Women’s health Professional Development Portfolio

**Blank Forms**

**Application Deadline:**

**October 31, 2021**

**specialization.apta.org/**

# **Checklist for Recertification**

Please verify that the following information is completed before you submit your application:

* Review online recertification application instructional video.
* Log on to the online application at [www.abpts.org](http://www.abpts.org) and complete the all required sections including PT Experience
* If your state does not have license verification available via the Internet, you must request that license verification from your state board be sent directly to the Specialist Certification Program.)
* All relevant PDP Summary Forms are typewritten and completed in full ***(no CV’s or resumes accepted).*** This includes:
  + Professional Development Portfolio (PDP) Summary Form
  + Professional Development Activities summary forms ( e.g. Direct Patient Care Summary Form)

**\*Only use the forms for which you will be submitting evidence to support activity in a certain area.\***

* Compile ***all*** supporting documentation for the professional development activities, as required, for the specific forms.
* Upload your PDP summary forms and supporting documentation to the Prof Dev Portfolio section of the online application.
* Submit your recertification payment in online application:

$650 APTA Members

$910 Non-APTA Members

* Be sure to save a copy of your recertification application on your computer.

***The Recertification Application must be submitted online for recertification consideration.***

If you have any questions or concerns please contact us via:

Phone: 1-800/999-2782, ext. 3390

Direct Line: 703-706-3390

**Email:** [**spec-recert@apta.org**](mailto:spec-recert@apta.org)

# **PDP Summary Forms Instructions**

1. The following pages contain one blank copy of each of the Professional Development Portfolio (PDP) Summary Forms on which you should document your professional activities since your last certification.
2. Each page is a separate form and represents a distinct professional development activity (PDA) (i.e., direct patient care, teaching, professional services, etc.).
3. **Only *use the forms for which you will be submitting******evidence to support an activity in a specific category***. It is not necessary to submit blank forms for activities in which you are not documenting activities.
4. Candidates are required to obtain a minimum of 5 points per category.
5. You may copy the relevant blank forms as many times as you need to provide the necessary documentation to support your recertification.
6. Please contact a staff member of the Recertification Program if you are unclear as to whether an activity can be included in the PDP, or if you have questions about where to record the activity on the PDP form.
7. In addition to documenting a minimum of 30 points across the PDP, candidates will be required to submit a case reflection worth 5 points. A minimum of 35 points is required for recertification. **Please do not document an excess of 60 professional development activity points.**
8. Candidates are required to submit all required supporting documentation of PDAs at the time of submission.

