Orthopaedic

Professional Development Portfolio

**Blank Forms**

**Application Deadline:**

**October 31, 2021**

[**www.specialization.apta.org/**](http://www.specialization.apta.org/)

# **Checklist for Recertification**

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

* Verification of Physical Therapy License (If your state does not have license verification available via the Internet, you must request that license verification from your state board be sent directly to the Specialist Certification Program.)
* Completion of your online recertification application.
* All Professional Development Activities forms are typewritten and completed in full

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

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

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

* Submit ***all*** supporting documentation for the Professional Development Activities listed in the 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.specialization.apta.org**](http://www.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**](mailto:spec-recert@apta.org)

**SAMPLE - Professional Development Portfolio Summary - Orthopaedics**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 4 professional development activities**; for a category to count toward this requirement a minimum of **1 point** must be documented. * **Total points required = 35** * DSP category Practice Dimensions and Procedures/Knowledge Areas 1-5 = 14 points max * DSP category Professional Responsibilities   1. Consultation and Education = 1 point required in at least 2 subcategories  2. Critical Inquiry = 1 point required in at least 2 subcategories | | | |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Points Per DSP Category** |
| **(A)**  **Practice Dimensions and Procedures/Knowledge Areas 1-5** | Direct Patient Care  *(14 points max)* | 10.4 | **10.4** |
| **(B)**  **Professional Responsibilities**  **1. Consultation and Education**  **(1 point required in two sub-categories)** | 1a. Teaching a continuing education course or college/university course related to specialty area | 11.8 | **22.8** |
| 1b. Subject Matter Expert, Consultant |  |
| 1c. Committee participation per year | 9.0 |
| 1d. Item writing for certification exam |  |
| 1e. Clinical supervision | 2.0 |
| 1f.Professional Services |  |  |
| **(B)**  **Professional Responsibilities**  **2. Critical Inquiry**  **(1 point required in two sub-categories)** | 2a (i) Satisfactory completion of college/university course related to specialty area |  | **5.65** |
| 2a (ii) Participating in a continuing education course related to specialty practice |  |
| 2b (i) Case study or case report |  |
| 2c (i) Grant proposal, primary investigator or co-investigator |  |
| 2c (ii) Contribution to a research project |  |
| 2c (iii) Professional Presentations | 4.65 |
| 2c (iv) Professional Writing – Author (book chapter, peer-reviewed journal article and non-peer reviewed publication) |  |
| 2c (v) Professional Writing – Editor |  |
| 2d (i) Professional Writing – Author (reviews or commentaries)/Editor (manuscript reviewer) | 1 |
| 2e (i) Contribution to physical therapy outcome database system |  |
| **TOTAL** | | | **38.85** |

