CARDIOVASCULAR AND PULMONARY PROFESSIONAL DEVELOPMENT PORTFOLIO

**Blank Forms**

**Application Deadline: October 31, 2021**

**https://specialization.apta.org**

# Checklist for Recertification

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

* Verification of Physical Therapy License (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.)
* Completion of your online recertification application.
* All Professional Development Activities forms are typewritten and completed in full

***(no CV’s or resumes accepted).*** This includes:

* + Professional Development Activities Summary Form
	+ Professional Development Activities Total Points Summary Chart

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

* Submit ***all*** supporting documentation for the Professional Development Activities listed in the above forms.
* Complete your recertification payment online:

$650 APTA Members

$910 Non-APTA Members

* Did you print a copy of your application for your records?
* **Submit your *Professional Development Portfolio* (PDP) forms online at** [**https://specialization.apta.org/**](https://specialization.apta.org/)
* **If you have any questions or concerns with how to complete this step please contact us.**

### 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**

# Cardiovascular and Pulmonary PDP Requirements

1. Candidates must submit evidence of ongoing professional and educational development that has occurred since their most recent certification. The form must be completed and the evidence submitted must be in the appropriate format. **Please contact a staff member of the Recertification Program if you are not sure whether an activity can be included in the PDP, or if you have questions about where to record the activity on the PDP form.**

1. Candidates must indicate and submit evidence for professional development activities that relate to: increasing knowledge and skill in cardiovascular and pulmonary physical therapy; contributing to the specialty practice of cardiovascular and pulmonary physical therapy; and/or continuing clinical excellence in the provision of cardiovascular and pulmonary patient care.
2. Candidates must have obtained a minimum of **35** professional development activity points. **It is suggested that you do not document an excess of 60 professional development activity points when preparing your PDP.**
3. Candidates must obtain professional development activity points in at least **four [4] of the nine [9]** approved professional development activities (e.g., professional presentations, publications, professional writing, clinical supervision). Candidates must earn **at least one [1] point in an activity** to count it toward this requirement. The activities, point values, and maximum points allowed for direct patient care follow on a separate page.
4. Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP). For this purpose the DSP components have been grouped into three major categories:

### Clinical Practice (25 points minimum required)

This category includes all clinical practice activities in the specialty area and the following approved Professional Development Activities:

#1 Direct Patient Care (beyond minimum eligibility requirements);

#2 Participation in a continuing education course;

#3 Completion of a college/university course;

#8 Clinical Supervision & Consultation;

#9b Contribution to a PT outcome database system for research purposes.

### B. Consultation, Scientific Inquiry and Administration (8 points minimum required)

This category includes all consultation, scientific inquiry and administration activities in the specialty area and the following approved Professional Development Activities:

#5a Professional Presentations - platform or poster

#6b Professional Writing - peer-reviewed journal

#6e Professional Writing - case study or case report (peer-reviewed journal);

#6f Professional Writing - grant proposal, primary investigator or co-investigator

#7 Professional Services

#9a Contribution to a Research Project

### C. Education and Communication (2 points minimum required)

This category includes all education and communication activities in the specialty area and the following approved Professional Development Activities:

#4 Teaching a continuing education course or college/university course;

#5b Invited speaker to a group, classes, or portions of courses (including in-services);

#5c Presentation to non-professional community or client-based groups on topic specific to specialty area;

#6a Author - book chapter;

#6c Author - non-peer-reviewed publication;

#6d Author - reviews or commentaries;

#6g Editor – book;

#6h Editor - peer-reviewed journal;

#6i Editor - editorial board member;

#6j Editor - non-peer-reviewed publication;

#6k Editor - manuscript reviewer.

1. Professional development activities that are cited in any category must have been completed within the past ten years [10] or since the date of your most recent certification.
2. Points that are in the following approved Professional Development Activities (#4, #5b, #5c, #7, and

#9a) may be used towards the minimum 25 points in clinical practice if they are not needed to meet the two [2]and eight [8] point minimum for Teaching, Research, Administration, and Consultation. These will be labeled “swing points”. A maximum of 10 “swing points” is allowed.