**Professional Development Portfolio Summary – Women’s Health**

|  |  |  |
| --- | --- | --- |
| **REQUIRED**  **CATEGORIES** | **Professional Development Activities** | **Points** |
| **CATEGORY**  **1**  **Minimum of 5 Points Required** | 1) Direct Patient Care Hours  Beyond the **minimum** required hours of **2000; 1 point** for each additional **200 hours**  ***(Maximum*** *of* ***10 points****)* |  |
| 1. Clinical Supervision & Consultation Hours   *(****Maximum of 5 points cumulative across subcategories a-b)***  Student Clinical Supervisor : 1 point /4 weeks Mentor: 1 point/100 hours   * 1. Peers (Licensed PT/PTA, Residents, Fellows)   2. Students * *Must be within specialty area* |  |
| 3 Professional Services  **1 point for each task within subcategories a-d**  ***(Maximum of 10 points cumulative across subcategories a-e)***   1. Committee participation: Professional State/National sponsored committee through the APTA or comparable professional entity ( ie AUGS) 2. Item Writing for Certification Exams; Serving as CCE 3. Administrative Activities 4. Residency Program Development 5. Professional Consultation Services/ Subject matter expert (1 point/100 hours)  * *Refer to associated activities sheets for specific examples* |  |
| **CATEGORY**  **2**  **Minimum of 5 Points Required** | 1) Completion of CE Course  **1 point/10 contact hours *(Maximum of 10 points)***   * Courses must pertain to women's health specialization and/or be represented in the DSP (men’s health topics will be accepted) * Include course title, date, location, and contact hours |  |
| 2) Satisfactory Completion of College or University Course  **1 point/10 contact hours (*Maximum of 5 points****)*   * Courses must pertain to women's health specialization and/or be represented in the DSP (men’s health topics will be accepted) * Include course title, date, school, location and contact hours * Must include a copy of the transcript (official or unofficial transcripts accepted) |  |
|  | 1. Teaching a College or University Course   ***(Maximum of 10 points cumulative across subcategories a-b)***   * 1. Serving as ***Primary Coordinator***      1. First time reported: 0.2 points/1 contact hour      2. Second time reported: 0.1 point/1 contact hour      3. Each course may only be reported two times   2. Serving as ***Assistant for the Course***      1. First time taught: 0.1 point/1 contact hour      2. Second time taught: 0.05 point/1 contact hour      3. Each course may only be reported two times * Include course title, date, school, location, and documentation of contact hours |  |
| **CATEGORY**  **2**  **Minimum of 5 Points Required** | 1. Teaching a CE Course   ***(Maximum of 5 points cumulative across subcategories a-b)***   * 1. Serving as ***Primary Coordinator*:** 0.5 points /1 CEU value of course      1. Each course may only be reported two times   2. Serving as ***Assistant for the Course:*** 0.5 points /2 CEU’s value of course      1. Each course may only be reported two times * Include course title, date, location, and documentation of CEU value |  |
| **CATEGORY**  **3**  **Minimum of 5 Points Required** | 1. Professional Presentations (professional & non-professional)   ***(Maximum of 10 points cumulative across subcategories a-b)***   * 1. Peer-Reviewed Presentations   **(each worth 2 points)**   * + 1. Platform or Poster presentation     2. Invited speaker to conference/professional gathering   1. Non-Peer Reviewed Presentations   **(each worth 1 point)**   * + 1. In-service presentations     2. Panelist at forum     3. Participation in a Journal Club (>/= 4 per year)     4. Media/Social media presentation |  |
| 1. Research Activities   ***(Maximum of 10 points cumulative across subcategories a-c)***   * 1. Activities: **(*each worth 1 point)***      1. Contributions to PT Outcomes Database      2. Contributions to PT Research Project      3. Research Summit Participation |  |
|  | 1. Professional Peer-Reviewed Writing (Authorship/Editorship): (**each worth 3 points)**    1. Book chapter, peer-reviewed journal article    2. Grant proposal, primary investigator or co-investigator    3. Case study or case report    4. Home study module    5. Editor    6. Professional meeting abstract reviewer 2. Professional Non-Peer Reviewed Writing: **(each worth 1 point)**    1. Non-peer reviewed publication    2. Reviews or commentaries    3. Manuscript reviewer    4. Hooked on evidence contributions    5. Other |  |
| ***Reflective***  ***Case***  ***Portfolio*** | (One) Case Reflection **(5 points)** |  |
| **MINIMUM of 35 points total:**  **(*30) across categories 1-3, meeting ALL minimum requirements PLUS (5) for Case Reflection*** | | |

**Direct Patient Care – Summary Form**

|  |  |  |
| --- | --- | --- |
| **Total Direct Patient Care Hours from PT Experience online** |  |  |
| **Hours applied to Eligibility** | **-** | **Subtract**  **2000 hours if certification expires in 2020, or**  **1800 if it expires in 2021** |
| **Remaining Hours that can be applied to Portfolio** | **=** |  |
| **Remaining Hours Total**  **split between additional**  **Direct Patient Care Hours and Clinical Supervision Hours**  **activity as appropriate** | **=** | **Direct Patient Care - Approved Professional Development** |
| **=** | **Clinical Supervision - Approved Professional Development** |

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 1** | **Point Value** | **Cumulative Points** |
| **A. Practice Dimensions and Procedures/Knowledge Areas 1-5** | | |
| **Direct Patient Care** hours in specialty area  (***beyond minimum eligibility requirement***) | **1 point per additional 200 hours** | **10 points MAX** |
|  |  |  |
|  |  |  |
|  |  |  |

