

GERIATRICS

PROFESSIONAL DEVELOPMENT PORTFOLIO

**Blank Forms**

**Application Deadline: January 31, 2021**

[**www.abpts.org**](http://www.abpts.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 and upload a scanned copy to the Name section of the online application)
* 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 following 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** [**www.abpts.org**](http://www.abpts.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**

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# SAMPLE – Professional Development Portfolio Summary - Geriatrics

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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 are required to obtain PDP activity points in **at least 3 professional development activities**. A candidate must have earned a minimum of **1 point** in an activity to be counted toward this requirement.
* **Total points required = 35**
* DSP category Elements of Practice = 4 points minimum required
* DSP category Patient Care = No minimum beyond minimum eligibility requirement of 2000 hours
* DSP category Knowledge Base = 4 points minimum required
 |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Points Per DSP Category** |
| **Elements of Practice (A)****(4 points minimum)** | 4.Teaching a course | 6.3 | 25 |
| 5. Professional Presentation | 1.1 |
| 6. Professional Writing | 6 |
| 7. Professional Services | 11.6 |
| **Patient Care (B)** | 1. Direct Patient Care*(20 points max)* | 20 | 20 |
| 8. Clinical Supervision & Consultation | 0 |
| 9b. Contributions to PT Outcomes Database | 0 |
| **Knowledge Base (C)****(4 points minimum)** | 2. Participating in CE Course | 2.3 | 5.3 |
| 3. Completion of a college/university course | 3.0 |
| 9a. Contribution to Research Project | 0 |
| **(An excess of 60 points will result in delayed processing/review) TOTAL** | 50.3 |

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# Approved Professional Development Activities

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| --- | --- | --- |
| **Activity / Point Value** | **Information Needed/ supporting documentation** | **Example** |
| 1. **Direct Patient Care** hours in specialty area (***beyond minimum eligibility requirement***) **0.1 (per10 hours)**

**Maximum Points 20** | Dates, location number of hours, description of role in direct patient care. Separate entry per facility | Central Physical Therapy Associates, 210 W Blvd, Jackson, OR 97185 6 hrs per wk x 50 wks per yr x 10 yrs = 3000 hrs 3000 hrs - 2000 hrs =1000 hrs |
| **2. Participating in a continuing education course** with specific goals and objectives related to specialty practice.**1pt per 10 contact hours** | Date, Title, Location, and Description: if needed, # of CEU or contact hours. **Attach specific course descriptions for each CE course attended (i.e. course outline, announcement, or objectives or the certification of completion.)** |  |
| **3**. Satisfactory **completion of a college/university course** for credit or audit related to specialty area **1 pt per credit hour** | Date, Title, Location, and Description: if needed, # of credit hours must include a copy of their transcripts **Attach official or unofficial transcripts.** | University Course – Biology of Aging. Department of Preventive Medicine University of WI, Madison, Spring 2012 3 credit course |
| 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, if needed, Date: Semester/year, School, Location, # Hours taught, # of lab hours if appropriate, 1st or second time, number of CEU or contact hours. **A*ttach specific course descriptions for each continuing education course attended (i.e. course outline, announcement, or objectives*** | Taught entry-level PT Geriatrics unitSpring Semester 2018, University of Wisconsin, Madison11 hours (second time) |
| **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 pt per presentation)** | Platform or PosterDate/Title /Description if needed, Sponsor, Location**Attach:****Flyer, Letter from Sponsor, or Program, etc., abstract of platform/poster presentation** | Poster presentation at the Gerontological Society of America entitled “Are Functionally Dependent Elders Appropriately Targeted for In-home Physical Therapy after Hospital Discharge October 2019,Los Angeles, CA |
| b. Invited speaker to a group, classes, or portions of courses (including in-services)**0.1 pt per hour** | Platform or PosterDate/Title /Description if needed, Sponsor, Location**Attach:****Flyer, Letter from Sponsor, Program, etc.** | *Presentation on the Functional Consequences of Hospitalization in the Elderly Sponsored by the University of Wisconsin**February 26, 2018 (one hour)* |
| c. Presentation to non-professional community or client-based groups on topic specific to specialty area**0.1 pt per hour** | Platform or Poster, Date/Title/Description if needed, Sponsor, Location**Attach:****Flyer, Letter from Sponsor, Program, etc.** |  |

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| **6. Professional Writing** - Can include editor, author, or co-author of publications**Author** |
| a. book chapter – multiply number of chapters by 2 points if you wrote more than one chapter or an entire book**2.0** per chapter | *Title, Publication, date**Can include editor, author, or co- author of publications* |  |
| b. peer reviewed journal article **3.0** per article | *Title, Publication, date* |  |
| c. non-peer reviewed publication **0.5** per article | *Title, Publication, date* |  |
| d. reviews or commentaries **0.5** per review or commentary |  |  |
| e. case study or case report (peer-reviewed journal)**2.0** per case |  |  |
| f. grant proposal, primary investigator or co- investigator**2.0** per internal proposal**3.0** per external proposal | Date, description,# of hours *Supported by a letter from the primary investigator* |  |
| **Editor** |  |  |
| g. book editor – multiply number of chapters by 0.5 if you edited more than one chapter or an entire book**0.5** per chapter | Name of Book, title of chapters |  |
| h. peer reviewed journal editor **1.5** per year |  |  |
| i. editorial board member **1.0** per year |  |  |
| j. non-peer reviewed publication **0.75** per year |  |  |
| k. manuscript reviewer **0.5** per review | *Manuscript Reviewer for Physical Therapy* Title, number of manuscripts |  |
| **7. Professional services** |
| a. **Committee Participation** per yearNote: 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 | Committee name, dates of service, member or chair(eg, specialty council, section officer, special interest group, organization outside APTA related to specialty area) | *Chair, Geriatric Specialty Council of the American Board of Physical Therapy Specialties, 2014-2015* |
| b. Subject Matter Expert, ConsultantNote: Can be at local, state, or national level**0.1 (per hour)** | Date, description, number of hourseg, expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program, certification exam development, including item editing. |  |

