CAPTE

Commission on Accreditation in Physical Therapy Education

Residency and Fellowship: Guide to Completing the 2026 Annual Continuous Improvement Report

October 30, 2026

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Annual Continuous Improvement Report (ACIR)



Released to all accredited programs in the Accreditation management system on January 1, 2027



Due on January 31, 2027



It will not appear in the AMS until January 1, so if you log in prior to January 1, you will not see the instrument.

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Changes for the 2026 ACIR

Why Are We Collecting More Program-Specific Information?

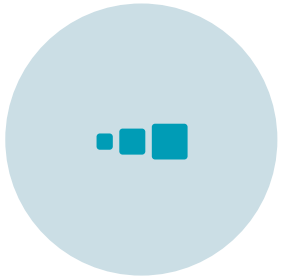
- Creates a centralized record of key program information, including practice sites and program faculty.
- Makes it easier for programs to access and maintain program records, particularly during leadership transitions.
- Supports quicker publication of the Annual Report by collecting key program data directly within the ACIR.
- Enhances ABPTRFE's ability to analyze program outcomes, identify trends, and better understand residency and fellowship participation across the profession.

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What This Means for Your Program Moving Forward



Less time spent locating historical program information.



Easier record maintenance from year to year.



More meaningful benchmarking and trend analysis across accredited programs.



Improved data quality to support accreditation and continuous improvement efforts.

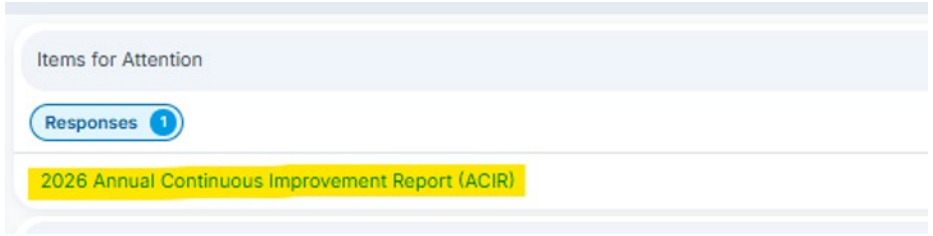
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Logging in and Finding the Instrument

- After logging into the AMS, click on the persona “Organization Representative”



- Next, click on the Instrument “2026 Annual Continuous Improvement Report (ACIR)” under the Items for Attention on the right side of the screen.



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Summary Page

- After clicking on the Instrument, you will be taken to the Instrument summary page.
- On this page you can click into any one of the pages to start or continue filling out the instrument.
- We will now complete the instrument together, from the beginning, by clicking on “Program Website.”

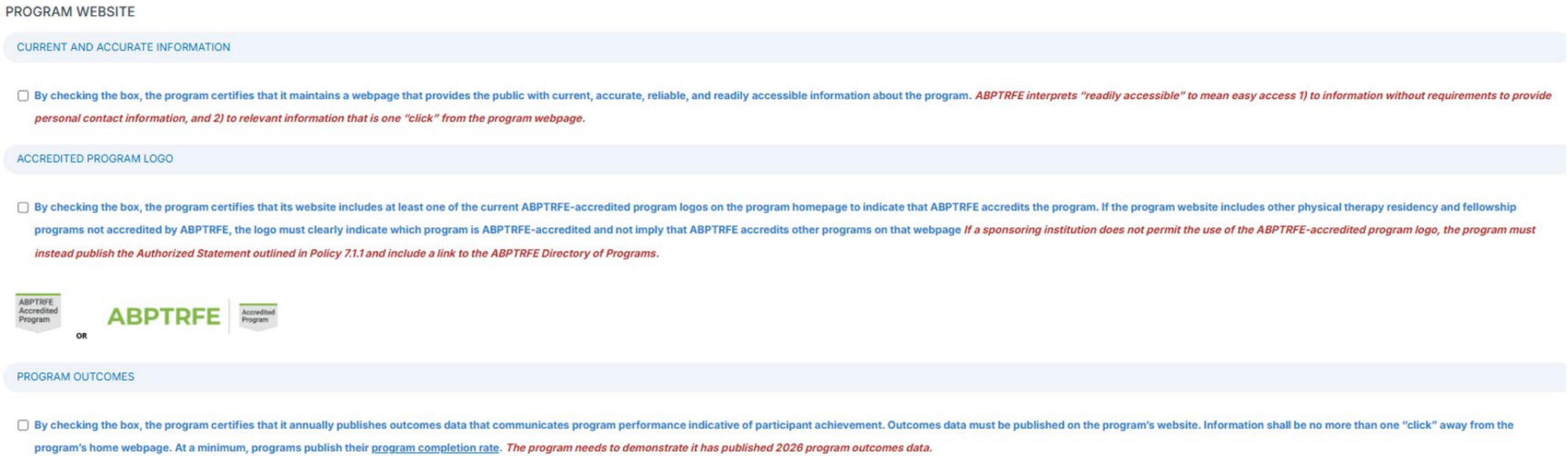


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Program Website

Review the three statements and select the checkbox to confirm each is true. Once complete, click **Next – Program Financials** in the bottom-right corner of the screen.

Note: Your responses are automatically saved when you click **Next**. Use **Save** only if you want to save your progress and return later.



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Program Sponsored Financial Assistance

- Complete the **Program Sponsored Financial Assistance** table using the most accurate financial information available. All fields require either a **currency amount** or a **percentage**.

