTRFE denies the Phase One Petition of the proposed specialty or subspecialty area, the petitioner will be advised that within 30 days of receipt of the denial letter, the petitioner can make a request for reconsideration of the decision to ABPTS/ABPTRFE based solely upon the submission of information submitted at the time of the original decision. Please refer to Section IV. Request for Reconsideration.

### **III. Phase Two Petition Process**

#### **Conduction of a Practice Analysis Study**

A major component of phase two of the petition process is the conduction of a practice analysis study. All costs associated with the development of the practice analysis study and petition will be borne by the petitioner. In addition, all expenses associated with filing the petition and appearing at interview and open hearings will be borne by the petitioner.

## Identify the Practice Analysis Team

A practice analysis team consists of a coordinator, consultant, and team members.

### Practice Analysis Coordinator

The coordinator serves as the project manager who will coordinate the work of the consultant with the group to direct the validation activities so that the practice analysis can be completed within a timely fashion.

- **Roles and Responsibilities:** The coordinator forms a project team and provides expertise to the project team during the development of the practice analysis plan and ensures that the Petitioner Guidelines are followed, as described in subsequent sections.
- **Qualifications:** The role of the coordinator may be assumed by a subject matter expert (SME) in the specified area of practice or an individual with expertise in the conduct of a practice analyses.

### Practice Analysis Consultant

A consultant is utilized throughout the petition process to provide guidance at several critical junctures in the process.

- **Roles and Responsibilities:** The consultant provides expertise to the practice analysis team as they develop the practice analysis plan and study design. The consultant provides input into the:
  - Development of the pilot survey,
  - Interpretation of the pilot survey results,
  - Development of the practice analysis survey,
  - Analysis of the survey results,
  - Interpretation of the survey data including the establishment and application of the decision rules,
  - Generation of a technical report, and
  - Development of the DSP, or DSSP, as described in subsequent sections.

The amount of time spent by the consultant varies depending on any number of factors, including the expertise of the project team in research and practice analyses. Contract terms would be negotiated between the consultant and the

petitioning group. Consulting fees vary and have been reported as no cost to more than \$9,000.

ABPTS and ABPTRFE staff can assist in identifying individuals who are qualified and willing to serve as consultants for practice analysis activities.

- **Qualifications:** The consultant must have expert knowledge in the conduct of practice analysis research. Each consultant will have completed graduate level coursework, preferably at the doctoral level.

### Project Team

The project team is comprised of SMEs who have been identified as having recognized expertise regarding the knowledge, skills, and abilities required for practice in the specialty or subspecialty area. While there is no minimum for the number of members of the project team, the group must represent the spectrum of the specialty/subspecialty area with diverse origins of practice, practice setting, geographic area, gender, and race.

- **Roles and Responsibilities:** Under guidance of the practice analysis coordinator and consultant, the project team develops the content of the pilot survey instrument, reviews the data from the pilot survey to develop the final practice analysis survey, interprets the practice analysis survey results, and prepare the content outlined for the specialty/subspecialty examination (ABPTS) and residency or fellowship program curriculum (ABPTRFE) through the development of the respective DSP or DSSP, as described in subsequent sections.
- **Qualifications:** Accurate development of this pilot survey is essential to the final success of the project. The breadth and depth of the initial practice description assures that all elements of practice will be available on the survey for validation by the actual practitioners. Consequently, selection of SMEs is intended to be broadly representative of practice.

### **Develop a Practice Analysis Plan**

The practice analysis coordinator and consultant, in collaboration with members of the project team, develop the practice analysis plan.

The plan must include the following information:

- A brief statement of the goal of the project. This statement becomes the purpose statement for the pilot survey.
- A description of methodology including:
  - Methods for development of the survey instruments for the pilot and practice analysis surveys.
  - Description of the sample size and composition for the pilot and practice analysis surveys.
    - Pilot Survey: at a minimum, the pilot survey be fielded to no fewer than 25 individuals from varied geographic and demographic backgrounds.
    - Practice Analysis Survey: a representative random sample of physical therapists who practice in the specialty/subspecialty area. The size of the potential sample will vary based on the number of physical therapists practicing in the specialty/subspecialty area. The sample must include individuals from varied geographic and demographic populations.
  - Description of the methodology for data collection for the pilot and practice analysis surveys.
  - Projected return rate for the pilot and practice analysis surveys.
  - Description of the proposed methods for data analysis of the pilot and practice analysis surveys, including the decision rules.
- A timeline for convening the first meeting of the project team, development of the initial description of practice and the pilot survey instrument, fielding the pilot survey, development of the practice analysis survey, fielding the practice analysis survey, and convening the second meeting of the project team to interpret the data from the practice analysis and prepare the examination (ABPTS) or curriculum (ABPTRFE) blueprint.

The practice analysis plan must be submitted using the Practice Analysis Plan Template (Appendix C).

The petitioner is encouraged to submit the practice analysis plan to their ABPTS/ABPTRFE liaison for review and comment prior to finalizing.