1. If “swing points” are utilized, place an “S-” prior to the numbered points in the Professional Development Portfolio table.
2. Candidates must identify and describe the professional development activities for each entry and enter the point credit according to the ABPTS guidelines as indicated in the overview.
3. Candidates are required to submit supporting documentation of Professional Development Activities with their summary forms unless otherwise indicated.
4. The Specialty Council will conduct random audits of Professional Development Portfolios (PDP). If a candidate’s PDP is selected for an audit, they must provide evidence of involvement in professional development activities such as transcripts, course content outlines, research abstracts, article reprints, etc. To ensure timely processing of your application please provide all supporting documentation with your portfolio.

# SAMPLE – Cardiovascular and Pulmonary PDP Summary Chart

|  |
| --- |
| **Instructions** |
| * **Professional Development Activities (PDA) / Description of Specialty Practice (DSP) –** identify the category for the activity and enter the point credit according to the ABPTS guidelines. Numbers correspond to ABPTS guideline numbers on the Approved Professional Development Activities sheet.
* Candidates must document activities in a minimum of 4 out of 9 PDA categories. A candidate must have earned a minimum of one (1) point in an activity category to be counted toward this requirement.
* **Total points required = 35**

DSP category Clinical Practice = 25 points minimum requiredDSP category Consultation, Scientific Inquiry, Administration = 8 points minimum required DSP category Communication & Education = 2 points minimum required |
| **Swing Points** - Points that are in the following approved Professional Development Activities (#4, #5b, #5c, #7, and #9a) may be used towards the minimum 25 points in Clinical Practice if they are not needed to meet the 2- and 8-point minimums for Teaching, Research, Administration, and Consultation. These points are classified as “swing points”. *A maximum of 10 “swing points” is allowed.* ***Label “swing points” as S-point # in the table.*** |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Swing Points (10 point max.)** | **Total Points Per DSP Category** |
| **Clinical Practice (A)****(25 points minimum)** | 1. Direct Patient Care *(20 points max)* | 8.6 | S-4 | 21 + S-4 = 25 |
| 2. Participating in CE Course | 8.4 |
| 3. Completion of College or University Course | 4.0 |
| 8. Clinical Supervision & Consultation |  |
| 9b. Research Activities - Contributions to PT Outcomes Database |  |
| **Consultation, Scientific Inquiry,****& Administration (B)****(8 points minimum)** | 5a. Professional Presentations – *Platform or Poster* |  | S-4 | 23.67 –S-4 = 19.67 |
| 6b, e & f. Professional Writing –*Authorship* | 3.0 |
| 7. Professional Services | 20.67 |
| 9a. Research Activities - Contribution to Research Project |  |
| **Communication & Education****(C)****(2 points minimum)** | 4. Teaching a course | 2.0 |  | 4.0 |
| 5b & c. Professional Presentations *– invited speaker (prof & non-prof)* | 1.0 |
| 6a, c, & d. Professional Writing –*Authorship* |  |
| 6g, h, i, j, k. Professional Writing –*Editorship* | 1.0 |
| **TOTAL****(An excess of 60 points will result in delayed processing/review)** | **48.17** |  | **48.67** |