- If your program does not provide a particular type of assistance, enter **0** in the corresponding field.

Program Sponsored Financial Assistance

The program will disclose any financial assistance provided to participants enrolling in 2026.

Type of Financial Assistance	Total Assistance for the Entire Program	Examples
Salary Paid by Program (if Applicable)		Stipends or salaries provided directly by the program.
Percentage Salary to a Comparable PT		Indicate the **percentage** of the above salary relative to that of a comparable physical therapist at the organization.
Student Financial Aid		For tuition-based programs only; include grants, loans, or other aid.
Graduate Assistantships		Assistantships providing financial support in exchange for work or teaching.
Other Assistantships		Non-graduate assistantships or program-specific assistantships.
Scholarships		Merit-based or need-based scholarships.
Travel Costs/Stipends		Reimbursement or stipends for travel related to program requirements.
Malpractice Insurance		Insurance coverage provided by program.
ABPTS Board-Certification Examination Fees		Fees covered by program or offered as assistance for board exams.
Other Financial Assistance		Any additional financial support not listed above.
Total Financial Assistance		Sum of all rows above

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Participant Costs

- Complete the **Participant Costs** table with the fees and expenses participants can expect to incur while enrolled in the program.

- If your program does not charge a fee or expense listed in the table, enter **0** in the corresponding field.

Participant Costs

The Financial Fact Sheet is designed to collect program financial data and provide applicants with transparent information on the true costs of residency and fellowship education.

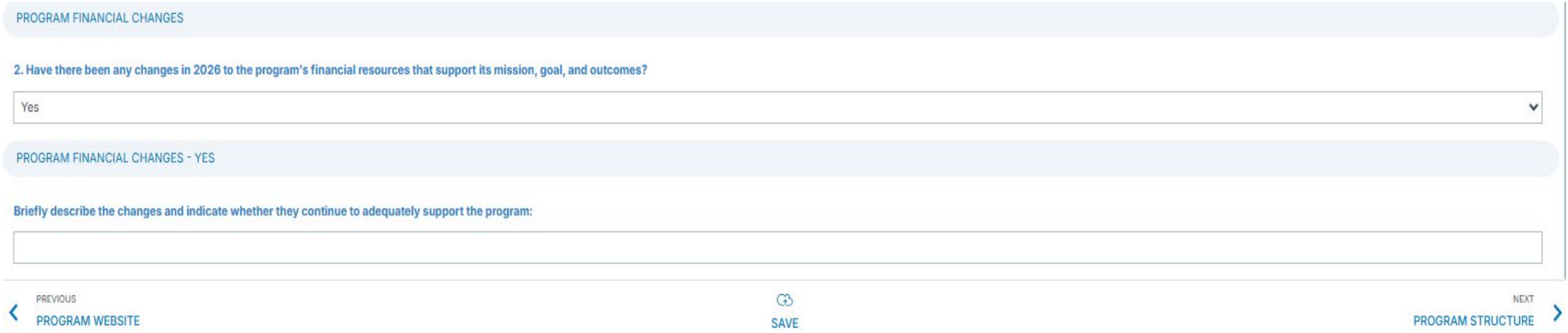
Type of Cost	Total Cost for the Entire Program	Examples
Fees		Any fees. Include: CPR, EMR, APTA dues, Section/Academy dues, other professional memberships, or other program fees.
Tuition (if applicable)		Any tuition amounts.
Curriculum Costs (not included in tuition)		Lab materials, simulation fees, or other required coursework costs.
Required Textbooks, Software, Apps		Costs not included in fees or tuition.
Application Fees		Program-assessed fees beyond RF-PTCAS.
Conference Registration Fees		Required conferences not included in fees above.
Travel Costs		Travel for program-required activities or conferences, not included in fees above.
Parking/Mass Transit Fees		Transportation related to program participation, not included in fees above.
Mentoring Fees		Mentoring fees, if applicable and not included in program fees above.
Malpractice Insurance		Required liability coverage for residents/fellows, if not included in program fees or provided by the program.
Other Program Costs		Any additional costs not captured above.
Total Program Costs		Sum of all rows above

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Program Financials

The final question in the **Program Financials** section asks whether there have been any changes to the program's financial resources that support its mission, goals, and outcomes.