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| c. Item writing for certification exam 1pt per 3 accepted items | *Dates of service, number of items submitted* | Submitted 4 items to Geriatric SACE committee 2015. |
| d. Administration activities related to patient care/services**0.5 (per year)** | (eg, development of policies and procedures; marketing and public relations; orientation and mentoring of new staff, and supervision of physical therapists in a management role |  |
| 8. **Clinical Supervision** of students/peers or consultation with peers in a health care profession *(The same hours cannot be counted for both clinical supervision and direct patient care.)***0.1 (per 10 hours)** | Type of supervision, type of students, # of students, School, Location,date: semester year# of weeks x # hours= | *Physical Therapy Geriatrics Supervisor, University of Texas Medical Branch Department of Rehabilitative services.**May 2014 – Oct 2015.* |
| **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 role, status of project |  |
| b. Contribution to a Physical Therapy Outcome Database System**0.5 (per year of participation)** | Name of database Time Frame |  |

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# 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 are not documenting activities.
4. Candidates are required to obtain PDP activity points in **at least 3 approved professional development activities**; for an activity 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.**
8. Instructions and/or a sample response are provided at the top of each activity sheet. Also, see the approved Professional Development Activities chart above.
9. 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.
10. Candidates are required to submit supporting documentation of PDAs with their summary forms unless otherwise indicated in bold at the top of the activity form.
11. 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 W-2s, appointments letters, letters of attestation, etc.

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# Professional Development Portfolio Summary - Geriatrics

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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 3 out of 9** PDAs. A candidate must have earned a

**minimum of one (1) point** in an activity to be counted toward this requirement**.*** **Minimum Total points required = 35**

DSP category Elements of Practice = 4 points minimum requiredDSP category Patient Care = No minimum beyond minimum eligibility requirement of 2000 hours DSP category Knowledge Base = 4 points minimum required |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Points Per DSP Category** |
| **Elements of Practice (A)****(4 points minimum)** | 4.Teaching a course |  |  |
| 5. Professional Presentation |  |
| 6. Professional Writing |  |
| 7. Professional Services |  |
| **Patient Care (B)** | 1. Direct Patient Care*(20 points max)* |  |  |
| 8. Clinical Supervision & Consultation |  |
| 9b. Contributions to PT Outcomes Database |  |
| **Knowledge Base (C)****(4 points minimum)** | 2. Participating in CE Course |  |  |
| 3. Completion of a college/university course |  |
| 9a. Contribution to Research Project |  |
| **(An excess of 60 points will result in delayed processing/review) TOTAL** |  |

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# Direct Patient Care – 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).

|  |  |  |
| --- | --- | --- |
| **Total Direct Patient Care Hours from PT Experience online** |  |  |
| **Hours applied to Eligibility** |  | **2000 hours if expiring in 2021:** **1800 hours if expiring in 2022:**  |
| **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** |

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

**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 accepted.

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| --- | --- | --- |
| **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:** |  |  |

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

**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 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** | **1** 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 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, glasses, or portion of courses (including in-services)** | **0.1 per hour** |  |
| **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:**  |  |  |
| **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: 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:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****Sponsoring institution:****Location:****Date:** **Length:**  |  |  |
| **Presentation title:****Description:****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.**

|  |  |  |
| --- | --- | --- |
| **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:**  |  |  |

**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** - Author or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”1. Peer reviewed journal article
 | **3 per chapter** |  |
| **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.

|  |  |  |
| --- | --- | --- |
| **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:**  |  |  |

**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.”Author1. 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:**  |  |  |

**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 |  |
| **Case Study title: Publication name and volume:****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:**  |  |  |
| **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: Please provide supporting documentation, including the date, description of responsibilities, and number of hours spent in role and/or copy of grant proposal required.

|  |  |  |
| --- | --- | --- |
| **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 |  |
| **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:**  |  |  |

**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.

|  |  |  |
| --- | --- | --- |
| **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**1. **g. 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:**  |  |  |

**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**Peer reviewed journal editor **Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**1. **h. 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:**  |  |  |

**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 of appointment or other supporting documentation.

|  |  |  |
| --- | --- | --- |
| **Activity #6i** | **Point Value** | **Cumulative Points** |
| **Professional Writing -** Can include editor, author, or co- author of publications**Editor**1. **i. 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:**  |  |  |

**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: 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- author of publications**Editor****j. 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:**  |  |  |

**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).

## 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. Manuscript reviewer
 | **.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:**  |  |  |

**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 – 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** |
| **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:** |  |  |

**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: Provide a Certificate/Letter of participation.

|  |  |  |
| --- | --- | --- |
| **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:** |  |  |

**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:** |  |  |

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

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

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

**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 profession The 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:** |  |  |

**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: Submit a letter from the primary investigator of the published research article

|  |  |  |
| --- | --- | --- |
| **Activity #9a** | **Point Value** | **Cumulative Points** |
| **Contribution to a research project** | **1.0 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:** |  |  |
| **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** |
| **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:**  |  |  |
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| **Dates of participation: Name of database:** |  |  |