**Cardiovascular and Pulmonary Approved Professional Development Activities**

|  |  |  |
| --- | --- | --- |
| **Activity/ Point Value** | **Information needed** | **Example/supporting documentation** |
| 1. **Direct Patient Care** hours in specialty area **Every 10 hours earns 0.1 point up to a maximum of 20 points.** | Dates, location, number of hours, description of role in direct patient care. **Separate entry for each facility** | Hoag Hospital – Outpatient Cardio-Pulmonary 20121900 hours x 0.01= 19 |
| 2. **Participating in a continuing education course** with specific goals and objectives related to specialty practice.Calculations are based on contact hours (class time) rather than quarter or semester course credit hours.(**1 Proficiency Point = 10 contact hours, 0.1 Proficiency Point = 1 contact hour)** | Date, Title, Location, Description: if needed,# of CEUs or contact hours | AACVPR Annual Meeting, Charlotte, NC (2016)10 contact hours |
| Proof of completion: certificate or letter |
| 3. **Satisfactory completion of a college/university course** for credit or audit related to specialty area**1 point per course credit hour** | Date, course title, location, course objectives and credit hours | PMCH 571 - Principles of Epidemiology, Virginia Commonwealth University, Fall, 2017, 4 credits |
| Supporting Documentation: Objectives only |
| 1. **Teaching a continuing education course or college/university course related to specialty area**. (Point value decreases for the second time a course is taught. Credit is given only for the first two times a course is taught.)
	1. First Time = 0.2 (per contact hour)
	2. Second Time = 0.1 (per contact hour)
 | Title /Description, and date: semester/year, school, location, # hours taught, # of lab hours, if appropriate, 1st or 2nd time, CEUs or contact hours | “Physical Assessment of the Chest.” Lecture and laboratory for VCU Department of Physical Therapy MPT Program (2016)4 contact hours |
| Supporting Documentation: Course syllabi, brochure, flyer, goals, outline of schedule ,etc. |
| 5. **Professional Presentations** in specialty area. **(Credit is given only for first time a presentation is made.)** |
| a. **Platform or poster presentation at a professional meeting****1.0 point per presentation** | Platform or Poster Date/Title/Description if needed, Sponsor, Location *Please include supporting documentation.* | Flyer, Letter from Sponsor, Program, etc. |
| b. **Invited speaker to a group, classes, or portions of courses** (including in- services)**0.1 point per hour** | “Pulmonary Issues in Spinal Cord Injury.” Invited speaker for the Spinal Cord Injury Workshop Series, Sheltering Arms Physical Rehabilitation Hospital, Richmond, VA, 2012 (2 contact hours) |
| Flyer, Letter from Sponsor, Program, etc. |
| b. **Presentation to non-professional community or client-based groups** on topic specific to specialty area**.****1.0 point per hour** | *“*General Principles of Fitness and How They Apply to People with Parkinson’s Disease.” Invited speaker for Sheltering Arms Physical Rehabilitation Hospital/The American Parkinson’s Disease Association. Hanover, VA, 20013 (2 contact hours) |
| Flyer, Letter from Sponsor, Program, etc. |

|  |  |  |
| --- | --- | --- |
| **Activity/ Point Value** | **Information needed** | **Example/supporting documentation** |
| **6. Professional Writing** - Can include editor, author, or co-author of publications as described in, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.” |
| **Author** |  |  |
| a. book chapter**2.0 *points*** per chapter | Reference published bookTitle of chapter |  |
| b. peer reviewed journal article**3.0** per article | Refer to *Uniformed Requirements*. Can include editor, author, or co-author of publications. | Salyer J, Jewell DV, Quigg RJ. Predictors of early post- cardiac transplant exercise capacity. J Cardiopulm Rehab. 2012;19:381-388. |
| Supporting documentation: Copy of article |
| c. non-peer reviewed publication**0.5** per article | Date, title, publication | Copy of article |
| d. reviews or commentaries**0.5** per review or commentary | Date, title, publication | Copy of review/commentary |
| e. case study or case report (peer-reviewed journal)**2.0** per case | Date, title, publication and description of case study/report |  |
| f. grant proposal, primary investigator or co-investigator**2.0** per internal proposal**3.0** per external proposal | Date, title, agency grant submitted, type of grant and status of grant | Include description of responsibilities and number of hours spent in role |
| **Editor** |  |  |
| g. book editor**0.5** per chapter | Date, reference of publication, titles of chapters edited | Supporting documentation: Copy of chapter(s) |
| h. peer reviewed journal editor**1.5** per year | Dates of service, and title of journal | Supporting documentation: Copy of publication |
| i. editorial board member**1.0** per year | Dates of service, description of role, number of articles or chapters reviewed | Supporting documentation: Submit letter |
| j. non-peer reviewed publication**0.75** per year | Dates of service, description of role, title of publication | Supporting documentation: Copy of publication |
| k. manuscript reviewer**0.5** per review | *Dates of service, title of publication, number of manuscripts reviewed* | Manuscript Reviewer for Physical Therapy, 37 manuscripts 10/2017 (18.5 points, maximum of 5) |
| 7. **Professional services** |  |  |
| a. **Committee participation per year****1.0** per year as member**2.0** per year as chair, item review coordinator and MOSC representativeNote: Can be at local, state, or national level | *e.g., specialty council, section officer, special interest group, organization outside APTA related to specialty area* | Chair, Cardio Specialty Council of the American Board of Physical Therapy Specialties, 2017-2018Member, Connecticut Concussion Task Force, 2016 – present. |