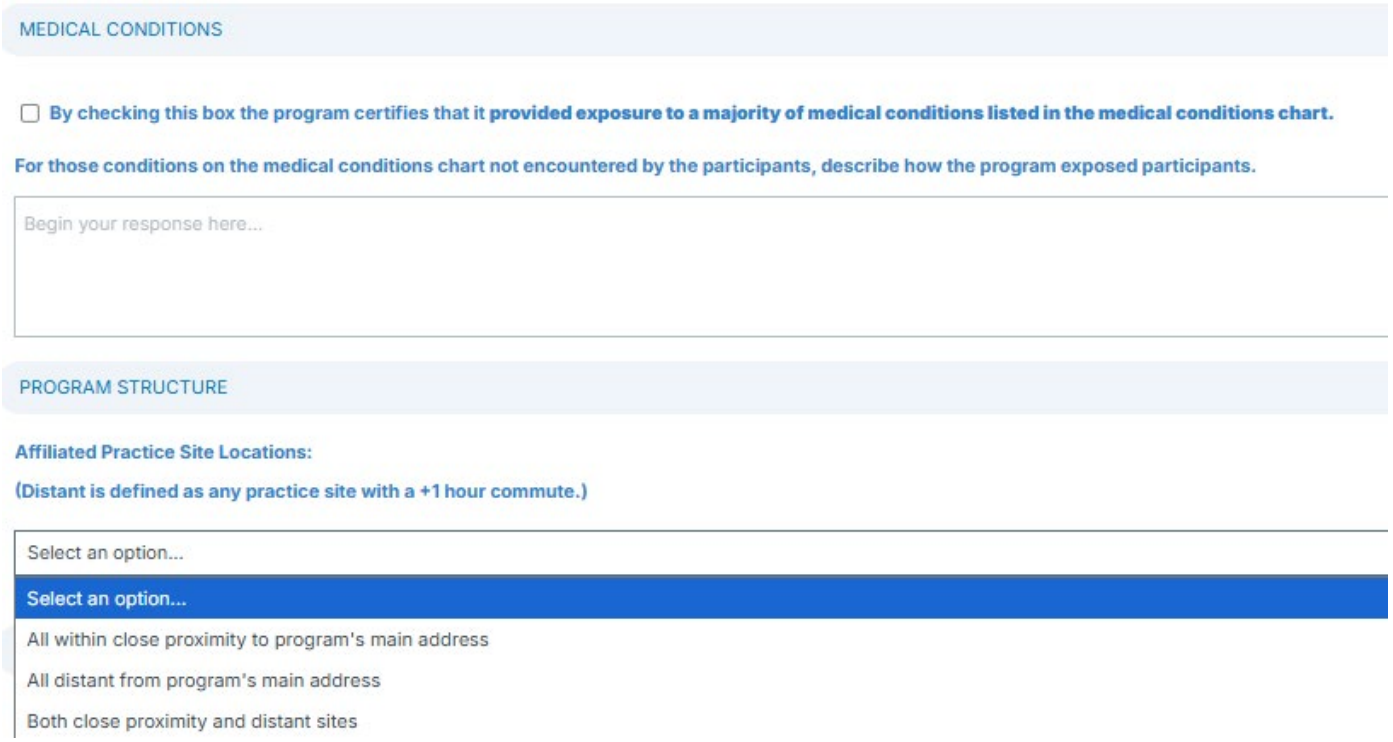
- If **No**, select that option and proceed to the next section, **Program Structure**.
- If **Yes**, an additional question will appear asking you to briefly describe the changes.



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Program Structure

- The first question asks you to confirm that the program provided participants with exposure to the majority of medical conditions listed in the **Medical Conditions Chart**.
  - For any conditions not encountered through direct patient care, describe how participants were provided exposure to those conditions.
- The second question asks you to define the proximity of **affiliated practice sites**.
  - A **distant location** is defined as an affiliated practice site that requires a commute of **more than one hour** from the primary training location.



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Program Structure

- In the first table, list **all practice sites utilized during 2026**, including the site address, distance from the primary training location, practice setting, and type of training provided.

- The third question asks whether mentors were **identified by the program** or **selected by the participant**.

PRACTICE SITES

Please list all the practice sites utilized in 2026. Please utilize the glossary of terms in the back of the processes and procedures manual for definitions.

Site Name	Address	City	State	Zip	Distance from Main Program Address (Miles)	Setting (Select all that apply)	Type of Training (Select all that apply)

ADD ROW

Q-9479

Mentor Appointment to Faculty:

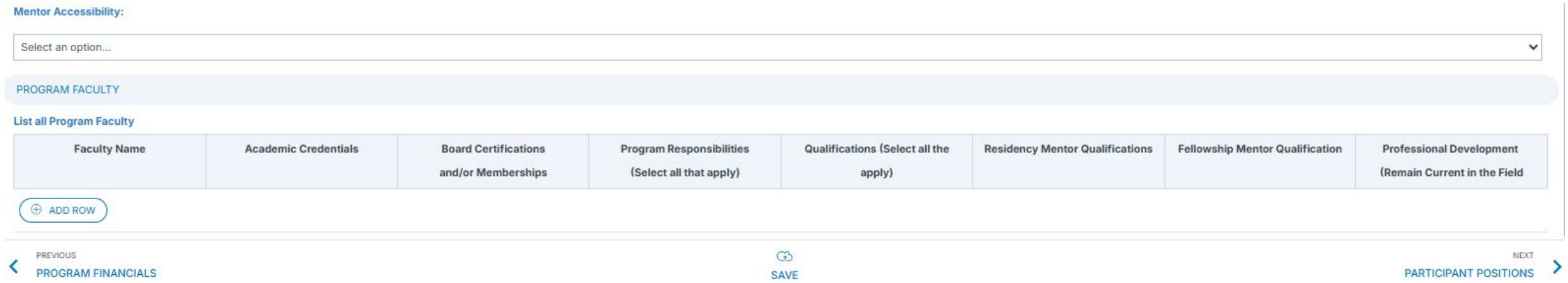
Select an option...