**Approved Professional Development Activities Overview**

|  |  |  |
| --- | --- | --- |
| **Activity/ Point Value** | **Information needed/supporting documentation** | **Example** |
| **A. Practice Dimensions and Procedures/Knowledge Areas 1-5** | | |
| 1. **Direct Patient Care** hours in specialty area  **Every 10 hours earns** *(after subtracting 2000 hours)***.1 point up to a maximum of 14 points** | Dates, location number of hours, description of role in direct patient care. **Separate entry per facility** | Hoag Hospital – Outpatient  Orthopedics 2014  1400 hours x .01=14 |
| **B. Professional Responsibilities** | | |
| **1. Consultation and Education** | | |
| **a. 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 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, Date: Semester/year, School, Location, # Hours taught, # of lab hours if appropriate first or second time, number of CEU or contact hours  **Supporting Documentation:**  Syllabus, course description, letter | Taught entry-level PT Orthopedics unit  Spring Semester 2016, University of Wisconsin, Madison 11 hours (second time) |
| **b. Subject Matter Expert, Consultant**  **0.1 points per hours**  Note: Can be at local, state, or national level | Date, description, number of hours (e.g., expert witness, grant reviewer, insurance reviewer, liaison or consultant to professional association, service, or educational program, certification exam development, including item editing.) | Invited and served on expert panel gathered by the Texas Department of Assistive and Rehabilitative Services to provide consultation and recommendations regarding therapy needs and service planning and development of atypical enrollment criteria for Texas ECI. Fall 2014 20hours |
| **c. Committee Participation per Year**   1. per year as member   **2.0** per year as chair, item review coordinator and MOSC representative  Note: Can be at local, state, or national level | Committee name, dates of service, member or chair  (e.g., specialty council, section officer, special interest group, organization outside APTA related to specialty area) | *Chair, Orthopaedic Specialty Council of the American Board of Physical Therapy Specialties, 2014-2016*  *Member, Connecticut Concussion Task Force, 2015 – present.* |
| **d. Item Writing for Certification Exam**  **1 (per 3 accepted items)** | Dates of service, number of items submitted | Submitted 4 items to Orthopaedic SACE committee 2019. |
| **e. Clinical Supervision** of students/peers or consultation with peers in a health care profession  **0.1 (per 10 hours)** | Type of supervision, type of students, # of students, School, Location, date: semester year,  # of weeks x # hours  or # of consultation hours or peer supervision and profession | Entry Level Physical Therapy Student – Lebanon Valley College: Winter 2013  (8 weeks X 35 hours per week = 280 hours). |
| **f. Professional Services – Administrative Activities**  **0.5 (per year)** | e.g., development of policies and procedures; marketing and public relations; orientation and mentoring of new staff, and supervision of physical therapists in a management role | Clinical Supervisor, Department of Physical Therapy and Occupational Therapy Services, Children’s Hospital Boston, Boston Massachusetts.  Responsibilities Included: Administration of inpatient services, orientation, mentorship, direct supervision of clinical staff.  Years in position: 2001-2010 |

|  |  |  |
| --- | --- | --- |
| **2. Critical Inquiry** | | |
| **a. Maintain state of art knowledge and skill** | | |
| i. **Satisfactory completion of a college/university course** for credit or audit related to specialty area  **1 point per credit hour** | Date, Title, Location, Description: if needed, # of credit hours must include a copy of transcripts (Official or unofficial transcripts are acceptable | Diagnostic Screening, 3 credit hours, MGH Institute of Health Professions, Transitional DPT Program  (3 credit hours x 1 point = 3 points) |
| ii. **Participating in a continuing education course** with specific goals and objectives related to specialty practice.  Calculations are based on contact hours (class time) rather than quarter or semester course credit hours.  **1 proficiency point = 10 contact hours, .1 proficiency point = 1 contact hour** | Date, Title, Location,  Description, # of CEU or contact hours | ***Date:*** *February 2014*  ***Description:*** *The osteoarthritic knee, 16 hours, course held at Washington University* |