|  |  |  |
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| b. **Subject Matter Expert, Consultant****0.1 per hour***Note: Can be at local, state, or national**level* | *e.g., expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program, certification exam development, including item editing.)* | Consultant for AAA Rehab center Boston, MA 2015 Advise center on new techniques, recommendations for airwayclearance for various heart and lung program patients 20 hours |
| c. **Item writing for certification exam 1 point per 3 accepted items** | *Dates of service, number of items submitted* | Submitted 14 items to CCS Specialty Examination 2015-2017 |
| d. **Administration activities** related to patient care/services**0.5 per year** | *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.)* | Clinical Supervisor, Department of Physical Therapy and Occupational Therapy Services, Children’s Hospital Boston, Boston Massachusetts.Responsibilities Included: Administration of inpatient services, orientation, mentorship, direct supervision of clinical staff.Years in position: 2014-2015 inclusive. |
| **8. Clinical Supervision** of student/peers or **clinical consultation** with peers in a health care profession**0.1 per 10 hours** | Type of supervision, type of students, # of students, School, Location,date: semester year# of weeks x # hours= | Clinical Supervision: Entry Level Physical Therapy Student – Lebanon Valley College: Winter 2012 (8 weeks X 35 hours per week = 280 hours). |
| **9. Research Activities** |  |  |
| a. **Contribution to a research project**, supported by a letter from the primary investigator of the published research article**1.0** per project | Dates, title of project, description of roleMay include the following:*thesis research;**published and un-published research;**case study documentation/research; outcome studies; musculoskeletal epidemiology stats**(in clinic) and analysis; and quality assurance studies/documentation.* | Clinical Participation with UTHSC SDPT research study 2012: Concurrent Validity of the Bayley Scales of Infant and Toddler Development, 3rd edition and the Peabody Developmental Motor Scale, 2nd edition in Children with Developmental Delays.Primary Investigator: Barbara Connolly DPT, EdD, FAPTA. |
| b. **Contribution to a Physical Therapy Outcome Database System****0.5 (per year of participation)** | Dates, title of project, description of role, status of project | 2018-2019 Movement and Participation in Life Activities for Young Children with Cerebral Palsy (Move and Play). Therapist Assessor/Data Collector. |
| **Required**: If not primary investigator obtain support documentation from primary investigator of the published research article |

**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 category of activity (i.e., direct patient care, teaching, professional services, etc.). The category types are consistent with the list of ABPTS Approved Professional Development Activities Sheet.
3. **Only *use the forms for which you will be submitting evidence to support activity in a specific category***. It is not necessary to submit blank forms for activity categories in which you have no documentation.
4. Candidates are required to obtain PDP activity points in **at least 4 approved categories**; for a category to count toward this requirement a minimum of **one (1) point** must be documented.
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. Candidates must obtain a minimum of 35 Professional Development Activity (PDA) points.

## Please do not document an excess of 60 professional development activity points.

1. A sample response or instructions is provided at the top of each activity sheet. Also, see the CCS approved Professional Development Activities chart above.
2. Candidates must identify and describe the PDA for each entry and enter the point credit according to the ABPTS guidelines as indicated in the overview.
3. Candidates are required to submit supporting documentation of PDAs with their summary forms unless otherwise indicated.
4. The specialty council will conduct random audits of PDPs. If a candidate’s PDP is selected for an audit, (s)he should be able to provide evidence of involvement in PDAs such as transcripts, course content outlines, research abstracts, article reprints, etc.

# Professional Development Portfolio Summary – CCS

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| --- |
| **Instructions** |
| * **Professional Development Activities (PDA) / Description of Specialty Practice (DSP) –** identify the category for the activity and enter the point credit according to the ABPTS guidelines. Numbers correspond to ABPTS guideline numbers on the Approved Professional Development Activities sheet.
* Candidates must document activities in a **minimum of 4 out of 9** PDA categories. A candidate must have earned a minimum of one (1) point in an activity category to be counted toward this requirement.
* **Minimum Total points required = 35**

