Professional Development Portfolio for Neurology

**Blank Forms**

**Application Deadline:**

**October 31, 2021**

[**https://specialization.apta.org**](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 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 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?
* **Log on to the online application at https://specialization.apta.org/and upload your Professional Development Portfolio (PDP) forms to the Prof Dev Portfolio section of the online application. 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**](mailto:spec-recert@apta.org)

**PDP Summary Forms Instructions**

1. The following pages contain one blank copy of each of the Professional Development Portfolio (PDP) Summary Forms on which you should document your professional activities since your last certification.
2. Each page is a separate form and represents a distinct category of activity (i.e., direct patient care, teaching, professional services, etc.). The category types are consistent with the ABPTS Approved Professional Development Categories.
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. You may copy the relevant blank forms as many times as you need and/or add new rows to the tables to provide the necessary documentation to support your recertification.
5. 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.
6. Instructions and/or a sample response are provided at the top of each activity sheet.
7. Candidates must identify and describe the PDA for each entry and enter the point credit according to the ABPTS guidelines as indicated.
8. Candidates must submit supporting documentation of PDAs with their summary forms unless otherwise indicated. Each Summary Form includes what type of supportive documentation is required for that activity in the activity’s instructions.
9. Each PDP is reviewed in full by the Specialty Council. The ABPTS Board will conduct random audits of PDPs. If a candidate’s PDP is selected for an audit, she/he should be able to provide evidence of involvement in PDAs such as W-2s, appointment letters, letters of attestation.

**PDP Point Requirements**

1. Candidates must obtain a minimum of 35 Professional Development Activity (PDA) points total.*(Please do not document an excess of 60 professional development activity points.)*
2. Of the 35 total points: a minimum of 3 points are required for the Knowledge Area category and a minimum of 32 points are required for the Practice Expectations category.
   1. Classification of an activity in the Knowledge or Practice Expectation categories should be done in reference to the 2016 Neurologic Description of Specialty Practice. Please reference the full document for details, generally they are described here:
      1. Knowledge Areas:
         1. Foundation Sciences
         2. Behavior Sciences
         3. Clinical Sciences
         4. Clinical Reasoning and Critical Inquiry
      2. Practice Expectations:
         1. Professional Roles, Responsibilities and Values
            1. Communication, Education, Consultation, Evidence-Based Practice, Prevention/Wellness and Health Promotion, Social Responsibility and Advocacy, Leadership, Professional Development
         2. Patient and Client Management
            1. Examination, Intervention, Outcomes Assessment
   2. Some items are only able to be counted towards Knowledge, and some to Practice Expectations as noted in the Summary Forms. In the items where the activity could be counted as either, the candidate is asked to delineate which area they would like the points allocated to and support the choice of classification with the supportive documentation in accordance with the Description of Specialty Practice
3. Points must be obtained in at least 4 of the 9 approved categories; for a category to count toward this requirement a minimum of one (1) point must be documented in that category
4. A minimum of 1 point TOTAL is required in one of the following PDAs: 5a, 6a, 6b, 6e, 6f, 6g, or 9a
5. A minimum of 1 point TOTAL is required for one of the following PDAs: 7a, 7b, 7c, 7d, or 8