| **b. Apply principles of evidence based practice (EBP)** | | |
| i. **Case study or case report** (peer- reviewed journal)  **2.0** per case | Title, Journal, Vol, Year | Effectiveness of manual therapy techniques on a patient with TMJ dysfunction: A Case Study, JOSPT, 2014 |
| **c. Contribute to the body of knowledge of Orthopaedic Physical Therapy** | | |
| i. **Grant proposal, primary investigator, or co-investigator**  **2.0** per internal proposal  **3.0** per internal proposal | Date, description,  #of hours | ***Date****: 2016-2017,* ***# of hours****: 20 hrs,* ***Description****: Served on a grant review panel for NIH NIAMS (National Institute of Arthritis, Musculoskeletal, and Skin Diseases* |
| ii. **Contribution to a research project**  **1.0 per project** | Description of research and dates supported by a letter from the primary investigator of the published research article | *2015-2017 Movement and Participation in Life Activities for Young Children with Cerebral Palsy (Move and Play). Therapist Assessor/Data Collector.* |
| iii. **Professional Presentation in specialty area** (Credit is given only for first time a presentation is made.) | | |
| 1. **Platform or poster presentation** at a professional meeting  **1 point per presentation** | Platform or Poster Title /Description, date/year  Conference Location  Flyer, Letter from Sponsor, Program, etc | . |
| 2. **Invited speaker to a group, classes, or portions of courses** (including in-services)  **0.1 points per hour** | Title, Date, Group, Location, Hours, | *Presentation on the Functional Consequences of Hospitalization in the Elderly Sponsored by the University of Wisconsin*  *February 26, 2016 (one hour)* |
| 3. **Presentation to non-professional community or client-based groups** on topic specific to specialty area    **0.1 point per hour** | Title, Date, Group, Location, Hours  Documentation: Flyer, Letter from Sponsor, Program if available | Title: Flexibility and Fitness for Individuals with Arthritis  Group: Local Arthritis Support Group Location: San Antonio, Texas Hours: 2 |
| iv. **Professional Writing – Author or co-author of publications** | | |
| 1. **Book Chapter –** multiply number of chapters by 2 points if you wrote more than one chapter or an entire book  **2.0** points per chapter | Title, Publication, date  Can include editor, author, or co-author of publications | **Title of Book**: Orthopedic Rehabilitation Clinical Advisors, **Chapter**: Upper Cervical Spine Clinical Decision Making, **Publisher**: Mosley, **Year of Publication**: 2015 |
| 2. **Peer-reviewed journal article**  **3.0** per article | Title, Publication, date, Copy of Article |  |
| 3. **Non-peer reviewed publication**  **0.5** per article | Title, Publication, date  Copy of Article |  |
| v. **Professional Writing - Editor** |  |  |
| 1. **Book Editor** – multiply number of chapters by .5 if you edited more than one chapter or an entire book  **0.5** points per chapter | Name of Book, title of chapter, copy of chapters |  |
|  |  |  |
| 2. **Peer reviewed journal editor** | Title, Publication, date, Letter, copy of publication |  |
| 3. **Editorial Board Member**  **1.0** per year | Publication, date, letter |  |
| 4. **Non-peer reviewed publication**  **0.75** per year | Title, Publication, date  Copy of publication | *Title, Publication, date:* ***Date****: February 2016,* ***Publication****: The Role of Physical Therapist in Emergency Departments,* ***Name of Publication****: PT in Motion* |
| **d. Appraisal of research findings on Orthopaedic practice** | | |
| i. **Professional Writing- Author/Editor** | | |
| 1. **Reviews or commentaries**  **0.5** per review or commentary |  | Citation: Smith AL: Utilization of Physical Therapists in the 21st Century, JOSPT, Vol 22 (3): pp 313-315 |
| 2. **Manuscript reviewer**  **0.5** per review (maximum of 5) | Manuscript Reviewer for Physical Therapy  Title, number of manuscripts | **Journal**: JOSPT, **Manuscripts reviewed**: 3  **Years as a reviewer**: 2014-2016 |
| **e. Application of research findings to Orthopaedic practice** | | |
| i. **Contribution to a physical therapy outcome database system**  **0.5 points per year of participation** | Name of database  Time Frame | **Name of Data Base**: FOTO, **Time Frame**: 2014-2017 |
| **Total Minimum 35 points**  **Maximum 60 points** | | |