- Select an option...
- Mentors identified by program
- Mentors identified by participant

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Program Structure

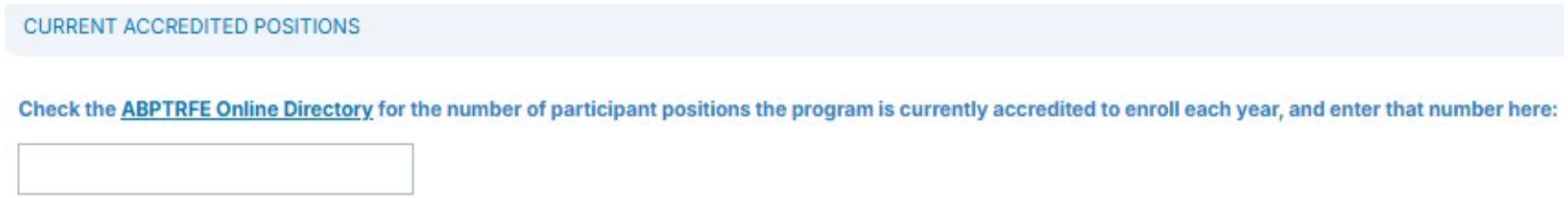
- The final question in the **Program Structure** section asks whether mentoring is available **onsite, offsite, or both**.
- If you select **Offsite** or **Both**, an additional question will appear asking you to describe how the program ensures compliance with the required **1:1 in-person mentoring hours**.
- The second table requires you to list all **Program Faculty (Exhibit 9)**, including their credentials, qualifications, roles, responsibilities, and other requested information.



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Participant Positions

- For the first question, refer to the **online directory** to verify the program's approved number of participant positions and enter that number.



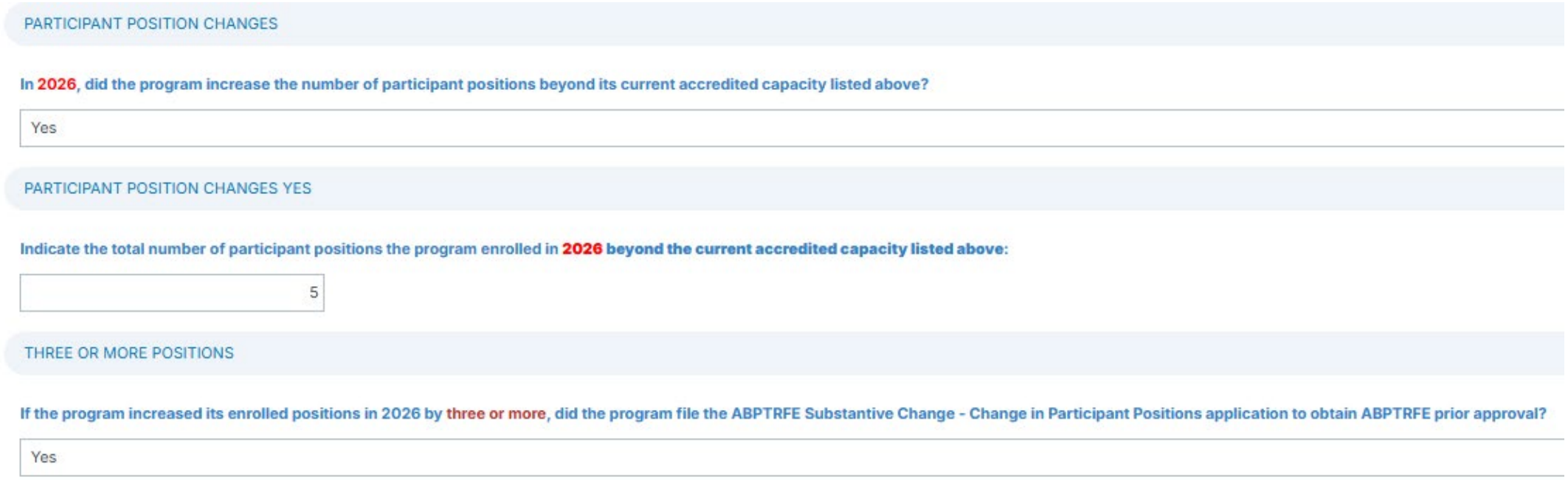
- The second question asks whether all approved participant positions were filled. If you select **No**, a follow-up question will appear asking you to explain why the positions were not filled.



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Participant Positions

- The final question on this page asks whether the program enrolled participants **beyond the number of approved positions listed in the directory**.
  - If you select **Yes**, you will be asked to indicate the number of additional participants enrolled.