### **Submit Practice Analysis Plan**

The petitioner submits the final practice analysis plan to ABPTS ([spec-cert@apta.org](mailto:spec-cert@apta.org)) and/or ABPTRFE ([resfel@apta.org](mailto:resfel@apta.org)). Preliminary screening by staff for completeness of the plan will occur within 10 business days from receipt.

A meeting of the Joint Board Practice Analysis Work Group for review, comment, and approval will convene within 45 days of submission of the practice analysis plan. A written response will be sent to the petitioner within 30 days following the meeting.

### **Convene Initial Team Meeting**

Upon joint board approval of the practice analysis plan, an initial meeting(s) of the project team is convened. During this meeting(s), the practice analysis coordinator and consultant, in collaboration with the project team develops the initial description of practice as well as the pilot survey based on the following guidelines:

#### Initial Description of Practice

A detailed and broadly representative description of the specialty, or subspecialty, practice is developed by writing competency statements that describes 1) the knowledge, and 2) current best practice skills and abilities specific to the specialty or subspecialty.

#### Develop the Pilot Survey

The pilot survey is the first draft of the practice analysis survey. The purpose of conducting a pilot survey is to ensure clarity of the survey questions prior to distributing the full practice analysis survey to the entire sample population. In addition, the pilot survey is used to collect information to determine whether any new competencies should be incorporated into the practice analysis survey, and whether the practice analysis survey should be subdivided in order to reduce the time required to complete it (i.e., improve practice analysis survey response rate).

The competency statements established within the initial description of practice are used as the basis for the pilot survey development. The pilot survey is developed in accordance with the joint board-approved practice analysis plan.

The pilot survey must assess existing competencies (knowledge, skills, and abilities) in order to determine if they are important to specialty or subspecialty practice.



The survey must include an assessment of the importance of each competency, the frequency with which practitioners perform each activity, and an assessment of the criticality of each task/activity. Standard wording for importance, frequency, and criticality scales that are to be used in the pilot and practice analysis surveys are located within the Pilot/Practice Analysis Survey Template (Appendix D).

In addition, the pilot survey should contain a method to identify additional competencies not included within the pilot survey. New competencies can be identified from pilot survey respondents by including open-ended questions asking for additional knowledge, skills, or abilities not currently included within the pilot survey.

Competencies statements within the pilot survey, as well as additional competencies identified by pilot survey respondents become the basis for the full practice analysis survey.

Pilot survey questions should be constructed from the initial description of practice in a manner that facilitates translation to competency statements and a matrix for the Description of Specialty Practice (DSP) for specialty area petitions or Description of Subspecialty Practice (DSSP) for subspecialty area petitions.

The language of the survey questions, DSP, and DSSP must be consistent with the terminology of APTA's [Guide to Physical Therapy Practice](#).

The petitioner is encouraged to submit the description of practice and draft pilot survey to their ABPTS/ABPTRFE liaison for review and comment prior to finalizing.

### **Submit Description of Practice and Pilot Survey**

The petitioner is required to submit ([spec-cert@apta.org](mailto:spec-cert@apta.org) and/or ([resfel@apta.org](mailto:resfel@apta.org)) the description of practice and pilot survey to the Joint Board Practice Analysis Work Group for review, comment, and approval prior to field testing.

Preliminary screening by staff for completeness of the plan will occur within 10 business days from receipt.

A meeting of the Joint Board Practice Analysis Work Group will convene within 45 days of submission of the practice analysis plan. A written response will be sent to the petitioner within 30 days following the meeting.

## Field the Pilot Survey

ABPTS and ABPTRFE require the pilot survey be fielded to no fewer than 25 individuals from varied geographic and demographic backgrounds.

## Analyze the Pilot Data

The practice analysis consultant analyzes the data from the pilot survey. Data is analyzed descriptively by computing means, standard deviations, and frequency distributions for the rating scales (importance, frequency, and level of criticality) for each of the competencies.

## Interpret the Pilot Survey Results

The project team, under the guidance of the practice analysis coordinator and consultant, interpret the pilot survey results. Careful consideration is given to open ended responses identifying additional competencies not included within the pilot survey.

## Revise the Survey

The practice analysis coordinator and project team, under the guidance of the consultant, prepare the final practice analysis survey based on the interpretation of the pilot survey results. Examples of revisions that might be required include changes to improve clarity, elimination of duplicative items, or the addition of new competencies based on responses to open-ended questions within the pilot survey. **Deletion of competencies based solely on analysis distributions for the rating scales (importance, frequency, and level of criticality) should not occur during the practice analysis survey revision.**

## Submit Final Practice Analysis Survey

The petitioner is required to submit ([spec-cert@apta.org](mailto:spec-cert@apta.org) and/or ([resfel@apta.org](mailto:resfel@apta.org)) the revised practice analysis survey to the Joint Board Practice Analysis Work Group for review, comment, and approval prior to implementation. The project team's reasoning for modifications to the practice analysis survey shall accompany the practice analysis survey.