DSP category Clinical Practice = 25 points minimum requiredDSP category Consultation, Scientific Inquiry, Administration = 8 points minimum required DSP category Communication & Education = 2 points minimum required |
| **Swing Points** - Points that are in the following approved Professional Development Activities (#4, #5b, #5c, #7, and#9a) may be used towards the minimum 25 points in Clinical Practice if they are not needed to meet the 2- and 8- point minimums for Teaching, Research, Administration, and Consultation. These points are classified as “swing points”. A maximum of 10 “swing points” is allowed*.* ***Label “swing points” as S-point # in the table*** |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Swing Points (10 point max.)** | **Total Points Per DSP Category** |
| **Clinical Practice (A)****(25 points minimum)** | 1. Direct Patient Care ***(20 points maximum)*** |  |  |  |
| 2. Participating in CE Course |  |
| 3. Completion of College or University Course |  |
| 8. Clinical Supervision & Consultation |  |
| 9b. Research Activities - Contributions to PT Outcomes Database |  |
| **Consultation, Scientific Inquiry, & Administration (B)****(8 points minimum)** | 5a. Professional Presentations – *Platform or Poster* |  |  |  |
| 6b, e & f. Professional Writing – *Authorship* |  |
| 7. Professional Services |  |
| 9a. Research Activities - Contribution to Research Project |  |
| **Communication****& Education (C)****(2 points minimum)** | 4.Teaching a course |  |  |  |
| 5b & c. Professional Presentations *– invited speaker (prof & non-prof)* |  |
| 6a, c, & d. Professional Writing – *Authorship* |  |
| 6g, h, i, j, k. Professional Writing – *Editorship* |  |
| **TOTAL****(An excess of 60 points will result in delayed processing/review)** |  |  |  |

# ACTIVITY 1- DIRECT PATIENT CARE - SUMMARY FORM

### Note: Use Direct Patient Care Hours Summary Chart for Activity # 1

|  |  |  |
| --- | --- | --- |
| **Total Direct Patient Care Hours from PT Experience Chart** |  | **2000 hours if expiring in 2022:**  |
| **Hours applied to Eligibility** |  |  |
| **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).

|  |  |  |
| --- | --- | --- |
| **Activity #1** | **Point Value** | **Cumulative Points** |
| **Direct Patient Care** hours in specialty area (***beyond minimum eligibility requirement***) | **0.1 (per 10 hours)** | **20 points max.** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# TEACHING A CONTINUING EDUCATION COURSE OR 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.

|  |  |  |
| --- | --- | --- |
| **Activity 4** | **Point Value** | **Cumulative Points** |
| **Teaching a continuing education course or college/university course related to specialty area.**(Point value decreases for the second time a course is taught. Credit is given only for the first two times a course is taught.) | a. First Time = **0.2 (per contact hour)**b. Second Time = **0.1 (per contact hour)** |  |
| **Name of course: Name of Institution:****Dates (semester):****Number of contact hours:*Syllabus required.***  |  |  |
| **Name of course: Name of Institution:****Dates (semester):****Number of contact hours:*Syllabus required.***  |  |  |
| **Name of course: Name of Institution:****Dates (semester):****Number of contact hours:*Syllabus required.***  |  |  |
| **Name of course: Name of Institution:****Dates (semester):****Number of contact hours:*Syllabus required.*** |  |  |
| **Name of course: Name of Institution:****Dates (semester):****Number of contact hours:*Syllabus required.*** |  |  |
| **Name of course: Name of Institution:****Dates (semester):****Number of contact hours:*Syllabus required.***  |  |  |

**\*If you have completed this form please ensure all supporting documents have been submitted for this forms submission\***

# PROFESSIONAL SERVICES – SUBJECT MATTER EXPERT, CONSULTANT - 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: Provide a thorough description of services that were provided.

|  |  |  |
| --- | --- | --- |
| **Activity 7b** | **Point Value** | **Cumulative Points** |
| **Subject Matter Expert, Consultant**(e.g., expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or education program, certification exam development, including item editing.*Note: Can be local, state, or national leve*l | **.01 (per hour)** |  |
| **Role: Description:****Hours:** |  |  |
| **Role: Description:****Hours:** |  |  |
| **Role: Description:****Hours:** |  |  |
| **Role: Description:****Hours:** |  |  |
| **Role: Description:****Hours:** |  |  |
| **Role: Description:****Hours:** |  |  |
| **Role: Description:****Hours:** |  |  |

**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: Provide a thorough description of services that were provided.

|  |  |  |
| --- | --- | --- |
| **Activity 7a** | **Point Value** | **Cumulative Points** |
| **Committee participation per year**(e.g., specialty council, selection officer, special interest group, organization outside APTA related to specialty area). *Note: Can be local, state, or national leve*l | **1 per year as a member****2 per year as chair, item review coordinator and MOSC representative**  |  |
| **Committee name: Description:****Dates of appointment:****Role:** |  |  |
| **Committee name: Description:****Dates of appointment:****Role:** |  |  |
| **Committee name: Description:****Dates of appointment:****Role:** |  |  |
| **Committee name: Description:****Dates of appointment:****Role:** |  |  |
| **Committee name: Description:****Dates of appointment:****Role:** |  |  |
| **Committee name: Description:****Dates of appointment:****Role:** |  |  |