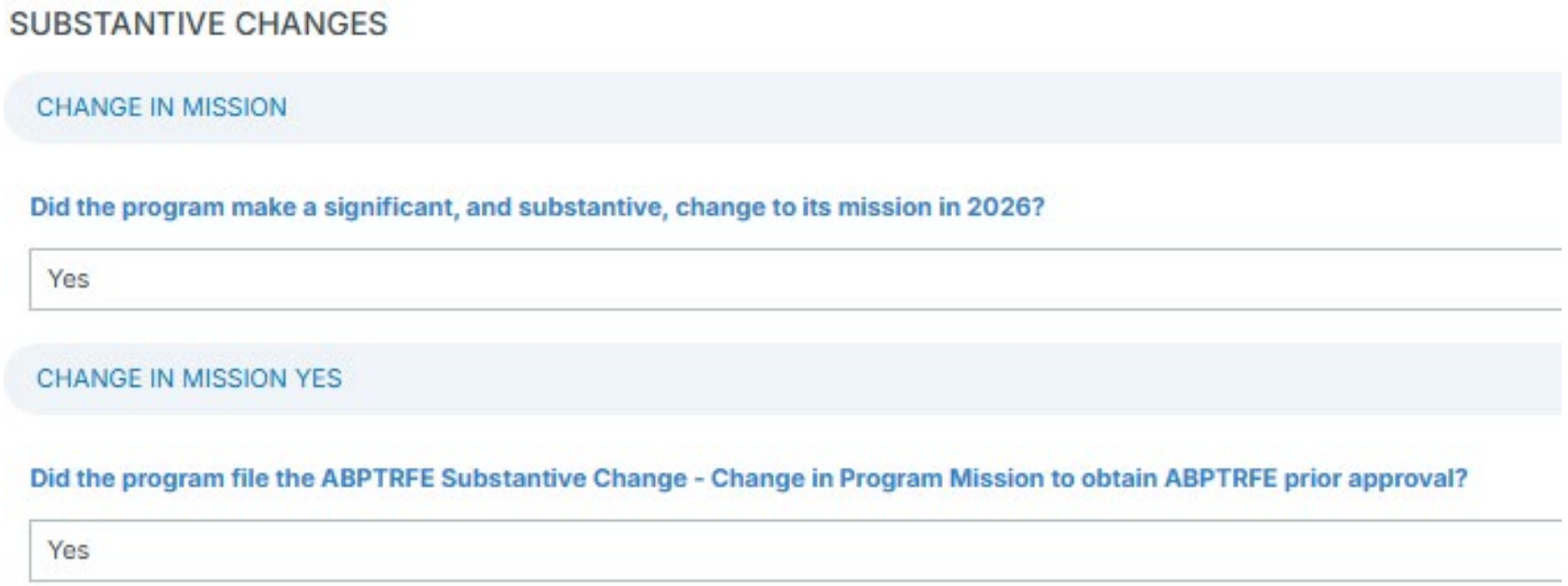


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Substantive Changes

- Indicate whether the program made a substantive change to its **Mission, Ownership, Curriculum, Method of Delivery,** or **Program Hours**.

  - If **Yes** is selected for any category, an additional question will appear asking whether the corresponding **Substantive Change Instrument** was submitted to obtain **prior approval**.

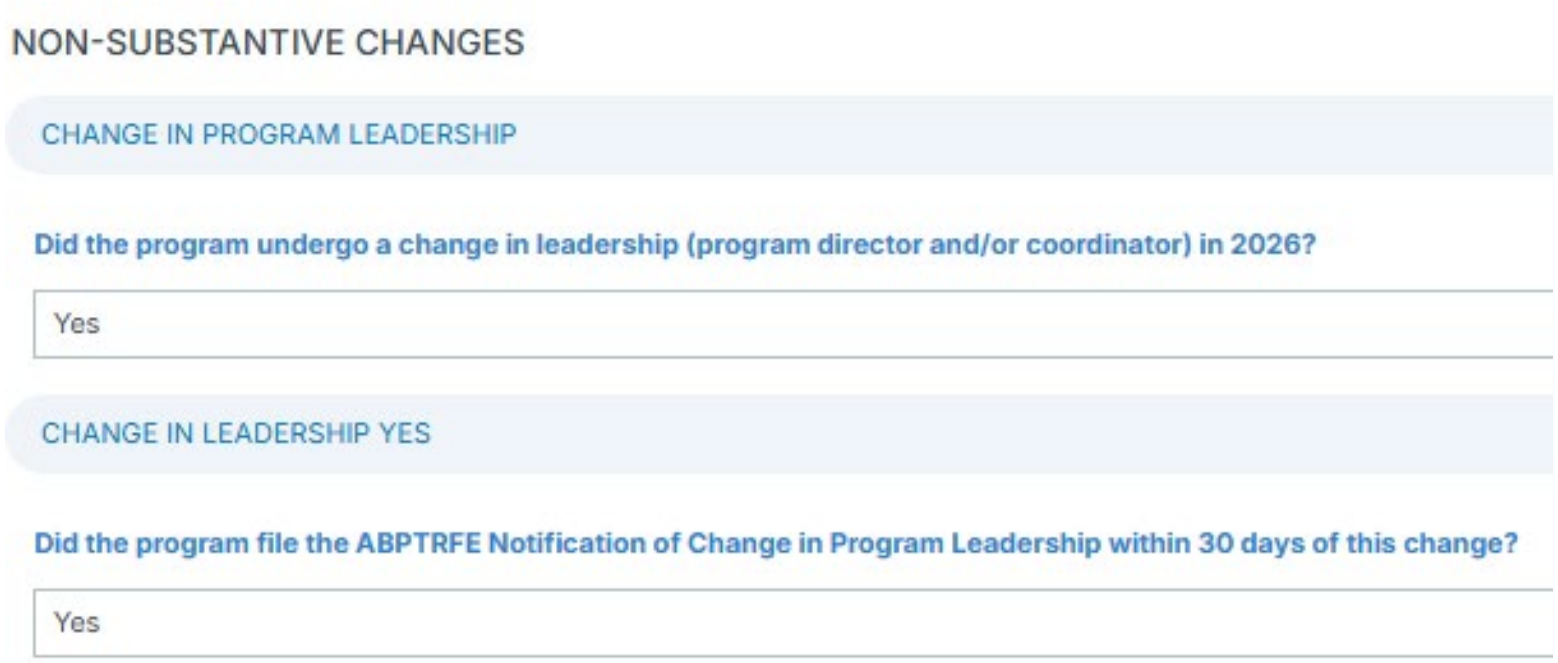


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Non-Substantive Changes

- Indicate whether the program experienced a **Change in Leadership**, added **New Practice Sites**, or added **New Program Mentors**.

