Professional Development Portfolio for Pediatrics

**Blank Forms**

**Application Deadline:**

**October 31, 2021**

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

**Pediatrics Approved Professional Development Activities**

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| --- | --- | --- |
| **Activity/ Point Value** | **Information needed** | **Example/Supporting Documentation** |
| 1. **Direct Patient Care** hours in specialty area  **Every 10 hours earns .1 point up to a maximum of 12 points** | Dates, location number of hours, description of role in direct patient care. **Separate entry per facility** |  |
| 2. **Participating in a continuing education course** with specific goals and objectives related to specialty practice. (Calculations are based on contact hours (class time) rather than quarter or semester course credit hours.)  **1 proficiency point = 10 contact hours, .1 proficiency point = 1 contact hour (Maximum 18 points)** | Date, Title, Location,  Description, # of CEU or contact hours | ***Date:*** *February 2014*  ***Description:*** *Advanced Pediatric Principles, 18 hours, course held at Washington University* |
| 3. **Satisfactory completion of a college/ university course** for credit or audit related to specialty area  **1 point per credit hour (Maximum 12 points)** | Date, Title, Location, Description: if needed, # of credit hours must include a copy of transcripts (Official or unofficial transcripts are acceptable) | Educational Psychology, 3 credit hours, University of California – Los Angeles  (3 credit hours x 1 point = 3 points) |
| 4**. 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 | Taught entry-level PT Pediatrics unit  Spring Semester 2013, University of Wisconsin, Madison 11 hours (second time)  **Supporting Documentation:**  Syllabus, course description, letter, |
| 5. **Professional Presentations** in a specialty area (Credit is given only for first time a presentation is made) | | |
| a. **Platform or poster presentation** at a professional meeting  **1 point per presentation** | Platform or Poster Title /Description, date/year  Conference Locations |  |
| b. **Invited speaker to a group, classes, or portions of courses** (including in-services)  **0.1 points per hour** | Title, Date, Group, Location, Hours |  |
| c. **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 |  |
| 6. **Professional Writing** (can include editor, author, or co-author of publications) **Maximum Points 12** | | |
| **Author** | | |
| a. **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**: Pediatric Rehabilitation Clinical Advisors, **Chapter**: Neural Tube Disorders, **Publisher**: Mosley, **Year of Publication**: 2016 |
| b. **Peer-reviewed journal article**  **3.0** per article | Title, Publication, date, Copy of Article |  |
| c. **Non-peer reviewed publication**  **0.5** per article | Title, Publication, date  Copy of Article |  |
| d. **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 |
| e. **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, 2019 |
| f. **Grant proposal, primary investigator, or co-invesigator**  **2.0** per internal proposal  **3.0** per internal proposal | Date, description,  #of hours | ***Date****: 2015-2016,* ***# of hours****: 20 hrs,* ***Description****: Served on a grant review panel for NIH NIAMS (National Institute of Arthritis, Musculoskeletal, and Skin Diseases* |
| **Editor** | | |
| g. **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 |  |
| h. **Peer reviewed journal editor** | Title, Publication, date, Letter or Copy of publication |  |
| i. **Editorial Board Member**  **1.0** per year | Publication, date, letter |  |
| j. **Non-peer reviewed publication**  **0.75** per year | Title, Publication, date  Copy of publication | *Title, Publication, date:* ***Date****: February 2019,* ***Publication****: The Role of Physical Therapist in Emergency Departments,* ***Name of Publication****: PT in Motion* |
| k. **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**: 2012-2018 |
| 7. **Professional Services (Maximum 18 points)** | | |
| 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, Pediatric Specialty Council of the American Board of Physical Therapy Specialties, 2014-2015*  *Member, Connecticut Concussion Task Force, 2018 – present.* |
| 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 2013 20hours |
| d**. Item Writing for Certification Exam**  **1 (per 3 accepted items)** | Dates of service, number of items submitted | Submitted 4 items to Pediatric SACE committee 2005. |
| d**. Administrative Activities** related to patient care/services  **0.5 (per year)** | e.g., development of policies and procedures; marketing and public relations; orientation and mentoring of new staff, and supervision of physical therapists in a management role | Clinical Supervisor, Department of Physical Therapy and Occupational Therapy Services, Children’s Hospital Boston, Boston Massachusetts.  Responsibilities Included: Administration of inpatient services, orientation, mentorship, direct supervision of clinical staff.  Years in position: 2011-2016 |
| 8**. 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 = | Clinical Supervision: Entry Level Physical Therapy Student – Lebanon Valley College: Winter 2016  (8 weeks X 35 hours per week = 280 hours). |
| 9. **Research Activities** | | |
| a. **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 | *2018-2019 Movement and Participation in Life Activities for Young Children with Cerebral Palsy (Move and Play). Therapist Assessor/Data Collector.* |
| b. **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**: 2015-2017 |