**Clinical Supervision of Students or Consultation with Peers – Summary Form**

|  |  |  |
| --- | --- | --- |
| **Remaining Hours Total**  **split between additional**  **Direct Patient Care Hours and Clinical Supervision Hours**  **activity as appropriate** | **=** | **Direct Patient Care --Approved Professional Development -** |
| **=** | **Clinical Supervision -- Approved Professional Development** |

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 2a and 2b** | **Point Value** | **Cumulative Points** |
| **Clinical Supervision1** of students and peers within specialty area   1. Peers (Licensed PT/PTA, Residents, Fellows) 2. Students | **1 point/100 hours (Mentor)**  **1 Point/4 weeks (CI)** | **5 points MAX across Activity 2 subcategories a-b** |
| **Institution/Facility:**  **Number of students/peers:**  **Dates:**  **Length of rotation/supervision:**  **Type of student/peer:**  **Description:** |  |  |
| **Institution/Facility:**  **Number of students/peers:**  **Dates:**  **Length of rotation/supervision:**  **Type of student/peer:**  **Description:** |  |  |
| **Institution/Facility:**  **Number of students/peers:**  **Dates:**  **Length of rotation/supervision:**  **Type of student/peer:**  **Description:** |  |  |
| **Institution/Facility:**  **Number of students/peers:**  **Dates:**  **Length of rotation/supervision:**  **Type of student/peer:**  **Description:** |  |  |

1The same hours cannot be counted for both clinical supervision and direct patient care **Professional Services – Committee Participation – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**Note: \*\*\*This activity does not include association or section membership\*\*\***

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 3a** | **Point Value** | **Cumulative Points** |
| **Professional services**  a. Committee participation per year (e.g., specialty council, section officer, special interest group officer, committee at an organization outside APTA related to specialty area)  **Note:** Can be at local, state, or national level | **1** per year as member  **2** per year as chair, item review coordinator and MOSC | **10 points MAX across Activity 3 subcategories a-e** |
| **Committee name:**  **Description, if needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description, if needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description, if needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description, if needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description, if needed:**  **Dates of appointment:**  **Role:** |  |  |

**Professional Services – Item Writing – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**Note: Certificate or letter of participation required.**

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 3b** | **Point Value** | **Cumulative Points** |
| **Professional Services**  b. Item writing for certification/licensure exam, ie. SACE, CCE Regional item writing workshop, item writing incentive program, FSBPT | **1 point per year** | **10 points MAX across Activity 3 subcategories a-e** |
| **Years of item writing:**  **Specialty area:** |  |  |
| **Years of item writing:**  **Specialty area:** |  |  |
| **Years of item writing:**  **Specialty area:** |  |  |
| **Years of item writing:**  **Specialty area:** |  |  |
| **Years of item writing:**  **Specialty area:** |  |  |
| **Years of item writing:**  **Specialty area:** |  |  |
| **Years of item writing:**  **Specialty area:** |  |  |

**Professional Services – Administration Activities Related to Patient Care/Services – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 3c** | **Point Value** | **Cumulative Points** |
| **Administration activities related to patient care/services**  c. Administration activities related to patient care/services (e.g., development of policies and procedures; marketing and public relations; orientation and mentoring of new staff, and supervision of physical therapists in a management role, program/department director/CCCE). | **1 point per year** | **10 points MAX across Activity 3 subcategories a-e** |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |

**Professional Services – Residency Program Development – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 3d** | **Point Value** | **Cumulative Points** |
| **Professional Services**  d. Development of Residency Program, Serving as Director or Co-Director of a Residency Program. (This does NOT include direct mentoring hours which are accounted for under Category 1, Activity 2a) | **1 point per year** | **10 points MAX across Activity 3 subcategories a-e** |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |
| **Year:**  **Role:**  **Description:** |  |  |

**Professional Services – Professional Consultation/Subject Matter Expert – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 1, Activity 3e** | **Point Value** | **Cumulative Points** |
| **Professional Services**  **Clinical Consultation-** with peers in a health care profession  (ie, provides specialized consultant services to health  and related agencies in planning, organizing, and directing physical therapy programs for all phases of medical and rehabilitative care, and to do other work as required; includes preparatory work to allow for above task to be completed)  **Subject Matter Expert, Consultant-**  (ie. served on DSP/revalidation committee, expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program)    Note: Can be at local, state, or national level | **1 point per 100 hours** | **10 points MAX across Activity 3 subcategories a-e** |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |