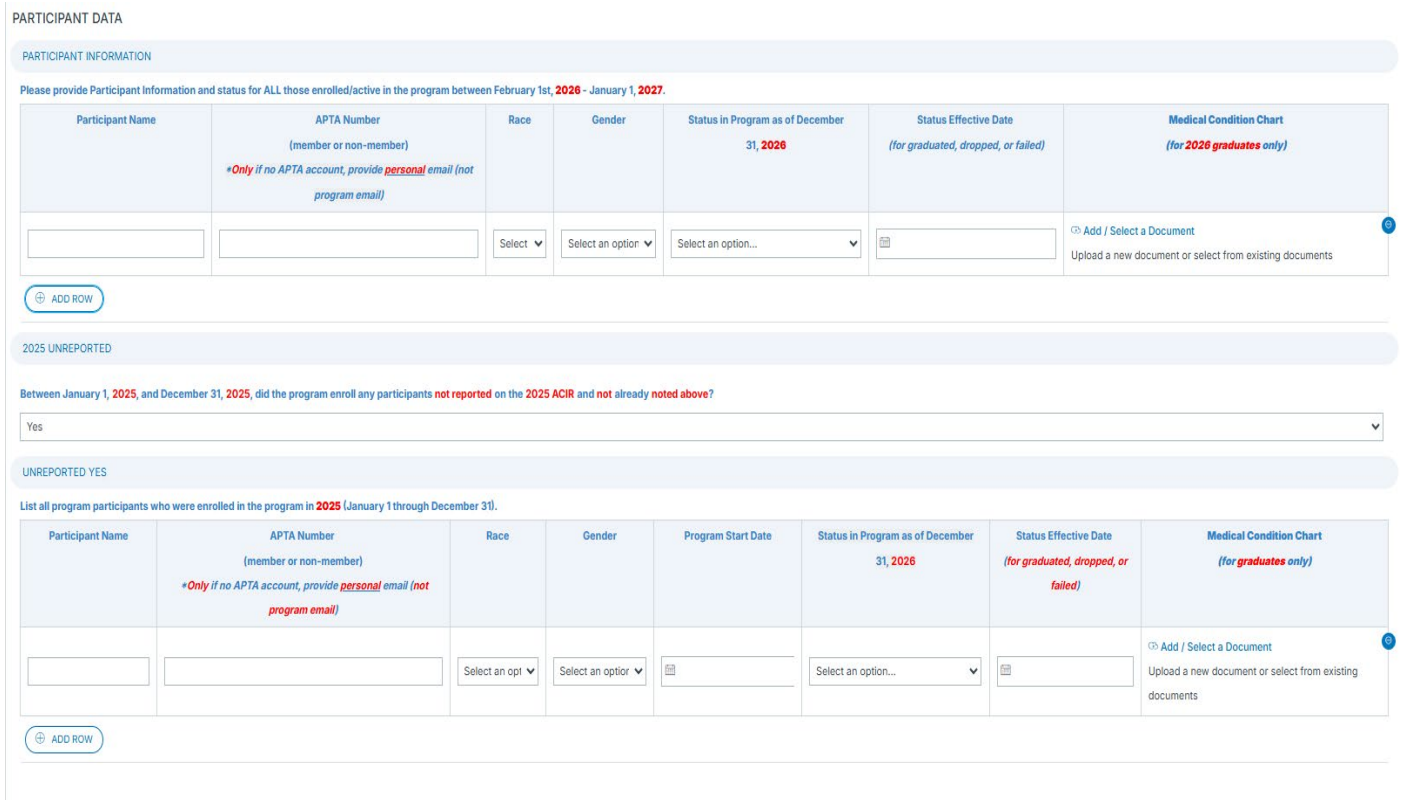
  - If **Yes** is selected for any category, an additional question will appear asking whether the corresponding **Non-Substantive Change Instrument** was submitted within **30 days of the change**.



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Participant Data

- Complete the table for all participants who were **enrolled or active between February 1, 2026, and January 31, 2027**.
- Enter each participant's **name, APTA ID (or email address), race, gender, status**, and **Medical Conditions Chart** (if graduated).
- Indicate whether any participants enrolled in **2025** were **not reported on the 2025 ACIR** and are not included in the table.
  - If **Yes**, an additional table will appear for those participants.