Preliminary screening by staff for completeness of the plan will occur within 10 business days from receipt.

A meeting of the Joint Board Practice Analysis Work Group will convene within 45 days of submission of the practice analysis plan. A response will be sent to the petitioner within 30 days following the meeting.

### **Conduct the Practice Analysis Survey**

Consideration should be given to dividing up the practice analysis survey into smaller subsets to allow respondents the ability to complete the survey within 60 minutes, thereby improving the response rate.

The petitioner conducts the practice analysis survey in accordance with the identified sample and methodology as described within the group's approved practice analysis plan. Follow-up communication to individuals who have not responded, or only partially responded, to the survey is required to increase the response rate.

The overall goal of the survey should be to obtain a representative sample that accurately reflects the characteristics of practitioners engaged in the proposed area of specialty/subspecialty practice as reflected within the criteria of demand and need in the approved Phase One Petition.

The petitioner is responsible for all costs and services related to creating and disseminating the survey, collecting survey responses, and conducting follow up communications.

### **Analyze Practice Analysis Survey Results**

The practice analysis consultant will analyze the survey results. Data will be analyzed descriptively by computing means, standard deviations, and frequency distributions for the rating scales (frequency, importance, and level of criticality) for each of the competencies.

### **Convene Final Team Meeting**

Following analysis of the practice analysis survey results, a final meeting(s) of the project team is convened. During this meeting(s), the practice analysis coordinator and

consultant, in collaboration with members of the project team interpret the practice analysis survey results, draft the DSP/DSSP, and contribute to the Phase Two Petition.

### Interpret Practice Analysis Survey Results

At the beginning of the meeting, the consultant orients the group to the validation process, the survey, the data, and the results of the survey analysis. Under guidance of the practice analysis consultant and coordinator, the project team will interpret the survey results by applying consistent decision rules to identify the competencies that define specialty or subspecialty practice.

*The practice analysis consultant and coordinator may wish to review the technical reports or DSPs of recently conducted practice analyses for an overview of the development of the decision rules.*

The results of the survey analysis and interpretation is used to determine which knowledge, skills, and abilities or competencies are to be included in the validated DSP or DSSP. **The justification for inclusion and exclusion of competencies in the final DSP/DSSP must be documented.**

### Determine Test Specifications/Examination Blueprint (ABPTS) and/or Curriculum Focus/Curriculum Blueprint (ABPTRFE)

The practice analysis coordinator and consultant assist the project team in the development of the examination blueprint (content outline or test specifications) for ABPTS, or development of the curriculum blueprint for ABPTRFE, consisting of the percentage of questions (ABPTS) or curriculum weighting (ABPTRFE) representing each competency. The practice analysis is used to guide this decision-making.

*For ABPTS:* The blueprint must be established before test items are written to assure that an adequate number of items will be developed for each area of the examination blueprint. Final examination blueprints are developed in consultation with ABPTS' testing agency. Examples from other specialty area examination blueprints will be provided for guidance.

*For ABPTRFE:* The blueprint must be established to guide residency or fellowship education programs in developing their curriculum to assure that adequate representation of competencies are included within a program's curriculum.

The process by which these decisions are made must be documented.

### Write DSP or DSSP

The petitioner shall follow current guidelines for writing the DSP (specialty/residency) or DSSP (subspecialty/fellowship) utilizing the current DSP or DSSP Templates (Appendix E and F). The DSP/DSSP is written based on the survey findings and submitted to ABPTS/ABPTRFE with the Phase Two Petition.

This document is a necessary element of the specialist/subspecialist certification examination (ABPTS) and residency or fellowship program curriculum (ABPTRFE) development process, and a means of communicating current information about physical therapist practice with a wide community of interest including candidates for certification, residency and fellowship programs, faculty, and participants.

The purposes of this document are to:

- Describe the current best practice of physical therapists that possess advanced clinical skills in an area of practice;
- Identify the expected knowledge, skills, and abilities possessed by specialists/subspecialists in an area of practice; and
- Describe the changing nature of advanced practice in an area of specialty/subspecialty practice.

The petitioner is encouraged to submit the DSP or DSSP to their ABPTS/ABPTRFE liaison for review and comment prior to submitting to ABPTS and/or ABPTRFE. Historically, drafting of the DSP and DSSP have required several reviews and revisions.

Publication of DSP and DSSP documents are conducted by ABPTS and/or ABPTRFE following approval of the specialty or subspecialty with final copyediting by APTA's

publications department. Subsequent to publication, it is recommended that validation study results be published by the petitioner in a public forum, such as an Academy newsletter or journal.

## **Additional Required Elements of the Phase Two Petition**

### **Address the Criteria SPECIALIZED KNOWLEDGE:**

The area of specialization or subspecialization shall rest on advanced knowledge of physical therapist practice that has as its basis the biological, physical, behavioral, and clinical sciences. Practice in the specialty/subspecialty area is to be regarded independently of the managerial, procedural, or technical services needed to support that practice and of the environment in which the specialty/subspecialty practice occurs.