**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).

## Note: Provide a thorough description of services that were provided.

|  |  |  |
| --- | --- | --- |
| **Activity 7d** | **Point Value** | **Cumulative Points** |
| **Administrative 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. | **0.5** (per year) |  |
| **Year: Description:** |  |  |
| **Year: Description:** |  |  |
| **Year: Description:** |  |  |
| **Year: Description:** |  |  |
| **Year: Description:** |  |  |
| **Year: Description:** |  |  |
| **Year: Description:** |  |  |

**PROFESSIONAL SERVICES – ITEM WRITING FOR CERTIFICATION EXAM - 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: Provide the Certificate/Letter of participation required.

|  |  |  |
| --- | --- | --- |
| **Activity 7c** | **Point Value** | **Cumulative Points** |
| **Item Writing for Certification Exam** | **1 (per 3 accepted items)** |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |
| **Years of ITEM WRITING : Specialty area:Number of items:** |  |  |

**CLINICAL SUPERVISION OF STUDENTS OR CONSULTATION WITH PEERS SUMMARY FORM**

**Note: Use the Direct Patient Care Hours Summary Chart for this Activity**

|  |  |  |
| --- | --- | --- |
| **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).

## Note: Ensure that form has dates, number of students supervised and the school of attendance along with brief description.

|  |  |  |
| --- | --- | --- |
| **Activity 8** | **Point Value** | **Cumulative Points** |
| **Clinical Supervision** of student/peers or **clinical consultation** with peers in a health care professionThe same hours cannot be counted for both clinical and direct patient care | **0.1 (per 10 hours)** |  |
| **Institution:** **Number of students: Dates:****Length of rotation: Type of student:** |  |  |
| **Institution:****Number of students: Dates:****Length of rotation: Type of student:** |  |  |
| **Institution:****Number of students: Dates:****Length of rotation: Type of student:** |  |  |
| **Institution:****Number of students: Dates:****Length of rotation: Type of student:** |  |  |

**SATISFACTORY 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.

|  |  |  |
| --- | --- | --- |
| **Activity 3** | **Point Value** | **Cumulative Points** |
| Satisfactory **completion of a college/university course** for credit or audit related to the specialty area | **1 point per course credit hour** |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |
| **Name of course: Description:Name of institution:Date completed: Number of credits:** |  |  |

**PARTICIPATING 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:* Please include specific course descriptions for each continuing education course attended (i.e. course outline, announcement, or objectives, the certificate of completion, etc.)

|  |  |  |
| --- | --- | --- |
| **Activity 2** | **Point Value** | **Cumulative Points** |
| **Participation in a continuing education course** with specific goals and objectives related to specialty practice.Calculations are based on contact hours (class time) rather than quarter or semester course credit hours. (1 Proficiency Point = 10 contact hours, 0.1 Proficiency Point = 1 contact hour)  | **1 point per 10 contact hours** |  |
| **Name of course: Description:Location:Date completed: Number of contact hours:*Certificate of completion required.*** |  |  |
| **Name of course: Description:Location:Date completed: Number of contact hours:*Certificate of completion required.*** |  |  |
| **Name of course: Description:Location:Date completed: Number of contact hours:*Certificate of completion required.*** |  |  |
| **Name of course: Description:Location:Date completed: Number of contact hours:*Certificate of completion required.*** |  |  |

**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, journal name, volume number, and the year of publication.

|  |  |  |
| --- | --- | --- |
| **Activity 6e** | **Point Value** | **Cumulative Points** |
| **Case study or case report** (peer reviewed journal) | **2.0** per case |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |

# GRANT PROPOSAL, PRIMARY INVESTIGATOR OR CO-INVESTIGATOR - 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

|  |  |  |
| --- | --- | --- |
| **Activity 6f** | **Point Value** | **Cumulative Points** |
| **Grant proposal, primary investigator or co-investigator** | **2.0** per internal proposal**3.0** per external proposal |  |
| **Grant title: Role:****Date:Dedicated hours:**  |  |  |
| **Grant title: Role:****Date:Dedicated hours:**  |  |  |
| **Grant title: Role:****Date:Dedicated hours:** |  |  |
| **Grant title: Role:****Date:Dedicated hours:**  |  |  |
| **Grant title: Role:****Date:Dedicated hours:**  |  |  |
| **Grant title: Role:****Date:Dedicated hours:**  |  |  |
| **Grant title: Role:****Date:Dedicated hours:**  |  |  |

# CONTRIBUTION TO A 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).

## Note: Submit description of research and dates supported by a letter from the primary investigator of the published research article.

|  |  |  |
| --- | --- | --- |
| **Activity 9a** | **Point Value** | **Cumulative Points** |
| **Contribution to a research project** | **1** per project |  |
| **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:** |  |  |

**PLATFORM OR POSTER PRESENTATION AT PROFESSIONAL MEETING 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 include supporting documentation, including platform or poster title, description, date/year of presentation, location. Submit a copy of the presentation, email of completion or program where presentation is listed as supporting documentation.

|  |  |  |
| --- | --- | --- |
| **Activity 5a** | **Point Value** | **Cumulative Points** |
| **Professional Presentations in specialty area.****(Credit is given only for first time a presentation is made.)****a. Platform or poster presentation at a professional meeting** | **1pt *per presentation*** |  |
| **Poster title:****Co-investigator(s):****Meeting name:** **Date:** |  |  |
| **Poster title:****Co-investigator(s):****Meeting name:** **Date:** |  |  |
| **Poster title:****Co-investigator(s):****Meeting name:** **Date:** |  |  |
| **Poster title:****Co-investigator(s):****Meeting name:** **Date:** |  |  |
| **Poster title:****Co-investigator(s):****Meeting name:** **Date:** |  |  |
| **Poster title:****Co-investigator(s):****Meeting name:** **Date:** |  |  |

**INVITED SPEAKER TO GROUP, CLASSES, OR PORTIONS OF COURSES SUMMARY FORM**

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

**Professional Development Activities (PDA) /Description of Specialty Practice (DSP) –** identify the category for the activity and enter the point credit according to the ABPTS guidelines.

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

|  |  |  |
| --- | --- | --- |
| **Activity 5b** | **Point Value** | **Cumulative Points** |
| **Professional Presentations in specialty area.** **(Credit is given only for first time a presentation is made.)****b. Invited speaker to a group, classes, or portion of courses (including in-services)** | **0.1 per hour** |  |
| **Presentation title**:**Description**:**Sponsoring institution**:**Date**: **Length**:  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |

**PRESENTATIONS TO NON-PROFESSIONAL COMMUNITY OR CLIENT-BASED 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).

## 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.

|  |  |  |
| --- | --- | --- |
| **Activity 5c** | **Point Value** | **Cumulative Points** |
| **Professional Presentations in specialty area.** (Credit is given only for first time a presentation is made.)b. Invited speaker to a group, glasses, or portion of courses (including in-services) | **0.1 per hour** |  |
| **Presentation title**:**Description**:**Sponsoring institution**:**Date**: **Length**:  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |

**PROFESSIONAL WRITING- AUTHOR – BOOK CHAPTERS – 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 title, name of book, and date

**Can include editor, author, or co-author of publications. Submit a copy first page of each chapter written and/or table of contents as supporting documentation.**

|  |  |  |
| --- | --- | --- |
| **Activity 6a** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Author or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”1. Book chapter – multiple number of chapters by 2 points if you wrote more than one chapter or an entire book
 | **2 per chapter** |  |
| **Chapter title: Name of book:****Publication date:**  |  |  |
| **Chapter title: Name of book:****Publication date:** |  |  |
| **Chapter title: Name of book:****Publication date:** |  |  |
| **Chapter title: Name of book:****Publication date:**  |  |  |
| **Chapter title: Name of book:****Publication date:** |  |  |
| **Chapter title: Name of book:****Publication date:** |  |  |
| **Chapter title: Name of book:****Publication date:**  |  |  |