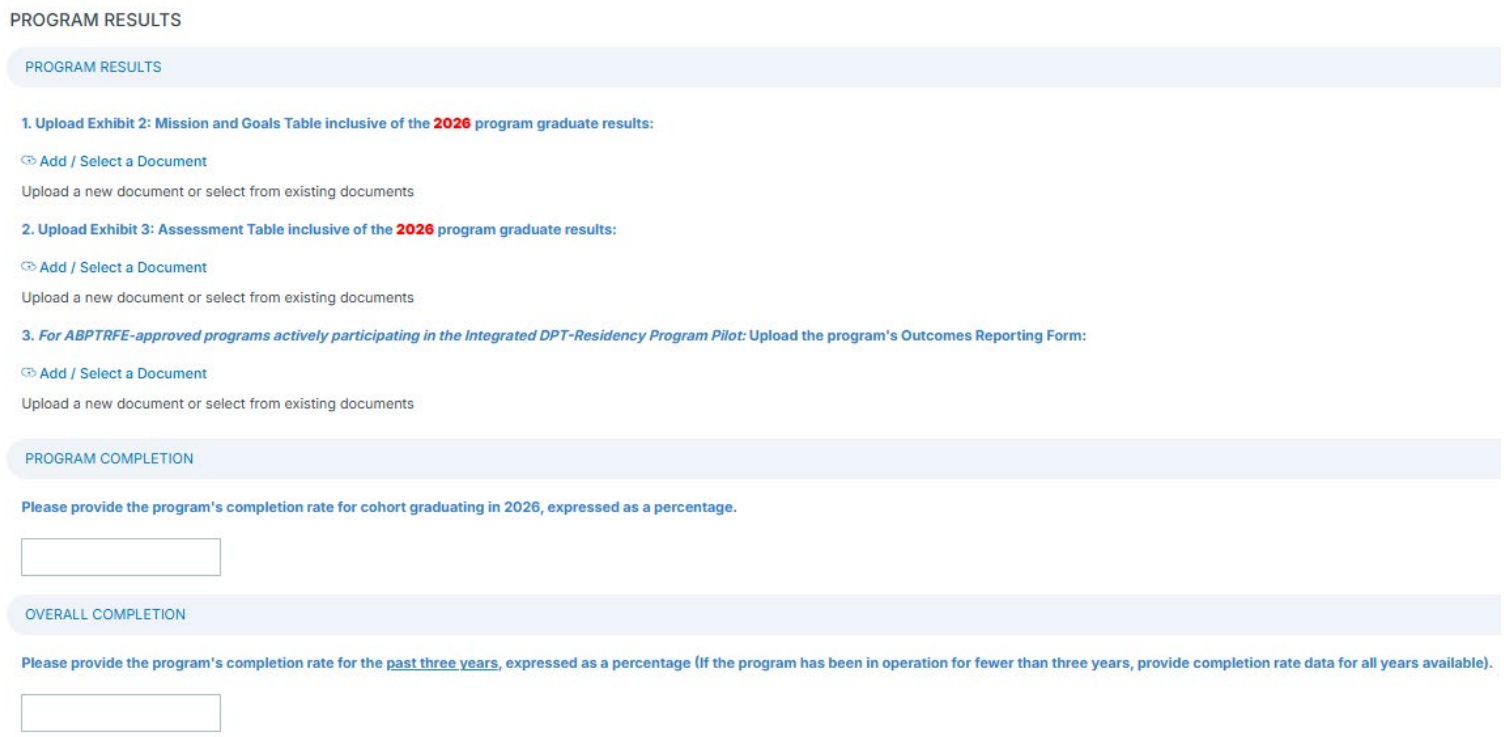


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Program Results

- For the first three questions, upload the corresponding **completed Exhibits** that pertain to your program containing the 2026 program and participant results.

- The next two questions ask for program's **completion rate for the 2026 graduating cohort** and the **overall completion rate for the past three years,** both reported as a **percentage**.


PROGRAM RESULTS

PROGRAM RESULTS

1. Upload Exhibit 2: Mission and Goals Table inclusive of the 2026 program graduate results:

Add / Select a Document

Upload a new document or select from existing documents

2. Upload Exhibit 3: Assessment Table inclusive of the 2026 program graduate results:

Add / Select a Document

Upload a new document or select from existing documents

3. *For ABPTRFE-approved programs actively participating in the Integrated DPT-Residency Program Pilot:* Upload the program's Outcomes Reporting Form:

Add / Select a Document

Upload a new document or select from existing documents

PROGRAM COMPLETION

Please provide the program's completion rate for cohort graduating in 2026, expressed as a percentage.

OVERALL COMPLETION

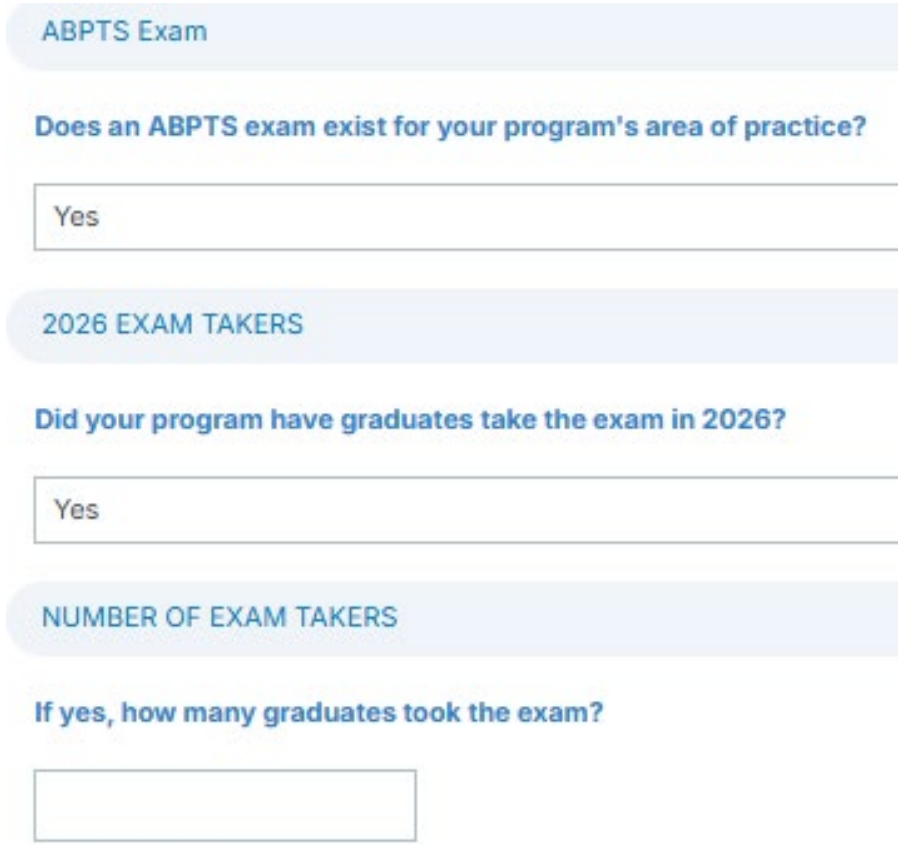
Please provide the program's completion rate for the past three years, expressed as a percentage (If the program has been in operation for fewer than three years, provide completion rate data for all years available).