**Professional Development Portfolio Summary - Neurology**

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| Instructions:   * Use this grid to enter the point value associated with each activity and the total points per category * Total points required = 35 * DSP category Knowledge Areas = 3 points minimum * DSP category Practice Expectations = 32 points minimum * 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 of 1 point total required in one of the following PDA categories 5a, 6a, 6b, 6e, 6f, 6g, or 9a** * **Minimum of 1 point total required in one of the following PDA categories 7a, 7b, 7c, 7d, or 8** | | | | | |
| **Professional Development Activities(PDA)**  **(9 Total Categories)** | **Total Points Per**  **PDA Category** | **Total Points per DSP Activity** | | | |
|  |  | **Knowledge Areas**  **(3 points minimum)** | | **Practice Expectations**  **(32 points minimum)** | |
| 1. Direct Patient Care (20 points max.) |  |  | |  | |
| 1. Participating in CE Course |  |  | |  | |
| 1. Completion of College or University Course |  |  | |  | |
| 1. Teaching a CE or College/University Course |  |  | |  | |
| 1. Professional Presentations |  |  | |  | |
| * 1. Platform/poster |  |  | |  | |
| * 1. Invited speaker |  |  | |  | |
| * 1. Non-professional/client |  |  | |  | |
| 1. Professional Writing |  |  | |  | |
| * 1. Author of book chapter |  |  | |  | |
| * 1. Author of peer-reviewed journal article or case report |  |  | |  | |
| * 1. Author of non-peer reviewed publication |  |  | |  | |
| * 1. Author of review or commentary |  |  | |  | |
| * 1. Author of grant proposal, primary or co-investigator |  |  |  | | |
| * 1. Book editor |  |  |  | | |
| * 1. Editor of peer reviewed journal |  |  |  | | |
| * 1. Editorial board member |  |  |  | | |
| * 1. Editor of non-peer reviewed publication |  |  |  | | |
| * 1. Manuscript reviewer |  |  |  | | |
| 1. Professional Services |  |  |  | | |
| * 1. Committee participation |  |  |  | | |
| * 1. Subject Matter Expert |  |  |  | | |
| * 1. Item writing for certification exam |  |  |  | | |
| * 1. Administrative Activities |  |  |  | | |
| 1. Clinical Supervision & Consultation |  |  |  | | |
| 1. Contribution to Research Project |  |  |  | | |
| * 1. Contribution to a research project |  |  |  | | |
| * 1. Contribution to a PT outcome database system |  |  |  | | |
| TOTALS |  |  |  | | |
|  |  | **(3 points minimum)** | **(32 points minimum)** | | |

1. **Direct Patient Care – Summary Form**

*Required:* Complete the chart below; begin by filling out your Total Direct Patient Care Hours from the online PT experience chart.

**Points in this activity are applied to Practice Expectations.**

|  |  |  |
| --- | --- | --- |
| **Total Direct Patient Care Hours from online PT Experience Chart** |  |  |
| **- 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** |

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| --- | --- | --- |
| **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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1. **Participation In a Continuing Education Course – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the course, the activity may be classified in either Knowledge Areas or Practice Expectations. The description and/or supportive documentation should clearly support the classification.

*Supporting Documentation:* The specific course descriptions for each continuing education course attended (i.e. the certificate of completion, course outline, announcement, or objectives, etc.). For larger conferences like CSM, please include details on courses attended that are specific to the neurologic specialty area.

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| **Activity 2** | **Point Value** | **Cumulative Points** |
| **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 Point = 10 contact hours, 0.1 Point = 1 contact hour) | **1 point per 10 contact hours** |  |
| **Name of course:**  **Knowledge or Practice Expectations:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course:**  **Knowledge or Practice Expectations:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course:**  **Knowledge or Practice Expectations:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |
| **Name of course:**  **Knowledge or Practice Expectations:**  **Description, if needed:**  **Location:**  **Date:**  **Number of contact hours:** |  |  |

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

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the course, the activity may be classified in either Knowledge Areas or Practice Expectations. The description and/or supportive documentation should clearly support the classification.

*Supporting Documentation*: 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 specialty area | **1 point per course credit hour** |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:**  **Knowledge or Practice Expectations:** |  |  |

1. **Teaching a Continuing Education Course or College/University Course – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the course, the activity may be classified in either Knowledge Areas or Practice Expectations. The description and/or supportive documentation should clearly support the classification.

*Note (!):* To gain points in this activity, one must be a primary instructor of the course. If candidate is not a primary instructor, then the points should be included in Activity 5b (Invited Speaker to a group, classes or portions of courses).

*Supporting Documentation:* 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:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of course:**  **Name of institution:**  **Dates (semester):**  **Number of contact hours:**  **Knowledge or Practice Expectations:** |  |  |

**5a. Platform or Poster Presentation at Professional Meeting – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the presentation, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Credit is given only the first time a presentation is made.

*Supporting Documentation*: A copy of the poster/platform presentation and/or abstract, email or letter of acceptance for presentation at meeting.