#### Guidelines for Petitioners

- Describe in detail the specialized knowledge of physical therapist practice required for the proposed specialty/subspecialty area. Petitions should make sure they are describing the specialized knowledge of a specialist, or subspecialist, rather than an experienced non-specialist/subspecialist.
- Relate how this advanced knowledge has its base in the biological, physical, behavioral, and clinical sciences. In addition to providing the required narrative, petitioners must submit a required table/matrix.
- *For specialty petitions:* Describe in detail, using provided table/matrix template within Appendix G, how this specialized knowledge differs from, and enhances, the knowledge base required of a recent graduate from a professional physical therapy program.
- *For subspecialty petitions:* Describe in detail, using provided table/matrix template within Appendix H, how this subspecialized knowledge differs from, and enhances, the knowledge base required of a board-certified specialist or a recent graduate from an ABPTRFE-accredited residency program from those related specialties.

For those specialty and subspecialty areas already recognized by ABPTS and/or ABPTRFE, please refer to currently published DSPs and DSSPs as applicable.

Contact ABPTS staff ([spec-cert@apta.org](mailto:spec-cert@apta.org)) for electronic copies of current DSPs).

Current copies of DSSPs can be accessed on the [ABPTRFE website](#).

## **Address the Criteria SPECIALIZED FUNCTIONS:**

The area of specialization or subspecialization shall represent an identifiable and distinct field of practice that called for specialized function and skills acquired by education, training, and experience that are at the advanced level and beyond the first professional degree program in physical therapy (for specialty area petitions), or beyond the specialist/residency program level (for subspecialty area petitions).

### Guidelines for Petitioners

- Specify and describe in detail the specialized functions performed routinely by practitioners in the proposed specialty/subspecialty area. Petitioners should only list the functions above and beyond the first professional degree program in physical therapy (e.g., beyond entry-level) for proposed specialty areas, and beyond the specialist level (e.g., beyond residency-level) for proposed subspecialty areas.
- Describe the specialized skills required to perform functions described above.
- Discuss in detail how these specialized functions and skills differ from those functions required in those specialty or subspecialty areas already recognized by ABPTS and/or ABPTRFE. For new subspecialty petitions, discuss in detail how these specialized functions enhance existing related specialty area(s) of practice.

## **Address the Criteria EDUCATION AND TRAINING:**

The area of specialization or subspecialization shall be one in which organizations offer recognized education and training programs to those seeking advanced knowledge and skills in specialty or subspecialty practice.

### Guidelines for Petitioners

- Describe in detail the education, training, and experience needed to acquire the skills to perform the **SPECIALIZED FUNCTIONS** detailed above. Discuss in

detail how such education, training, and experience differ from the education, training, and experience required of a recent graduate from a professional physical therapy program.

- If there are other certifications within this area of specialization/subspecialization currently available, please document these certifications (including eligibility requirements), the number of individuals with these certifications, and the number acquiring the certification over the past three years.
- Provide a complete listing of recognized education and training programs, and include the following information:
  - The sponsoring organizations or institutions, locations, and instructors.
  - The nature of such programs including their length, content, and objectives.
  - Describe what is the expected outcome of the programs documented above, and how this is assessed.
- In addition to providing the required narrative, the petitioner must submit the above required elements within a table/matrix (sample table/matrix within Appendix I).

**Address the Criteria TRANSMISSION OF KNOWLEDGE:**

The area of specialization or subspecialization shall be one in which an adequate educational and scientific base warrants transmission of knowledge through teaching clinics and a body of professional, scientific, and technical literature immediately related to the specialty/subspecialty.

**Guidelines for Petitioners**

- Identify journals and other periodicals related specifically to the proposed specialty/subspecialty area.
- Provide a complete bibliography of peer-reviewed scientific literature dealing with the proposed specialty/subspecialty area, and pertaining to the scope of physical therapist practice, published within the last two to three years. Briefly describe the search process used to gather this information.



- Provide the number of these articles published each year over the previous five years. Briefly describe the search process used to gather this information.
- Describe methods of knowledge transmission through symposia, seminars, workshops, etc. Provide frequency of documented events, event locations, estimates of the average total attendance, and enclose representative programs concerning these activities.
- In addition to providing the required narrative, the petitioner must submit the above required elements within a table/matrix (sample table/matrix within Appendix I).

## **Minimum Eligibility Requirements (*ABPTS Petitions Only*)**

Petitioners must submit recommendations for establishing the minimum eligibility requirements for applicants to sit for the initial specialist certification examination. The specialty panel will later finalize and submit the requirements to ABPTS for approval.

