cLINICAL ELECTROPHYSIOLOGIC
Professional Development Portfolio

**Blank Forms**

**Application Deadline:**

**October 31, 2021**

[**www** **https://specialization.apta.org/**](file:///%5C%5Captaaws-file%5CPostGrad%5CRECERT%5C2022%5C2022%20Blank%20Forms%5Cwww%20https%3A%5Cspecialization.apta.org%5C)

# **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/. 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**

**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 3 out of the 9 approved activities (e.g. professional presentations, publications, clinical supervision) in addition to patient reports; for a category to count towards 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 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 points. Please do not document an excess of 60 professional development activity points.
8. The DSP has been grouped into 3 major categories in the PDP:
9. Electrophysiologic Evaluation (12 points required)
10. Basic or Clinical Sciences (7 points required)
11. Administration, Consultation, Teaching, or Research (1 point required)

An activity may span 2 or all 3 of these categories. Allocation of points for an activity into these categories is at the discretion of the applicant, within limits as set by the Council. For example:

* Authoring a book chapter on electrophysiologic examination in patients with suspected peripheral entrapment is worth 2 points. The applicant could allocate 1 point to Electrophysiologic Examination and 1 point to Basic or Clinical Sciences.
* Direct patient care of 1200 beyond the average 200 hours per year is worth 12 points. These could all be counted as Electrophysiologic Examination, or split between Electrophysiologic Examination and Basic and Clinical Sciences.
* Holding an office in the Section on Clinical Electrophysiologic for 2 years is worth 2 points, but these points would be appropriate only in the Administration category.
1. 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.
2. Candidates are required to submit supporting documentation of PDAs with their summary forms unless otherwise indicated.
3. 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 – Clinical Electrophysiology**

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| **Instructions** |
| * **Professional Development Activities (PDA) / Description of Specialty Practice) –** 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 3 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**
* DSPcategory Electrophysiologic Evaluation = 12 points required
* DSPcategory Basic or Clinical Sciences = 7 points required
* DSPcategory Administration, Consultation, Teaching, or Research = 1 point required
* *The total points across the 9 categories must be at least 20*
* Each acceptable patient report adds 5 points to the PDP point total
 |
| **Professional Development Activities****(PDA)** | **Total Points****Per****PDA Category** | **Total Points per DSP Category** |
| **Electrophysiologic Evaluation****(12 points required)** | **Basic****or****Clinical Sciences****(7 points required)** | **Administration, Consultation, Teaching, or Research****(1 point required)** |
| 1. Direct Patient Care (35 points max.) |  |  |  |  |
| 2. Participating in CE Course (3 points max.) |  |  |  |  |
| 3. Completion of College or University Course (10 points max.) |  |  |  |  |
| 4. Teaching a Course (5 points max.) |  |  |  |  |
| 5. Professional Presentations (3.3 points max.) |  |  |  |  |
| 6. Professional Writing (45.25 points max.) |  |  |  |  |
| 7. Professional Services(16 points max.) |  |  |  |  |
| 8. Clinical Supervision & Consultation (4 points max.) |  |  |  |  |
| 9. Contribution to Research Project (4 points max.) |  |  |  |  |
| PDP Points Total**( 20 points minimum required)**  |  |  |  |  |
| Patient Reports **(Each acceptable patient report adds five points)** |  | ***Points granted******per Council’s review*** | *For Office Use Only* | *For Office Use Only* |
| TOTALS |  |  |  |  |

**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).

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| **Activity #1** | **Point Value** | **Cumulative Points** |
| **Direct Patient Care** hours in specialty area(***beyond minimum eligibility requirement***) | **0.1pt (per 10 hours)** | **35 points max.** |
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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****:* **Supporting documentation required. Please include specific course descriptions for each continuing education course attended (i.e. the certificate of completion, course outline, or objectives, etc.)**

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| **Activity #2** | **Point Value** | **Cumulative Points** |
| **Participating in a continuing education course** with specific goals and objectives related to specialty practiceCalculations 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) | **1point per 10 contact hours** | **3 points max.** |
| **Name of course:****Description:****Location:****Date: Number of contact hours:** |  |  |
| **Name of course:****Description:****Location:****Date: Number of contact hours:** |  |  |
| **Name of course:****Description:****Location:****Date: Number of contact hours:** |  |  |
| **Name of course:****Description:****Location:****Date: Number of contact hours:** |  |  |
| **Name of course:****Description:****Location:****Date: Number of contact hours:** |  |  |
| **Name of course:****Description:****Location:****Date: Number of contact hours:** |  |  |
| **Name of course:****Description:****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.**

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| **Activity #3** | **Point Value** | **Cumulative Points** |
| **3**. Satisfactory **completion of a college/university course** for credit or audit related to specialty area | **1 point per course** **credit hour** | **10 points max.** |
| **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:** |  |  |

Teaching a Continuing Education 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.**

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| **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)** | **5 points max.** |
| **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:** |  |  |

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

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:* Please provide an abstract for each platform or poster presentation of scholarly work.