**Participation in a Continuing Education Course – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

Note: **Certificate of completion required.**

|  |  |  |
| --- | --- | --- |
| **Category 2, Activity 1** | **Point Value** | **Cumulative Points** |
| **Participating in a continuing education course** with specific goals and objectives related to specialty practice  Courses must pertain to women's health specialization and/or be represented in the DSP (men’s health topics will be accepted) | **1 point per 10 contact hours** | **10 points MAX** |
| **Name of course:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course: Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |

**Completion of a College/University Course – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines**.**

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

**Note: Please list each college/university course in form below. Also submit transcript/letter to verify successful completion. (Official transcripts are not required) Unofficial transcripts acceptable.**

|  |  |  |
| --- | --- | --- |
| **Category 2, Activity 2** | **Point Value** | **Cumulative Points** |
| **Completion of College or University Course** for credit or audit related to specialty area  - Courses must pertain to women's health specialization and/or be represented in the DSP (men’s health topics will be accepted) | **1 point per 10 credit hours** | **5 points MAX** |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |

**Teaching a College/University Course – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

***NOTE****:* ***Please provide a specific course description, and condensed course syllabi including contact hours, content description, goals, and outline of schedule for each course taught.***

|  |  |  |
| --- | --- | --- |
| **Category 2, Activity 3a and 3b** | **Point Value** | **Cumulative Points** |
| **Teaching a continuing education or College/University**  Course related to specialty area  **Serving as *Primary Coordinator***   * Each course may only be reported two times   **Serving as *Assistant for the Course***   * Each course may only be reported two times | Primary Coordinator:  a. First Time = **0.2**  **(per contact hour)**  b. Second Time = **0.1**  **(per contact hour)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Assistant for Course:  a. First Time = **0.1**  **(per contact hour)**  b. Second Time = **0.05**  **(per contact hour)** | **10 points MAX across Activity 3 subcategories a-b** |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:** |  |  |

**Teaching a Continuing Education Course – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

***NOTE****:* ***Please provide a specific course description, and condensed course syllabi including contact hours, content description, goals, and outline of schedule for each course taught.***

|  |  |  |
| --- | --- | --- |
| **Category 2, Activity 4a and 4b** | **Point Value** | **Cumulative Points** |
| **Teaching a continuing education or College/University**  Course related to specialty area  **Serving as *Primary Coordinator***   * Each course may only be reported two times   **Serving as *Assistant for the Course***   * Each course may only be reported two times | Primary Coordinator:  a. First Time = **0.5**  **(per 1 CEU value)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Assistant for Course:  a. First Time = **0.5**  **(per 2 CEU value)** | **5 points MAX across Activity 4 subcategories a-b** |
| **Name of course:**  **Name of institution:**  **Date:**  **Number of CEUs:** |  |  |
| **Name of course:**  **Name of institution:**  **Date:**  **Number of CEUs:** |  |  |
| **Name of course:**  **Name of institution:**  **Date:**  **Number of CEUs:** |  |  |
| **Name of course:**  **Name of institution:**  **Date:**  **Number of CEUs:** |  |  |
| **Name of course:**  **Name of institution:**  **Date:**  **Number of CEUs:** |  |  |

**Platform/Poster Presentation & Invited Speaker at Professional Conference/Group – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 1a (i and ii)** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area (each presentation may only be counted once)   1. Peer reviewed platform/poster or invited speaker at a professional meeting    1. Platform or Poster    2. Invited speaker to conference, class or professional gathering | **2 points** per presentation | **10 points MAX**  **across Activity 1 subcategories a-b** |
| **Presentation title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Supporting documentation required.** |  |  |

**Non-Peer Reviewed Presentation- In-service – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 1b(i)** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area (each presentation may only be counted once)   1. Non-peer reviewed:    1. i. In service Presentations | **1 point per presentation** | **10 points MAX**  **across Activity 1 subcategories a-b** |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |

**Non-Peer Reviewed Presentation- Panelist at Forum – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 1b(ii)** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area (each presentation may only be counted once)   1. Non-peer reviewed:    1. ii. Panelist at forum | **1 point per panel** | **10 points MAX**  **across Activity 1 subcategories a-b** |
| **Forum/Panel name:**  **Topic:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Forum/Panel name:**  **Topic:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Forum/Panel name:**  **Topic:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |

**Non-Peer Reviewed Presentation- Journal Club – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 1b(iii)** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area (each presentation may only be counted once)   1. Non-peer reviewed:    1. iii. Participation in journal club, 4 or more meetings per year required | **1 point for 4 or more meetings per year** | **10 points MAX**  **across Activity 1 subcategories a-b** |
| **Journal Club name:**  **Topic:**  **Description, if needed:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Journal Club name:**  **Topic:**  **Description, if needed:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |
| **Journal Club name:**  **Topic:**  **Description, if needed:**  **Location:**  **Date:**  **Supporting documentation required.** |  |  |

**Non-Peer Reviewed Presentation- Media/Social Media – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

**Note: Supporting documentation required. Please provide evidence of presentation completed, including the title, date, group, location and length of presentation. Submit a copy of a flyer, letter from host organization, sign-in sheet, handouts, or presentation as supporting documentation.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 1b(iv)** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area (each presentation may only be counted once)   1. Non-peer reviewed:    1. iv. Media/Social media presentation | **1 point per presentation** | **10 points MAX**  **across Activity 1 subcategories a-b** |
| **Presentation title:**  **Description, if needed:**  **Platform:**  **Date:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Platform:**  **Date:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Platform:**  **Date:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Platform:**  **Date:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Platform:**  **Date:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Platform:**  **Date:** |  |  |

**Research Activities - Contribution to a Physical Therapy Outcomes Database – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**Note: Please provide the dates of participation; a brief description of your role; the name of the database; and supporting documentation such as a letter/email from supervisor, screenshot of database after log-in etc.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2a (i)** | **Point Value** | **Cumulative Points** |
| Research in specialty area.  **Activity:**  i. Contributions to PT Research Project, i.e. quantitative/ qualitative research | **1 point per year of participation** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |

**Research Activities- Contribution to a PT Research Project – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2a (ii)** | **Point Value** | **Cumulative Points** |
| Research in specialty area.  **Activity:**  ii. Contributions to PT Research Project, i.e. quantitative/ qualitative research | **1 point per project** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |

**Research Activities- Contribution to Project – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2a (iii)** | **Point Value** | **Cumulative Points** |
| Research in specialty area.  **Activity:**  iii. Research Summit Participation  (includes participation in research program development at conferences) | **1 point per project** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Institution:**  **Role:**  **Description:**  **Supporting documentation.** |  |  |
| **Institution:**  **Role:**  **Description:**  **Supporting documentation.** |  |  |
| **Institution:**  **Role:**  **Description:**  **Supporting documentation.** |  |  |
| **Institution:**  **Role:**  **Description:**  **Supporting documentation.** |  |  |
| **Institution:**  **Role:**  **Description:**  **Supporting documentation.** |  |  |

**Professional Writing – Author –Peer Reviewed Publication – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2b (i)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Peer Reviewed**  i. Book chapter, peer reviewed journal article | **3 points** per chapter/article | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Chapter/Article Title:**  **Co-authors:**  **Name of book/publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Chapter/Article Title:**  **Co-authors:**  **Name of book/publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Chapter/Article Title:**  **Co-authors:**  **Name of book/publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Chapter/Article Title:**  **Co-authors:**  **Name of book/publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Chapter/Article Title:**  **Co-authors:**  **Name of book/publication:**  **Publication date:**  **Supporting documentation required.** |  |  |

**Author- Grant Proposal – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**NOTE: Supported by a letter from the primary investigator or copy of grant proposal required**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2b (ii)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Peer Reviewed**  ii. Grant proposal, primary or co-investigator | **3 points per grant proposal** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Copy of grant proposal required.** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Copy of grant proposal required.** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Copy of grant proposal required.** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Copy of grant proposal required.** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Copy of grant proposal required.** |  |  |