# **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 4 approved categories**; for a category to count toward this requirement a minimum of **one (1) point** must be documented.
5. You may copy the relevant blank forms as many times as you need to provide the necessary documentation to support your recertification.
6. Please contact a staff member of the Recertification Program if you are unclear as to whether an activity can be included in the PDP, or if you have questions about where to record the activity on the PDP form.
7. Candidates must obtain a minimum of 35 Professional Development Activity (PDA) points. **Please do not document an excess of 60 professional development activity points.**
8. Instructions and/or a sample response are provided in the shaded area of activity sheets. Also, see the orthopaedic 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.
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, appointment letters, letters of attestation, etc.

**Professional Development Portfolio Summary - Orthopaedics**

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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 one (1) point in an activity category to be counted toward this requirement. * **Total points required = 35** * DSP category **Practice Dimensions and Procedures/Knowledge Areas 1-5 = 14 points max** * DSP category Professional Responsibilities   1. Consultation and Education = **1 point each required in at least 2 separate subcategories**  2. Critical Inquiry = **1 point each required in at least 2 separate subcategories** | | | |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Points Per DSP Category** |
| **(A)**  **Practice Dimensions and Procedures/Knowledge Areas 1-5** | Direct Patient Care  *(14 points max)* |  | **14** |
| **(B)**  **Professional Responsibilities**  **1. Consultation and Education**  **(1 full point in two separate sub-categories )** | 1a. Teaching a continuing education course or college/university course related to specialty area |  |  |
| 1b. Subject Matter Expert, Consultant |  |
| 1c. Committee participation per year |  |
| 1d. Item writing for certification exam |  |
| 1e. Clinical supervision |  |
|  | 1f.Professional Services |  |
| **(B)**  **Professional Responsibilities**  **2. Critical Inquiry**  **(1 full point in two separate sub-categories)** | 2a (i) Satisfactory completion of college/university course related to specialty area |  |  |
| 2a (ii) Participating in a continuing education course related to specialty practice |  |
| 2b (i) Case study or case report |  |
| 2c (i) Grant proposal, primary investigator or co-investigator |  |
| 2c (ii) Contribution to a research project |  |
| 2c (iii) Professional Presentations |  |
| 2c (iv) Professional Writing – Author (book chapter, peer-reviewed journal article and non-peer reviewed publication) |  |
| 2c (v) Professional Writing – Editor |  |
| 2d (i) Professional Writing – Author (reviews or commentaries)/Editor (manuscript reviewer) |  |
| 2e (i) Contribution to physical therapy outcome database system |  |
| **TOTAL** | | |  |

**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** |  |  |
| **Hours applied to Eligibility** | - | **2000 hours if expiring in 2020:**  **1800 hours if expiring in 2021:**  **1600 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** |

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

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

|  |  |  |
| --- | --- | --- |
| **Activity 1** | **Point Value** | **Cumulative Points** |
| **A. Practice Dimensions and Procedures/Knowledge Areas 1-5** | | |
| **Direct Patient Care** hours in specialty area  (***beyond minimum eligibility requirement***) | **0.1 (per 10 hours)** | **14 points max.** |
|  |  |  |
|  |  |  |
|  |  |  |
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**Teaching a Continuing Education Course or College/University Course – Summary Form**

**Professional Development Activity Description –** Describe the professional development activity and enter the point credit according to the ABPTS guidelines. Candidates must document professional development activities that reflect the content of the *Description of Specialty Practice* (DSP).

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

|  |  |  |
| --- | --- | --- |
| **Activity #1a** | **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:** |  |  |
| **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 included at the time of submission.**

**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 #1b** | **Point Value** | **Cumulative Points** |
| **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)** |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |
| **Role:**  **Description:**  **Hours:** |  |  |

**Professional Services – Committee Participation – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

**Note: Provide a thorough description of services that were provided.*****\*\*\*This activity does not include association or section membership\*\*\****

|  |  |  |
| --- | --- | --- |
| **Activity #1c** | **Point Value** | **Cumulative Points** |
| **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** per year as member  **2** per year as chair, item review coordinator and MOSC representative |  |
| **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:** |  |  |
| **Committee name:**  **Description, if needed:**  **Dates of appointment:**  **Role:** |  |  |

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

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

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

*Description of Specialty Practice* (DSP).

**Note: Provide the certificate/letter of participation**

|  |  |  |
| --- | --- | --- |
| **Activity #1d** | **Point Value** | **Cumulative Points** |
| **Item Writing for Certification Exam** | **1 (per 3 accepted items)** |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |
| **Years of SACE:**  **Specialty area:**  **Number of items:** |  |  |

**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 this form has dates, number of students supervised and the school of attendance along with brief description.**

|  |  |  |
| --- | --- | --- |
| **Activity 1e** | **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** | **0.1 (per 10 hours)** |  |
| The same hours cannot be counted for both clinical and direct patient care |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 #1f** | **Point Value** | **Cumulative Points** |
| **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)** | **5 Point Maximum** |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |

**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.**

|  |  |  |
| --- | --- | --- |
| **Activity #2a** | **Point Value** | **Cumulative Points** |
| **i**. 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:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |
| **Name of course:**  **Description, if needed:**  **Name of institution:**  **Date completed:**  **Number of credits:** |  |  |

**Participating In a Continuing Education Course – Summary Form**

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

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

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

|  |  |  |
| --- | --- | --- |
| **Activity 2a** | **Point Value** | **Cumulative Points** |
| **ii. Participating in a continuing education course** with specific goals and objectives related to specialty practice  Calculations are based on contact hours (class time) rather than quarter or semester course credit hours. (1 Proficiency Point = 10 contact hours, 0.1 Proficiency Point = 1 contact hour) | **1point per 10 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:** |  |  |

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

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

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

**Note: Please provide supporting documentation, including the title, journal name, volume number, and the year of publication.**

|  |  |  |
| --- | --- | --- |
| **Activity #2b** | **Point Value** | **Cumulative Points** |
| **i. Case study or case report (peer-reviewed journal)** | **2.0 per case** |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **.** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:**  **Supporting documentation.** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |

**Grant Proposal, primary investigator or co-investigator – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

**Note: 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 #2c** | **Point Value** | **Cumulative Points** |
| **i. 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:** |  |  |

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

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

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

*Description of Specialty Practice* (DSP).