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| **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 | **1 per presentation** | **3 points max.** |
| **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 a Group, Classes or Portions of COURSES

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 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.**

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| **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 portions of courses (including in-services) | **0.1pt per hour** | 0.2 points max. |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date: Length:** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date: Length:** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date: Length:** |  |  |
| **Presentation title:****Description, if needed:****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: 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.**

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| **Activity #5c** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area.(Credit is given only for first time a presentation is made.)c. Presentation to non-professional community or client- based groups on topic specific to specialty area | **0.1 per hour** | **0.1 points max.** |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:** |  |  |

Authorship – 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.**

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| **Activity 6a** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**a. book chapter – multiply number of chapters by 2 points if you wrote more than one chapter or an entire book | **2** per chapter | **4 points max.** |
| **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:** |  |  |

Authorship – 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** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**b. peer reviewed journal article | **3** per article | **9 points max.** |
| **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:** |  |  |

Authorship – 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.**

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| **Activity 6c** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”Authorc. non-peer reviewed publication  | **0.5** per article | **0.5 points max.** |
| **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:** |  |  |

Authorship – 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.**

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| **Activity 6d** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**d. reviews or commentaries  | **0.5** per review or commentary | **1 point max.** |
| **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:** |  |  |

Authorship – Case Study or Case Report (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, journal name, volume number, and the year of publication.**

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| **Activity #6e** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**e. case study or case report (peer-reviewed journal) | **2.0** per case | **4 points max.** |
| **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:** |  |  |

Authorship – 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 and/or copy of grant proposal required.**

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| **Activity 6f** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**f. grant proposal, primary investigator or co-investigator  | **2.0** per internal proposal**3.0** per external proposal | **6 points max.** |
| **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:** |  |  |

EDITOR – BOOK – 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.**

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| **Activity #6g** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**g. book editor – multiply number of chapters by if you edited more than one chapter or an entire book | **0.5** per chapter | **4 points max.** |
| **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:** |  |  |

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.**

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| **Activity 6h** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**h. peer reviewed journal editor |  **1.5** per year | **6 points max.** |
| **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:****Supporting documentation.** |  |  |

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.**

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| **Activity 6i** | **Point Value** | **Cumulative Points** |
| **Professional Writing** – Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**i. editorial board member | **1.0** per year | **5 points max.** |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |

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

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| **Activity 6j** | **Point Value** | **Cumulative Points** |
| **Professional Writing** – Can include editor, author, or co-authorof publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**j. non-peer reviewed publication | **0.75** per year | .75 points max. |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |
| **Article title:****Name of publication:****Date of publication:** |  |  |

EDITOR – 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).

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

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| **Activity 6k** | **Point Value** | **Cumulative Points** |
| **Professional Writing -** Can include editor, author, or coauthor of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**k. manuscript reviewer | **0.5** per review | **5 points max.** |
| **Title of review:****Article title:****Publication:****Publication date:** |  |  |
| **Title of review:****Article title:****Publication:****Publication date:** |  |  |
| **Title of review:****Article title:****Publication:****Publication date:****Supporting documentation required.** |  |  |
| **Title of review:****Article title:****Publication:****Publication date:****Supporting documentation required.** |  |  |

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.**

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| **Activity #7a** | **Point Value** | **Cumulative Points** |
| **Professional services** a. Committee participation per year (e.g., specialty council, section officer, special interest group, organization outside APTA related to specialty area)**Note:** Can be at local, state, or national level | **1.0** per year as member**2.0** per year as chair, item review coordinator and MOSC representative | **4 points max.** |
| **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 – 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).

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

|  |  |  |
| --- | --- | --- |
| **Activity #7b** | **Point Value** | **Cumulative Points** |
| Professional Servicesb. Subject Matter Expert, Consultant (e.g., expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program, certification exam development, including item editing.)**Note**: Can be at local, state, or national level | **0.1** per hour | **2 points max.** |
| **Role:****Description:****Hours:** |  |  |
| **Role:****Description:****Hours:** |  |  |
| **Role:****Description:****Hours:** |  |  |
| **Role:****Description:****Hours:** |  |  |
| **Role:****Description:****Hours:** |  |  |
| **Role:****Description:****Hours:** |  |  |

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: Supporting documentation required. Provide the Certificate/Letter of participation**

|  |  |  |
| --- | --- | --- |
| **Activity 7c** | **Point Value** | **Cumulative Points** |
| Professional Servicesc. Item writing for certification exam | **1 (per 3 accepted items)** | **10 points max.** |
| **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:** |  |  |

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** |
| Professional Servicesd. 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. | **0.5** per year | **2 points max.** |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |

CLINICAL SUPERVISION OF STUDENTS OR CONSULTATION

WITH PEERS – SUMMARY FORM

Note: Use the Direct Patient Care Hours Summary Chart for Activity #8

|  |  |  |
| --- | --- | --- |
| **Remaining Hours Total** **split between additional** **Direct Patient Care Hours and Clinical Supervision Hours** **activity as appropriate** | **=**  | (Direct Patient Care --Approved Professional Development - Activity #1)  |
| **=**  | **Clinical Supervision -- Approved Professional Development - Activity #8)** |

**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 Supervision1 **of student/peers or** clinical consultation **with peers in a health care profession** **Indicate: Institution /Number of students or peers/****Dates/Length of rotation/Type of students** | **0.1 (per 10 hours)** | **4 points max.** |
| **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:** |  |  |

1The same hours cannot be counted for both clinical supervision and direct patient care

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).

**Note: Must be supported by a letter from the primary investigator of the published research article.**

|  |  |  |
| --- | --- | --- |
| **Activity #9a** | **Point Value** | **Cumulative Points** |
|  Research Activitiesa. Contribution to a research project, supported by a letter from the primary investigator of the published research article | **1.0** per project | **3 points max.** |
| **Title of research:****Name of primary investigator:****Date of publication:** |  |  |
| **Title of research:****Name of primary investigator:****Date of publication:****Letter from PI required.** |  |  |
| **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 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** |
| Research Activitiesb. Contribution to a Physical Therapy Outcome Database System | **0.5 per year of participation** | **1 point max.** |
| **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:** |  |  |