The requirements must include, at a minimum, the following areas:

### Specialization Requirements:

- Current licensure to practice physical therapy in the U.S. or any of its possessions or territories.
- Direct patient care hours in specialty area or completion of an ABPTRFE-accredited residency program.
  - Applicants must submit evidence of 2,000 hours of direct patient care in the specialty area within the last 10 years, 500 of which must have occurred within the last three years.
  - Or
  - Completion of an ABPTRFE-accredited residency program in the corresponding area of specialization.
- Optional additional specialty specific requirements (e.g., ACLS certification, CPR certification, case reflections, emergency care certification, etc.).

### Subspecialization Requirements:

- Current licensure to practice physical therapy in the U.S. or any of its possessions or territories.
  - Board certification in good standing in a linked specialty area.
  - Direct patient care hours in subspecialty area or successful completion of an ABPTRFE-accredited fellowship program.
    - Applicants must submit evidence of 1,800 hours of direct patient care in the specialty area within the last 7 years, 600 of which must have occurred within the last three years.
- Or
- Successful completion of an ABPTRFE-accredited fellowship program in the corresponding area of subspecialization.
  - Optional additional specialty specific requirements (e.g., ACLS certification, CPR certification, case reflections, emergency care certification, etc.).

### Submit Phase Two Petition

The Phase Two Petition must be submitted using the Phase Two Petition Template (Appendix J). This template is organized to ensure petitioners address each required element noted above.

The petitioner submits the Phase Two Petition to ABPTS ([spec-cert@apta.org](mailto:spec-cert@apta.org)) and/or ABPTRFE ([resfel@apta.org](mailto:resfel@apta.org)). A non-refundable filing fee of the Phase Two Petition (\$4,500 for ABPTS; \$2,500 for ABPTRFE) must accompany the submission of the Phase Two Petition. This fee is applied towards expenses incurred by ABPTS, ABPTRFE, and respective staff for activities related to the petition and petitioning process.

Preliminary screening by staff for completeness of the petition will occur within 10 business days from receipt of the petition and filing fee.

All documents related to the petition, including all data collected, will be carefully archived by ABPTS and ABPTRFE staff. This data will serve as the rationale and substantive of the examination (ABPTS) and residency/fellowship program curricular content (ABPTRFE).

A meeting of the Joint Board Practice Analysis Work Group will convene within 60 days of submission of the Phase Two Petition.

Following the Joint Board Practice Analysis Work Group review of the relevant Phase Two Petition criteria, a recommendation will be forwarded to the respective board(s) during their next scheduled meeting with a decision being provided to the petitioner within 45 days from the scheduled meeting.

If the Phase Two Petition does not receive approval by the respective board, the board will provide specific feedback to the petitioner about the reason the petition was not approved. The petitioner may re-submit an amended petition within 90 days of receipt of the letter notifying the petitioner that the petition was not approved.

The petitioner may request an extension for the resubmission of an amended Phase Two Petition by submitting a formal request to the board(s) within 30 days of receipt of the letter notifying the petitioner that the petition was not approved. Within the extension request, the petitioner must identify a proposed new submission date and justification for the need of an extension.

Petitions will be considered abandoned if the petitioner does not:

- Resubmit an amended Phase Two Petition within 90 days of receipt of letter, or
- Request an extension for resubmission of an amended Phase Two Petition within 30 days of receipt of the letter notifying the petitioner that the petition was not approved, or
- Resubmit an amended Phases Two Petition by the deadline extension date approved by ABPTS and/or ABPTRFE.

If ABPTS or ABPTRFE denies the Phase Two Petition of the proposed specialty or subspecialty area, the petitioner will be advised that within 30 days of receipt of the denial letter, the petitioner can make a request for reconsideration of the decision to ABPTS/ABPTRFE based solely upon the submission of information not available at the time of the original decision. Please refer to Section IV. Request for Reconsideration.

If the Phase Two Petition is preliminarily approved:

- Public announcements will be made within 120 days of preliminary approval concerning the petition, including: requesting comments in support of, or

opposing, the petition from all specialty and subspecialty areas (e.g., board certified specialists/subspecialists, residency and fellowship programs and graduates) currently recognized by ABPTS and/or ABPTRFE. Comments will be accepted for a period of 30 days following the release of the announcement.

- At least one open hearing will be convened within 300 days of preliminary approval of the complete petition from the physical therapy profession, other health professions, third-party payers, the public, or other identified stakeholders.

Final evaluation and decision regarding the petition will take place during the next regularly scheduled meeting of ABPTS and/or ABPTRFE, once the requisite open hearing(s) have been held. Final decisions will be made based on the review of the petition and any additional information gathered during the public comment period and open hearing(s).

### **Final Approval of Phase Two Petition**

#### ABPTS

If ABPTS approves the petition, they will forward a recommendation to APTA Board of Directors to bring forward a motion to the next meeting of the APTA House of Delegates to approve the specialty/subspecialty area.