**Author- Case Study or Case Report – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

**Note: Please provide supporting documentation, including the title, name of publication, and date. Submit a copy of publication.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2b (iii)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Peer Reviewed**  iii. Case study or case report | **3 points per case** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation required** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |

**Author- Home Study Module – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2b (iv)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Peer Reviewed**  iv. Home study Module | **3 points per module** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Home Module Title:**  **Sponsoring Institution:**  **Publication date:**  **Supporting documentation required** |  |  |
| **Home Module title:**  **Sponsoring Institution:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Home Module title:**  **Sponsoring Institution:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Home Module title:**  **Sponsoring Institution:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Home Module title:**  **Sponsoring Institution:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Home Module title:**  **Sponsoring Institution:**  **Publication date:**  **Supporting documentation required.** |  |  |

**Editor – Peer Reviewed Publication – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

**Note: Please provide supporting documentation, including the name of book, title of chapter(s), and date. Submit a copy of the chapters as supporting documentation.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2b (v)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Peer Reviewed**  v. Editor | **3 per publication** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Publication Name:**  **Date of Publication:**  **Supporting documentation required.** |  |  |
| **Publication Name:**  **Date of Publication:**  **Supporting documentation required.** |  |  |
| **Publication Name:**  **Date of Publication:**  **Supporting documentation required.** |  |  |
| **Publication Name:**  **Date of Publication:**  **Supporting documentation required.** |  |  |
| **Publication Name:**  **Date of Publication:**  **Supporting documentation required.** |  |  |

**Author – Non-Peer Reviewed Journal Article – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

**Note: Please provide supporting documentation, including the title, name of publication, and date. Submit a copy of the article as supporting documentation.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2c (i)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Non -Peer Reviewed**  i. Non-peer reviewed publication | **1 point** per article | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |

**Author – Reviews or Commentaries – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**Note: Please provide supporting documentation. Including date, title of review, name of article, publication. Submit a copy of review/commentary.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2c (ii)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Non -Peer Reviewed**  ii. Reviews or commentaries | **1 point per review/commentary** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:**  **Supporting documentation required.** |  |  |

**Author – Manuscript Reviewer – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**Note: Please provide supporting documentation, including the name of publication, titles of manuscripts reviewed and the number of manuscripts.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2c (iii)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Non -Peer Reviewed**   * + 1. Manuscript reviewer | **1 point per review** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Publication:**  **Number of reviews:**  **Topic of article(s):**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Publication:**  **Number of reviews:**  **Topic of article(s):**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Publication:**  **Number of reviews:**  **Topic of article(s):**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Publication:**  **Number of reviews:**  **Topic of article(s):**  **Publication date:**  **Supporting documentation required.** |  |  |

**Editor/Author – Non-Peer Reviewed Publication – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

**Note: Please provide supporting documentation.**

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2c (iv)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Non -Peer Reviewed**  iv. Hooked on evidence contributions | **1 point each** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |

**Editor/Author – Meeting Abstract Reviewer – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2c (v)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Non -Peer Reviewed**  v. Professional meeting abstract reviewer | **1 point each** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Meeting name:**  **Meeting date:**  **Number of abstracts reviewed:**  **Supporting documentation required.** |  |  |
| **Meeting name:**  **Meeting date:**  **Number of abstracts reviewed:**  **Supporting documentation required.** |  |  |
| **Meeting name:**  **Meeting date:**  **Number of abstracts reviewed:**  **Supporting documentation required.** |  |  |
| **Meeting name:**  **Meeting date:**  **Number of abstracts reviewed:**  **Supporting documentation required.** |  |  |
| **Meeting name:**  **Meeting date:**  **Number of abstracts reviewed:**  **Supporting documentation required.** |  |  |

**Editor/Author – Meeting Abstract Reviewer – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines.

Candidates must document professional development activities that reflect the content of the

*Description of Specialty Practice* (DSP).

|  |  |  |
| --- | --- | --- |
| **Category 3, Activity 2c (vi)** | **Point Value** | **Cumulative Points** |
| **Professional Writing (Authorship/Editorship)**  **Non -Peer Reviewed**  vi. Other | **1 point each** | **10 points MAX**  **across Activity 2 subcategories a-c** |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Supporting documentation required.** |  |  |