# PROFESSIONAL WRITING – AUTHOR – 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.

|  |  |  |
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| **Activity 6b** | **Point Value** | **Cumulative Points** |
| **Professional Writing** – Author or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”b. Peer reviewed journal article | **3 per article** |  |
| **Article title: Co-author(s):****Name of publication: Publication date:** |  |  |
| **Article title: Co-author(s):****Name of publication: Publication date:** |  |  |
| **Article title: Co-author(s):****Name of publication: Publication date:** |  |  |
| **Article title: Co-author(s):****Name of publication: Publication date:** |  |  |
| **Article title: Co-author(s):****Name of publication: Publication date:** |  |  |
| **Article title: Co-author(s):****Name of publication: Publication date:** |  |  |

**PROFESSIONAL WRITING – 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, including the title, name of publication, and date. Submit a copy of the article as supporting documentation.

|  |  |  |
| --- | --- | --- |
| **Activity 6c** | **Point Value** | **Cumulative Points** |
| **Professional Writing** 1. Non-peer reviewed publication
 | **.5 per article** |  |
| **Article title: Co-author(s):****Name of Publication:****Publication date:**  |  |  |
| **Article title: Co-author(s):****Name of Publication:****Publication date:**  |  |  |
| **Article title: Co-author(s):****Name of Publication:****Publication date:**  |  |  |
| **Article title: Co-author(s):****Name of Publication:****Publication date:**  |  |  |
| **Article title: Co-author(s):****Name of Publication:****Publication date:** |  |  |
| **Article title: Co-author(s):****Name of Publication:****Publication date:**  |  |  |

# PROFESSIONAL WRITING – EDITOR – BOOK EDITOR 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.

|  |  |  |
| --- | --- | --- |
| **Activity 6g** | **Point Value** | **Cumulative Points** |
| **Professional Writing - Editor**1. Book editor – multiply number of chapters by 0.5 if you edited more than one chapter or an entire book
 | **.5 per chapter** |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |

**PROFESSIONAL WRITING – EDITOR – PEER REVIEWED JOURNAL 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.

|  |  |  |
| --- | --- | --- |
| **Activity 6h** | **Point Value** | **Cumulative Points** |
| **Professional Writing - Editor**1. Peer reviewed journal editor
 | **1.5 per year** |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |
| **Case Study title: Publication:****Publication date:**  |  |  |

# PROFESSIONAL WRITING – EDITOR – EDITORIAL BOARD MEMBER 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 the publication, and date. Submit a letter as supporting documentation.

|  |  |  |
| --- | --- | --- |
| **Activity 6i** | **Point Value** | **Cumulative Points** |
| **Professional Writing - Editor**1. Editorial board member
 | **1.0 per year** |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |

# PROFESSIONAL WRITING – EDITOR – 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: Note: Please provide supporting documentation, including the title, name of publication, and date. Submit a copy of publication.

|  |  |  |
| --- | --- | --- |
| **Activity 6j** | **Point Value** | **Cumulative Points** |
| **Professional Writing - Editor**1. Non-peer reviewed publication
 | **.75 per year** |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |
| **Article title: Name of publication:****Publication date:**  |  |  |

**PROFESSIONAL WRITING – 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.

|  |  |  |
| --- | --- | --- |
| **Activity 6d** | **Point Value** | **Cumulative Points** |
| **Professional Writing - Author**1. Reviews or commentaries
 | **0.5 per review or commentary** |  |
| **Title of review: Article title:Publication:****Publication date:**  |  |  |
| **Title of review: Article title:Publication:****Publication date:**  |  |  |
| **Title of review: Article title:Publication:****Publication date:**  |  |  |
| **Title of review: Article title:Publication:****Publication date:**  |  |  |
| **Title of review: Article title:Publication:****Publication date:**  |  |  |
| **Title of review: Article title:Publication:****Publication date:**  |  |  |

**PROFESSIONAL WRITING – EDITOR - 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.

|  |  |  |
| --- | --- | --- |
| **Activity 6k** | **Point Value** | **Cumulative Points** |
| **Professional Writing - Editor**1. Book editor – multiply number of chapters by 0.5 if you edited more than one chapter or an entire book
 | **.5 per review** |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |
| **Title of Review: Article Title:****Publication:****Publication date:**  |  |  |

# 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.

|  |  |  |
| --- | --- | --- |
| **Activity 9b** | **Point Value** | **Cumulative Points** |
| **Contribution to a physical therapy outcome database system** | **.5 per year of participation** |  |
| **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: Name of database:**  |  |  |
| **Dates of participation: Name of database:** |  |  |
| **Dates of participation: Name of database:** |  |  |
| **Dates of participation: Name of database:** |  |  |