#### ABPTRFE

If ABPTRFE approves the petition, notification will be sent to the petitioner within 30 days of the approval. At that time the Technical Report, DSP or DSSP, and associated Medical Condition Charts templates will be published to the ABPTRFE website. Following publication, ABPTRFE will begin accepting accreditation applications for programs within the newly approved area of practice. *For petitions simultaneously approved by ABPTS, publication of the Technical Report, DSP or DSSP, and medical condition charts, as well as ABPTRFE's acceptance of program accreditation applications within the newly approved area of practice will be tabled until a decision is rendered by the APTA House of Delegates on the proposed new specialty/subspecialty area.*

### **IV. Request for Reconsideration**

Petitioners requesting reconsideration must specify the grounds of their request and specify the nature of the new information, timeline, and the requested course of action.

At its next regularly scheduled meeting, ABPTS and/or ABPTRFE will review the request for reconsideration and may either uphold or reverse its denial of the original petition based on new information supplied by the petitioner. Written notification of the boards' final decision will be sent to the petitioner within 30 days of that meeting.

## **V. Appeals**

If, upon reconsideration, ABPTS and/or ABPTRFE upholds its original decision to deny recognition to the proposed specialty or subspecialty area, the petitioner may formally appeal this decision.

The following are the procedures for appeal of reconsideration decisions that uphold previous decision to deny a new specialization or subspecialization petition:

### **General Information**

#### Scope of Rules

The following rules set forth the practices and procedure to be followed by a petitioner seeking to appeal and adverse reconsideration decision imposed following review of a formal petition seeking recognition of a new specialized or subspecialized area of physical therapist practice.

#### Notice of Decision

Official notification of each reconsidered status decision in which a previous adverse decision is upheld shall be sent by registered or certified mail (return receipt requested), or by another service that can track delivery, to the chair of the petitioning body.

The notice shall (a) advise the petitioner that it has the right to appeal the decision, (b) include an effective date of the decision that allows sufficient time to seek an appeal before the decision is final, and (c) provide the petitioner with a copy of these Rules of Procedure for Appeal.

#### Mailing Procedures

Notices of appeal and all documents and correspondence pertaining thereto shall be sent electronically by the petitioning body. Official notification of the outcomes of an appeal process shall be sent electronically to the chair of the petitioning body and by registered or certified mail with return receipt requested, or by another service that can track delivery.

## **Appeal Procedures**

### Notice of Intent to Appeal

- a) A petitioner that seeks to appeal an adverse action on a reconsideration decision must, within 14 days following receipt of the decision, notify the President of the APTA in writing that it is appealing ABPTS' or ABPTRFE's decision. This Notice of Intent to Appeal shall be sent to the President of APTA via email and registered mail, with a copy to the Director of Certifications (ABPTS) or Director of Residency/Fellowship Education (ABPTRFE).
- b) Receipt of the Notice of Intent to Appeal will stay the adverse decision until the final disposition of the appeal.
- c) The Notice of Intent to Appeal shall set out in concise fashion the grounds for appeal that the petitioner plans to present to the Appeal Panel.
- d) If a Notice of Intent to Appeal is not filed within the fourteen calendar day time period, the petitioner will have forfeited the right to appeal, and the adverse decision will become final.

### Statement on Appeal

- a) Within 30 calendar days following the filing of its Notice of Intent to Appeal, the petitioner shall submit one electronic copy of a Statement of Appeal to the Director of Certifications (ABPTS) or Director of Residency/Fellowship Education (ABPTRFE), who shall inform the APTA President that the appeal has been submitted. This statement shall set out in detail all of the arguments which the institution believes warrants reversal or modification of the ABPTS or ABPTRFE decision.
- b) ABPTS or ABPTRFE may submit a response to the petitioner's Statement of Appeal and to any supplementary information submitted by the petitioner. The board's response must be submitted to the Director of Certifications (ABPTS) or Director of Residency/Fellowship Education (ABPTRFE) and the petitioner no later than 30 calendar days after receiving the Statement of Appeal.

### Standard of Review on Appeal

- a) On appeal, the petitioner has the burden of proving that ABPTS', or ABPTRFE's, status decision was:

- 1) not supported by substantial evidence on the record,
  - 2) otherwise arbitrary and capricious,
  - 3) an abuse of ABPTS, or ABPTRFE, discretion, or
  - 4) directly attributable to a failure of ABPTS, or ABPTRFE, to follow this published Petitioner's Guide.
- b) The appeal must be based solely on information before ABPTS, or ABPTRFE, at the time of the reconsideration decision being appealed; **no additional information may be added to the record as part of the appeal.**