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Program Results

- The next question asks whether an **ABPTS certification examination** is available for the program's specialty area.

- If **Yes**, you will be asked whether any program graduates took the examination in **2026**.
  - If **Yes**, an additional question will appear asking for the **number of graduates who took the examination**.
  - If **No**, an additional question will appear asking you to **explain why no graduates took the examination in 2026**.



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Program Results

- The final question on this page asks you to provide the program's **ABPTS pass rate from the past three years, expressed as a percentage**.



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Fees

The annual accreditation fee is no longer tied to the ACIR instrument

You may submit your instrument and complete payment at different times.

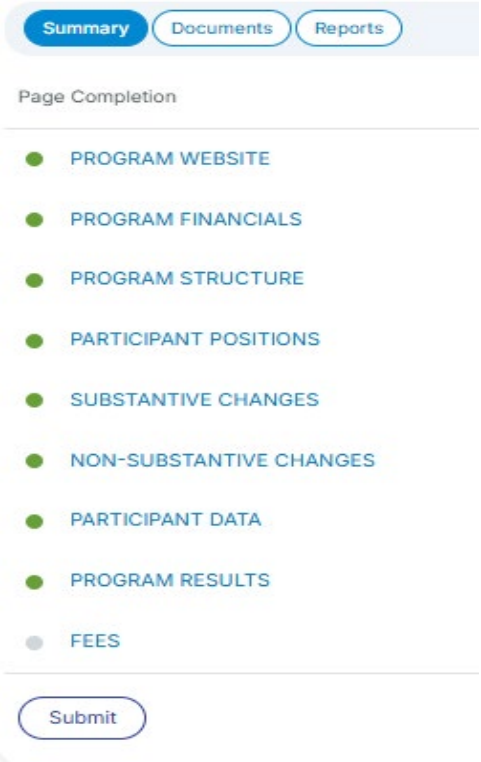
- The **Fees** page does not require any data entry.
- To make payment, you may click the link provided to access the **E-Bill Online Payment** page.
- Select **One-Time Payment**.
- Log in using:
  - Your **Account Number** (located in the **Additional Info** section of the **Organization Representative** persona home page)
  - Your program's **ZIP code**.

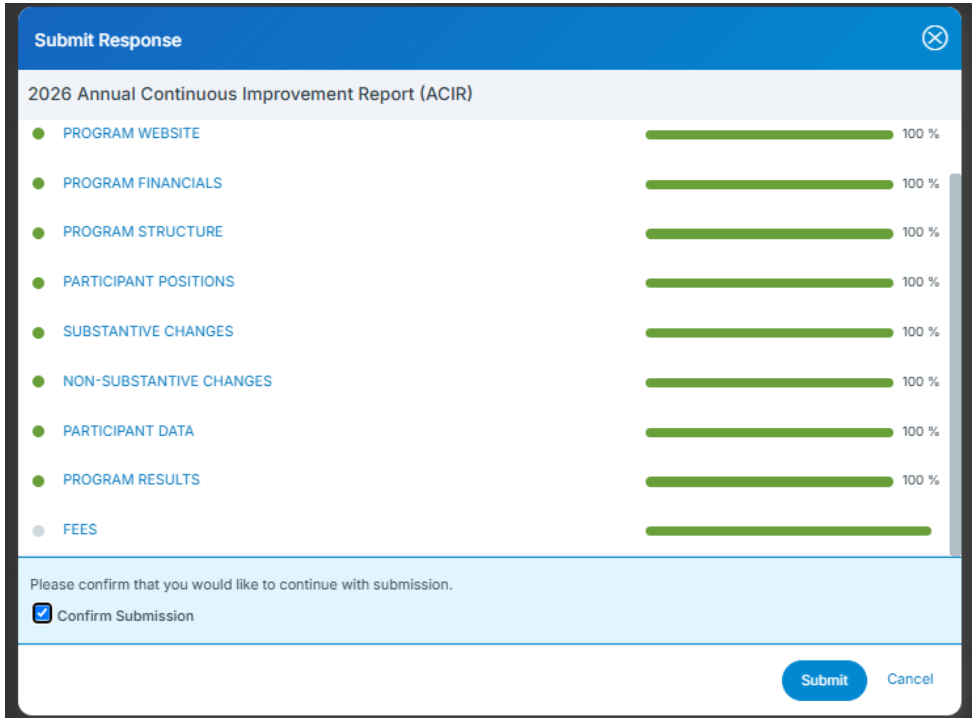
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Submitting the Instrument

To submit the instrument, first click the X in the upper-right corner to exit the instrument. You will be returned to the Instrument Summary page, where you can click Submit at the bottom of the page.

Note: The instrument must be **100% complete** before it can be submitted. After clicking **Submit**, you will be prompted to confirm your submission one final time before the instrument is officially submitted.





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If you have any questions, concerns, or issues, please reach out to:
accreditationsupport@apta.org

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