



APPLICATION FOR CANDIDACY

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

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

ELIGIBILITY REQUIREMENTS

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

- Mission: Communicates the program’s purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice.
- Program Director/Program Coordinator (as applicable)
- Curriculum: Developed from the most recent DRP, DFP, or ABPTRFE-approved analysis of practice.
- Admissions Criteria
- Faculty
- Proposed Participant Practice Sites (for initial accreditation – a maximum of 5 sites will receive an onsite visit)

GENERAL INFORMATION

Name of Program: Type name of program.

Program Mission: Enter program mission statement.

Physical Address: Enter the program’s physical address.

Main Telephone Number: Enter the main telephone number.

Main Email Address: Enter the email address.

Program Website URL: Enter the program's website address.

Name of Sponsoring Organization: Type name of sponsoring organization.

Type of Sponsoring Organization: Select appropriate entity.

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

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

Tax Status: Select applicable tax status.

For-Profit: Select appropriate designation.

Non-Profit: Select appropriate designation.

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

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

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

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

Tax Status: Select applicable tax status.

For-Profit: Select applicable tax status.

Non-Profit: Select applicable tax status.

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

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

Name of Program's Preferred Hotel: Type name of hotel.

Hotel Address: Enter the hotel's physical address.

Hotel Telephone Number: Enter the hotel's telephone number.

**External agency accreditation includes any educational accrediting organization recognized by the U.S. Department of Education or Council for Higher Education Accreditation (CHEA) or medical accrediting*

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organization (e.g., Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), Medicare provider or provider network standards, CAPTE).

RESIDENCY/FELLOWSHIP PROGRAM INFORMATION

Provide the planned program information requested below.

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

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

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

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

Anticipated Start Date: Enter the anticipated program start date.

Identify the publication year of the Description of Residency Practice, Description of Fellowship Practice, or ABPTRFE-Approved Analysis of Practice used to develop the curriculum: Provide the version used.

Program Director Name: Enter the program director name.

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

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

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

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

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

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

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

PROPOSED PARTICIPANT PRACTICE SITES

Complete and submit the Participant Practice Site Chart within the Accreditation Management System listing those proposed sites that will be used for patient-care clinic hours (clinical programs) or practice hours (non-clinical programs).

PROPOSED RESIDENCY/FELLOWSHIP PROGRAM APPLICANT INFORMATION

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

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

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

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

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

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

RESIDENCY/FELLOWSHIP PROGRAM STRUCTURE INFORMATION

Program Type: Select program type.

Program Format: Select program format.

Program Length: Enter the program length in months.

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

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

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

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

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

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

Format for Educational Hours: Select format.

Affiliated Practice Site Locations: Select locations.

Mentor Appointment to Faculty: Select appointment type.

Mentor Accessibility: Select accessibility.

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DISTANCE EDUCATION

ABPTRFE uses the definition of distance education established by the Higher Education Opportunity Act of 2008, as follows:

- A) Education that uses one or more of the technologies described in subparagraph (B)—
 - i. To deliver instruction to students who are separated from the instructor; and
 - ii. To support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.
- B) Inclusions—For the purposes of subparagraph (A), the technologies used may include—
 - i. The internet;
 - ii. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
 - iii. Audio conferencing; or
 - iv. Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies in clauses (i) through (iii).
(Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19))

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

- Yes
- No

If yes, please describe the planned distance education activities.
Describe the planned distance education activities.

PROGRAM AFFIRMATIONS

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

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

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

FEES

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

Program Director: Type program director name.

Signature: Type program director name again (serves as digital signature).

Date: Type date of submission.