## Selection of an Appeal Panel

- a) Specialist certification, or residency/fellowship education, staff (as applicable) shall maintain a list of individuals who are qualified to serve on an Appeal Panel as needed. These individuals will be selected from the Cadre of ABPTS or ABPTRFE council members who have previous experience with specialty or subspecialty petitions, previous members of ABPTS or ABPTRFE, and individuals who have served as consultants for APTA practice analysis studies. The list shall consist of persons who have a working knowledge about and experience with ABPTS', or ABPTRFE's, standards used in petition reviews and shall be subject to ABPTS', or ABPTRFE's, conflict of interest policies.
- b) Upon receipt of the Notice of Intent to Appeal, staff will develop a list, drawn from the list of qualified individuals, of those individuals who are eligible to be appointed to an Appeal Panel for the specific program seeking appeal.
  - 1) The list will include only those individuals who are 1) not previous members of ABPTS or ABPTRFE who participated in making the adverse decision and 2) not in conflict with the appellant program. Staff will determine this by reviewing existing conflict of interest information in the specialist or subspecialist certification or residency and fellowship accreditation records.
  - 2) Staff will also confirm that the public representatives included in the list of qualified individuals continue to meet the definition of an ABPTS, or ABPTRFE, public representative prior to including them on the list of individuals eligible to serve on the Appeal Panel.
- c) The names of all eligible individuals shall be forwarded to the chair of the petitioning body within thirty calendar days following receipt of the Notice of Intent to Appeal. If the petitioner believes that anyone on the list does not meet the qualifications set out in this

appeal policy or suffers from a conflict of interest with the program, the petitioner may declare that individual to be in conflict of interest by notifying the Director of Certifications (ABPTS) or Director of Residency/Fellowship Education (ABPTRFE) of the conflict in writing within 14 calendar days of receiving the list of eligible individuals.

- d) The Director of Certifications (ABPTS) or Director of Residency/Fellowship Education (ABPTRFE) shall forward to the APTA Executive Committee a recommendation for appointment of five individuals to serve on a member Appeal Panel, chosen from the list of eligible individuals that remain after the petitioner has declared any existing conflicts of interest. The 5-member Appeal Panel must include one individual with expertise in practice analysis studies from a test and measurements perspective. One of the appointees shall be designated as Chair of the Appeals Panel. If the Executive Committee does not receive the appointment recommendation 30 or more days before the next regularly scheduled meeting the Executive Committee will consider the appeal at the subsequent scheduled meeting.
- e) Once appointed, the names, academic, and professional qualifications of the Appeal Panel members shall be provided to the petitioner.

#### Appeal Panel Procedures

- a) Once appointed, the members of the Appeals Panel shall receive from the specialist certification, or residency/fellowship education, staff copies of the complete record of the ABPTS/ABPTRFE proceedings involving the appellant petitioner. All sessions in which the Appeal Panel meets to organize its work will be conducted in executive session.
- b) For appeals of adverse decisions upheld on reconsideration, the record shall include the following when applicable to the appeal:
  - 1) Correspondence between ABPTS or ABPTRFE and the appellant petitioner.
  - 2) Initial petition submission, and any subsequent resubmissions based on ABPTS or ABPTRFE request.
  - 3) Petition review reports resulting from ABPTS or ABPTRFE review(s).
  - 4) The Statement in Support of Reconsideration and Supplementary Documentation.
  - 5) Transcript from Reconsideration Hearing.
  - 6) Statement on Appeal.
  - 7) ABPTS or ABPTRFE response to Statement on Appeal.



- c) A list of all materials that comprise the complete record as well as the actual materials shall be provided to the appellant petitioner.
- d) On behalf of the Chair of the Appeal Panel, staff shall distribute a copy of the complete record to each member of the Appeal Panel.
- e) The Appeal Panel Chair shall establish the date, time, and location of the hearing and shall so notify the chair of the petitioning body and ABPTS/ABPTRFE in writing at least 30 calendar days prior to the hearing date. The hearing shall be held within 90 calendar days after the panel is appointed.
- f) Prior to the Appeal Hearing, members of the appointed Appeal Panel will be trained by APTA legal counsel. Topics of training shall include the appeals process, the relevant standards, policies and procedures, the decision options available to the Appeal Panel.

#### Appeal Hearing Procedures

- a) The Appeal Hearing shall commence with an opening statement by the Chair of the Appeal Panel which describes the issues raised on appeal, the applicable standard of review, and the procedures to be followed at the hearing. A verbatim transcript of the hearing will be made.
- b) The appellant petitioner representatives, which may include legal counsel, shall then offer oral argument in support of the appeal not to exceed 40 minutes. The argument shall make reference to any facts in the record, or the lack thereof, which demonstrate that ABPTS', or ABPTRFE's, decision was not supported by substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to a failure to follow published procedures.
- c) Any member of the Appeal Panel may question the representative(s) of the petitioner at any time during or after the oral argument.
- d) No new information, (i.e., information that was not before ABPTS/ABPTRFE at the time they made the decision) will be considered by the Appeal Panel. During the presentation by the appellant, the Appeal Panel is responsible for seeking assurance that no new information is introduced.

- e) After the Appeal Panel has concluded its questioning, the petitioner's, and ABPTS', or ABPTRFE's representative may make brief closing arguments. Following the questioning and closing argument, the hearing shall be adjourned.