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

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| --- | --- | --- |
| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **ii. Contribution to a research project** | **1.0 per project** |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI required.** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI required.** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI required.** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI required.** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI required.** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI required.** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:**  **Letter from PI 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.**

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| --- | --- | --- |
| **Activity #2c** | **Point Value** | **Cumulative Points** |
| **iii. Professional Presentations in specialty area.**  **(Credit is given only for first time a presentation is made.)**   1. **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:** |  |  |

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

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

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

**Note: 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 2c** | **Point Value** | **Cumulative Points** |
| **iii. Professional Presentations in specialty area.**  **(Credit is given only for first time a presentation is made.)**  **2. Invited speaker to a group, classes, or portions of**  **courses (including in-services)** | **0.1 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:** |  |  |

**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 2c** | **Point Value** | **Cumulative Points** |
| **iii. Professional Presentations in specialty area.**  **(Credit is given only for first time a presentation is made.)**  **3. Presentation to non-professional community or client-based groups on topic specific to specialty area** | * 1. **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:** |  |  |

**Professional Writing – Author – Book Chapters – Summary Form**

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

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

**Note: Please provide supporting documentation, including title, name of book, and date**

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

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| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **iv. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **1. Book chapter – multiply 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:** |  |  |

**Professional Writing – Author – Peer Reviewed Journal Article – Summary Form**

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

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

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

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| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **iv. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **2. Peer reviewed journal article** | **3** per article |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |

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

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

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

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

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| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **iv. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **3. 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:** |  |  |

**Professional Writing – Editor – Book Editor – Summary Form**

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

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

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

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| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **v. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **1. Book Editor – multiply number of chapters by 0.5 points if you wrote more than one chapter or an entire book** | **.5** per chapter |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |

**Professional Writing – Editor – Peer Reviewed Journal – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

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| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **v. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **2. Peer Reviewed Journal** | **1.5 per article** |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |
| **Case Study title:**  **Publication:**  **Publication date:** |  |  |

**Professional Writing – Editor – 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 2c** | **Point Value** | **Cumulative Points** |
| **v. Professional Writing - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**  **4. Non-peer reviewed publication** | **.75 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:** |  |  |

**Professional Writing – Editor – Editorial Board Member – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

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| **Activity 2c** | **Point Value** | **Cumulative Points** |
| **v. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **4. Non-peer reviewed publication** | **.75 per article** |  |
| **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:** |  |  |

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

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

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

*Description of Specialty Practice* (DSP).

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

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| **Activity 2d** | **Point Value** | **Cumulative Points** |
| **i. Professional Writing**  **1. Reviews or commentaries** | **0.5 per review or commentary** |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |

**Professional Writing – Author – Manuscript Reviewer – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

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| **Activity 2d** | **Point Value** | **Cumulative Points** |
| **i. Professional Writing**  **2. Manuscript Reviewer** | **0.5 per review** |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |
| **Title of review:**  **Article title:**  **Publication:**  **Publication date:** |  |  |

**Contribution to a Physical Therapy Outcomes Database – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

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| **Activity 2d** | **Point Value** | **Cumulative Points** |
| **i. Contribution to physical therapy outcome database systems** | **0.5 per year of participation** |  |
| **Dates of participation: Brief description of role:**  **Name of database:** |  |  |
| **Dates of participation: Brief description of role:**  **Name of database:** |  |  |
| **Dates of participation: Brief description of role:**  **Name of database:** |  |  |
| **Dates of participation: Brief description of role:**  **Name of database:** |  |  |
| **Dates of participation: Brief description of role:**  **Name of database:** |  |  |
| **Dates of participation: Brief description of role:**  **Name of database:** |  |  |