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| **Activity 5a** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area:  **Platform or poster presentation at a professional meeting** | **1.0 point per presentation** |  |
| **Platform or Poster title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Knowledge or Practice Expectations:** |  |  |
| **Platform or Poster title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Knowledge or Practice Expectations:** |  |  |
| **Platform or Poster title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Knowledge or Practice Expectations:** |  |  |
| **Platform or Poster title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Knowledge or Practice Expectations:** |  |  |
| **Platform or Poster title:**  **Co-investigator(s):**  **Meeting name:**  **Date:**  **Knowledge or Practice Expectations:** |  |  |

**5b. Invited Speaker to Group, Classes, or Portions of Courses – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the presentation, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Credit is given only the first time a presentation is made.

*Supporting Documentation:* A copy of the flyer, sign in sheet, handouts, presentation, or letter from host organization.

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| **Activity 5b** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area:  **Invited speaker to a group, classes, or portions of courses (including in-services)** | **0.1 point per hour** |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:**  **Knowledge or Practice Expectations:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:**  **Knowledge or Practice Expectations:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:**  **Knowledge or Practice Expectations:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:**  **Knowledge or Practice Expectations:** |  |  |

**5c. Presentations to Non-Professional Community or Client-Based Group – Summary Form**

**Points in this activity are applied to Practice Expectations.**

Credit is given only the first time a presentation is made

*Supporting Documentation:* A copy of a flyer, letter from host organization, sign in sheet, handouts, or a copy of the presentation.

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| **Activity 5c** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area:  **Presentation to non-professional community or client-based groups** on topic specific to specialty area | * 1. **point per hour** |  |
| **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:** |  |  |
| **Presentation title:**  **Description, if needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:** |  |  |

**6a. Professional Writing – Author – Book Chapters – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the chapter, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Candidate can be a primary author or a co-author.

*Supporting Documentation:* A copy of the first page of each chapter written and/or table of contents. If additional content is needed to support the allocation to either Knowledge or Practice Expectations, please also include.

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| **Activity 6a** | **Point Value** | **Cumulative Points** |
| **Professional Writing -** Can include author or co-author  **Book chapter** – multiply number of chapters by 2 points if you wrote more than one chapter or an entire book | **2 points per chapter** |  |
| **Chapter title:**  **Name of book:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Chapter title:**  **Name of book:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Chapter title:**  **Name of book:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Chapter title:**  **Name of book:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Chapter title:**  **Name of book:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |

**6b. Professional Writing – Author – Peer Reviewed Journal Article or Case Report – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the article, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Candidate can be a primary author or a co-author as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

*Supporting Documentation:* A copy of the article.

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| **Activity 6b** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing**  b**. Peer reviewed journal article** | **3 points per article** |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |

**6c. Professional Writing – Author – Non-Peer Reviewed Publication or Clinical Grant – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the publication, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Candidate can be a primary author or a co-author as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

Non-research grants are included in this activity such as a grant written to obtain clinical equipment specific to specialty area.

*Supporting Documentation:* A copy of the article/publication or grant.

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| **Activity 6c** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing**  c**. Non-peer reviewed publication** (example: PT Now or Edge Guidelines) | **.5 points per publication/grant** |  |
| **Article/Grant title:**  **Co-author(s):**  **Name of publication/Funding Source:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article/Grant title:**  **Co-author(s):**  **Name of publication/Funding Source:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article/Grant title:**  **Co-author(s):**  **Name of publication/Funding Source:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |
| **Article/Grant title:**  **Co-author(s):**  **Name of publication/Funding Source:**  **Publication date:**  **Knowledge or Practice Expectations:** |  |  |

**6d. Professional Writing – Author – Reviews or Commentaries – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the review/commentary, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Candidate can be a primary author or a co-author as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

*Supporting Documentation:* A copy of review/commentary.

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

**6e. Authorship – Grant Proposal, primary investigator or co-investigator – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the review/commentary, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

*Note (!):*This activity relates specifically to grants/proposals related to scientific inquiry. For clinical grants/proposals (such as a grant for clinical equipment), please document under 6c. Authorship- Non-Peer Reviewed Publication/Grant

*Supporting Documentation:* *Please provide supporting documentation, including the date, description of responsibilities, and number of hours spent in role and/or copy of grant proposal required.*

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| **Activity 6e** | **Point Value** | **Cumulative Points** |
| **Professional Writing –**  **Grant proposal, primary investigator or co-investigator** | **2.0 per internal proposal**  **3.0 per external proposal** |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Grant title:**  **Role:**  **Date:**  **Dedicated hours:**  **Knowledge or Practice Expectations:** |  |  |

**6f. Professional Writing – Editor – Book Editor – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the chapter, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Editor as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

*Supporting Documentation:* A copy of the first page of each chapter written and/or table of contents. If additional content is needed to support the allocation to either Knowledge or Practice Expectations, please also include.