### Appeal Decisions

- a) The Appeal Panel may affirm, amend, reverse, or remand the adverse decision under appeal and render its decision within 30 days of the hearing's adjournment.
- b) If the Appeal Panel upholds ABPTS', or ABPTRFE's decision, the Panel decision shall be final and shall not be subject to further appeal. In such case, this decision shall be submitted within 14 calendar days after the hearing by the Chair of the Appeal Panel to the chair of the petitioning body and Director of Certifications (ABPTS) or Director of Residency/Fellowship Education (ABPTRFE). The Director of Certifications (ABPTS)/Director of Residency/Fellowship Education (ABPTRFE) will submit the decision to all members of ABPTS, or ABPTRFE, and staff (as applicable).
- c) If the Appeal Panel amends, reverses, or remands ABPTS'/ABPTRFE's decision, the Appeal Panel shall expressly state the basis for its conclusion that ABPTS'/ABPTRFE's decision was not predicated upon substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to ABPTS'/ABPTRFE's failure to follow its published procedures. In such case, the decision shall be sent to ABPTS for final action. The Chair of the Appeal Panel shall in turn notify the chair of the petitioning body that the decision has been sent to ABPTS/ABPTRFE for final action.
- d) Upon receipt of the Appeal Panel's decision to amend, reverse, or remand the adverse decision, ABPTS/ABPTRFE shall issue a Summary of Action that implements the Appeal Panel's decision. ABPTS'/ABPTRFE's action, which shall typically occur at its next regularly scheduled meeting or as directed by the Appeal Panel, shall constitute final action in the matter.

### Expenses of Appeal

Expenses to be borne exclusively by the appellant petitioner:

- 1) All expenses incurred in the development and presentation of its appeal, including the cost to ABPTS/ABPTRFE for duplication of any program records requested by the petitioner.

- 2) All reasonable expense of any witness who attends the hearing at the request of the appellant petitioner.

Expenses to be borne exclusively by ABPTS/ABPTRFE:

- 1) All expenses involved in the selection of the Appeal Panel and arrangements for the location of the hearing.
- 2) All reasonable expenses of any witnesses who attend the hearing at the request of ABPTS/ABPTRFE.

Expenses to be shared equally by the appellant petitioner and ABPTS/ABPTRFE:

- 1) All reasonable expenses of the Appeal Panel members directly associated with the hearing (e.g., travel, meals, and lodging).
- 2) All expenses involved in providing the Appeal Panel with copies of the official records related to the decision under appeal.
- 3) All reasonable expenses of any witnesses who attend the hearing at the request of the Appeal Panel.
- 4) Cost of producing the verbatim transcript.

#### Consideration of a New Petition

If a petition is denied and the times for reconsideration and appeal have expired, a period of at least one year must pass before ABPTS/ABPTRFE will consider another petition for recognition of the same specialty or subspecialty area.

## **VI. ABPTS Examination Development**

Once the APTA House of Delegates approves the specialty/subspecialty area, the petitioner and the APTA will develop a plan to share the costs associated with examination development and production, according to the following guidelines:

- 1) The petitioner and APTA will share the costs associated with activities required for examination development. The time period allocated for exam development shall not exceed two years. Activities, such as appointment of specialty panel members, appointment and training of item writers, development of an item bank of sufficient size

to support the production of a 200-item specialty/subspecialty examination that reflects the test specifications detailed in the Description of Specialty Practice (DSP) or Description of Subspecialty Practice (DSSP), must be completed during this two-year period.

The petitioner's progress will be evaluated at the end of the two-year period. The indicators of adequate progress shall be: an established specialty panel, trained and productive item writers, and a sufficiently large item bank to permit the production of the specialty/subspecialty examination. If the petitioner's progress is not adequate, these examination development activities may continue for one additional year, but the petitioner will be responsible for the cost of all activities. At the end of this additional year, the petitioner's progress will again be evaluated.

- 2) If the petitioner's progress has been adequate, the APTA will provide funding for one year for production of the specialty/subspecialty examination. Activities related to examination production include an item review meeting at the testing agency and all subsequent activities required for examination construction and administration. If an examination has not been produced during this one-year period, the petitioner will assume any additional costs associated with the examination production.

## Funding Activities for Development of Specialist/Subspecialist Certification Examination

Phase	Activities	Funded By
<b>Petition Process</b>	Phase One and Phase Two Petition Submitted and Approved DSP/DSSP Prepared ABPTS Recommendation to Approve HOD Approval	Petitioner and Grants
<b>Examination Development</b>		
Up to 2 years	Specialty Panel Appointed Item Writers Appointed Item Bank Development (Large enough to produce a	Petitioner and APTA

	200-item exam according to the test specifications in the DSP/DSSP)	
Beyond 2 years	Continuation of activities needed to develop examination	Petitioner
<b>Exam Production</b>		
Up to 1 year	Specialty/subspecialty exam produced	APTA
Beyond 1 year	Any additional activities required to produce the specialty/subspecialty examination	Petitioner

**Last Updated:** 7/2/2025

**Contact:** [spec-cert@apta.org](mailto:spec-cert@apta.org) or [resfel@apta.org](mailto:resfel@apta.org)