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| **Activity 6f** | **Point Value** | **Cumulative Points** |
| **Professional Writing**  **Book Editor** – multiply number of chapters by 0.5 points if you edited more than one chapter or an entire book | **0.5 points per chapter** |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:**  **Knowledge or Practice Expectations:** |  |  |

**6g. Professional Writing – Editor – Peer Reviewed Journal – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the journal, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Editor as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

*Supporting Documentation:* A letter of appointment

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| **Activity 6g** | **Point Value** | **Cumulative Points** |
| **Professional Writing**  **Editor-Peer Reviewed Journal** | **1.5 per year** |  |
| **Name of Journal:**  **Dates of appointment:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of Journal:**  **Dates of appointment:**  **Knowledge or Practice Expectations::** |  |  |
| **Name of Journal:**  **Dates of appointment:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of Journal:**  **Dates of appointment:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of Journal:**  **Dates of appointment:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of Journal:**  **Dates of appointment:**  **Knowledge or Practice Expectations:** |  |  |

**6h. Professional Writing – Editor – Editorial Board Member – Summary Form**

**Points in this activity are applied to Practice Expectations.**

Editor as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

*Supporting Documentation:* A letter of appointment is required for each.

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| **Activity 6h** | **Point Value** | **Cumulative Points** |
| **Professional Writing -**  **Editorial Board Member** | **1.0 points per year** |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |

**6i. Professional Writing – Editor – Non-peer Reviewed Publication – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the publication, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

*Supporting Documentation:* A copy of the publication

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| **Activity 6i** | **Point Value** | **Cumulative Points** |
| **Professional Writing**  **Non-peer reviewed publication** | **.75 per year** |  |
| **Article title:**  **Name of publication:**  **Date of publication:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Name of publication:**  **Date of publication:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Name of publication:**  **Date of publication:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Name of publication:**  **Date of publication:**  **Knowledge or Practice Expectations:** |  |  |
| **Article title:**  **Name of publication:**  **Date of publication:**  **Knowledge or Practice Expectations:** |  |  |

**6j. Professional Writing – Manuscript Reviewer – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the content of the manuscript, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

Reviewer as defined in accordance with the ICMJE “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”

*Note:* Please provide a description below including the name of publication, titles of manuscripts reviewed and the number of manuscripts.

|  |  |  |
| --- | --- | --- |
| **Activity 6j** | **Point Value** | **Cumulative Points** |
| **Professional Writing**  **Manuscript Reviewer** | **0.5 per manuscript** |  |
| **Name of publication:**  **Title of manuscript(s):**  **Number of manuscripts:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of publication:**  **Title of manuscript(s):**  **Number of manuscripts:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of publication:**  **Title of manuscript(s):**  **Number of manuscripts:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of publication:**  **Title of manuscript(s):**  **Number of manuscripts:**  **Knowledge or Practice Expectations:** |  |  |
| **Name of publication:**  **Title of manuscript(s):**  **Number of manuscripts:**  **Knowledge or Practice Expectations:** |  |  |

**7a. Professional Services – Committee Participation – Summary Form**

**Points in this activity are applied to Practice Expectations.**

*Note*: Provide a thorough description of services that were provided in the details below.

|  |  |  |
| --- | --- | --- |
| **Activity 7a** | **Point Value** | **Cumulative Points** |
| **Committee Participation** per year  Can be at local, state, or national level  Examples: specialty council, section officer, special interest group, organization outside APTA related to specialty area | **1 point per year as member**  **2 points per year as chair, item review coordinator and MOSC representative** |  |
| **Committee name:**  **Description of services:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description of services:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description of services:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description of services:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description of services:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description of services, if needed:**  **Dates of appointment:**  **Role:** |  |  |

**7b. Professional Services – Subject Matter Expert – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the description of the activity, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

*Note:* Provide a thorough description of services that were provided in the details below.

|  |  |  |
| --- | --- | --- |
| **Activity 7b** | **Point Value** | **Cumulative Points** |
| **Subject Matter Expert, Consultant**  Can be at local, state, or national level  Examples: expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program, certification exam development, including item editing | **0.1 (per hour)** |  |
| **Role:**  **Description:**  **Hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Role:**  **Description:**  **Hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Role:**  **Description:**  **Hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Role:**  **Description:**  **Hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Role:**  **Description:**  **Hours:**  **Knowledge or Practice Expectations:** |  |  |
| **Role:**  **Description:**  **Hours:**  **Knowledge or Practice Expectations:** |  |  |

**7c. Professional Services – Item Writing – Summary Form**

**Points in this activity are applied to Practice Expectations.**

*Supporting Documentation:* Certificate of items accepted for NCS certification exam, specifying the number of items.

|  |  |  |
| --- | --- | --- |
| **Activity 7c** | **Point Value** | **Cumulative Points** |
| **Item Writing for Certification Exam** | **1 (per 3 accepted items)** |  |
| **Years of item writing:**  **Number of items:**  **Knowledge or Practice Expectations:** |  |  |
| **Years of item writing:**  **Number of items:**  **Knowledge or Practice Expectations:** |  |  |
| **Years of item writing:**  **Number of items:**  **Knowledge or Practice Expectations:** |  |  |
| **Years of item writing:**  **Number of items:**  **Knowledge or Practice Expectations:** |  |  |
| **Years of item writing:**  **Number of items:**  **Knowledge or Practice Expectations:** |  |  |
| **Years of item writing:**  **Number of items:**  **Knowledge or Practice Expectations:** |  |  |

**7d. Professional Services – Administration Activities Related to Patient Care/Services – Summary Form**

**Points in this activity are applied to Practice Expectations.**

*Note:* Provide a thorough description of services that were provided in the details below.

|  |  |  |
| --- | --- | --- |
| **Activity 7d** | **Point Value** | **Cumulative Points** |
| **Administration activities related to patient care/services**  Examples: 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:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |

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

*Note:* If also documenting points in Activity 1, Direct Patient Care, transfer the numbers from the grid in that Activity to the grid below. The numbers should match such that hours are consistently delineated to direct patient care or clinical supervision.

|  |  |  |
| --- | --- | --- |
| **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** |

**Points in this activity are applied to Practice Expectations.**

Please specify below the dates, number of students supervised and the school of attendance along with brief description of the type of student.

|  |  |  |
| --- | --- | --- |
| **Activity 8** | **Point Value** | **Cumulative Points** |
| **Clinical Supervision** 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**  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:** |  |  |

**9a. Contribution to a Research Project – Summary Form**

**Points in this activity may be applied to either Knowledge or Practice Expectations:**

Depending on the specifics of the research project, the activity may be classified in either Knowledge Areas or Practice Expectations. The supportive documentation should clearly support the classification.

*Note (!):* If you have claimed points for a project in Activity 6e (Primary/Co-Investigator of Grant Proposal), you will need to specify how the contributions listed here are separate/distinct if you are using the same project here.

*Supporting Documentation:* Submit description of research and dates supported by a letter from the primary investigator of the research project.

|  |  |  |
| --- | --- | --- |
| **Activity 9a** | **Point Value** | **Cumulative Points** |
| **Contribution to a research project** | **1.0 per project** |  |
| **Title of research:**  **Name of primary investigator:**  **Dates of participation:**  **Knowledge or Practice Expectations:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Dates of participation:**  **Knowledge or Practice Expectations:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Dates of participation:**  **Knowledge or Practice Expectations:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Dates of participation:**  **Knowledge or Practice Expectations:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Dates of participation:**  **Knowledge or Practice Expectations:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Dates of participation:**  **Knowledge or Practice Expectations:** |  |  |

**9b. Contribution to a Physical Therapy Outcomes Database – Summary Form**

**Points in this activity are applied to Practice Expectations.**

*Note:* Please provide details below including timeframe of participation and name of database.

|  |  |  |
| --- | --- | --- |
| **Activity 9b** | **Point Value** | **Cumulative Points** |
| **Contribution to physical therapy outcome database system**  Example: Contributing data to FOTO or APTA Registry for patients with Neurologic Conditions  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. | **0.5 per year 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:** |  |  |
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| **Name of database:**  **Dates of participation:** |  |  |
| **Name of database:**  **Dates of participation:** |  |  |