# **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 PEDIATRICS 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 - PEDIATRICS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructions** | | | |
| * **Professional Development Activities (PDA) / Description of Specialty Practice (DSP)** **–** identify the category for the activity and enter the point credit according to the ABPTS guidelines. Numbers correspond to ABPTS guideline numbers on the Approved Professional Development Activities sheet. * Candidates must document activities **in a minimum of 4 out of 9 PDA categories**. A candidate must have earned a **minimum of one (1) point in an activity category** to be counted toward this requirement. * **Total points required = 35 (An excess of 60 points will result in delayed processing and review)** * DSP category **Professional Roles** = **7 points minimum required** * DSP category **Patient Management/Interventions = 12 points minimum required** | | | |
| **DSP Category** | **Professional Development Activities** | **Your Points Per PDA Category** | **Total Points Per DSP Category** |
| **Professional Roles**  **(A)**  **(7 points minimum)** | 4. Teaching a Continuing Education Course/University Course **(12 points Max)** |  |  |
| 5.a, b, c Professional Presentations  **(12 points Max)** |  |
| 6. a, b, c, d, e, f , g, h, i, j, k, Professional Writing  **(12 points Max)** |  |
| 7.a, b, c, d, Professional Services  **(18 points Max)** |  |
| 9. a Contribution to a Research Project |  |
| **Patient Management/**  **Interventions**  **(B)**  **(12 points minimum)** | 1. Direct Patient Care in Specialty Area  **(12 points Max)** |  |  |
| 2. Participate in a Continuing Education Course **(18 points Max)** |  |
| 1. Completion of a College/ University   Course **(12 points Max)** |  |
| 8. Clinical Supervision **(18 points Max)** |  |
| 9.b Contribution to a PT Outcome  Database System |  |
| **(An excess of 60 points will result in delayed processing/review) TOTAL** | | |  |

**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.**

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| **Activity 4** | **Point Value** | **Cumulative Points** |
| 4. **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:** |  |  |

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

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

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

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

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

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| **Activity 5c** | **Point Value** | **Cumulative Points** |
| 5**. Professional Presentations in specialty area.**  **(Credit is given only for first time a presentation is made.)**  c**. Presentation to non-professional community or client-based groups on topic specific to specialty area** | * 1. **per hour** |  |
| **Presentation title:**  **Description needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:** |  |  |
| **Presentation title:**  **Description needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:** |  |  |
| **Presentation title:**  **Description needed:**  **Sponsoring institution:**  **Location:**  **Date: Length:** |  |  |
| **Presentation title:**  **Description 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 6a** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  a**. 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 6b** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  b**. Peer reviewed journal article** | **3** per chapter |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |
| **Article title:**  **Co-author(s):**  **Name of publication:**  **Publication date:** |  |  |

**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 6c** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  c**. 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 – 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 6d** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  d**. 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:** |  |  |

**Authorship – Case Study or Case Report (Peer Reviewed Journal) – Summary Form**

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

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

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

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

**Authorship – Grant Proposal, 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.**

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| **Activity 6f** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  **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:** |  |  |

**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 6g** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  g**. Book Editor – multiply number of chapters by 0.5 points if you wrote more than one chapter or an entire book** | **.5** per chapter |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:** |  |  |
| **Name of book:**  **Title of chapter(s):**  **Date of publication:**  **Number of chapters:** |  |  |

**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 6h** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  h**. Peer Reviewed Journal** | **1.5 per chapter** |  |
| **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 – Editor – Editorial Board Member – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

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| **Activity 6i** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  i**. Editorial Board Member** | **1.0 per chapter** |  |
| **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:** |  |  |
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| **Name of editorial board:**  **Dates of appointment:** |  |  |
| **Name of editorial board:**  **Dates of appointment:** |  |  |

**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.**

|  |  |  |
| --- | --- | --- |
| **Activity 6j** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  j**. Non-peer reviewed publication** | **.75 per chapter** |  |
| **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 – Manuscript Reviewer – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

|  |  |  |
| --- | --- | --- |
| **Activity 6k** | **Point Value** | **Cumulative Points** |
| 6**. Professional Writing -** Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”  k**. Manuscript Reviewer** | **0.5 per review** |  |
| **Name of publication:**  **Date of publication:**  **Title of manuscript(s):**  **Number of manuscripts:** |  |  |
| **Name of publication:**  **Date of publication:**  **Title of manuscript(s):**  **Number of manuscripts:** |  |  |
| **Name of publication:**  **Date of publication:**  **Title of manuscript(s):**  **Number of manuscripts:** |  |  |
| **Name of publication:**  **Date of publication:**  **Title of manuscript(s):**  **Number of manuscripts:** |  |  |
| **Name of publication:**  **Date of publication:**  **Title of manuscript(s):**  **Number of manuscripts:** |  |  |

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

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

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

*Description of Specialty Practice* (DSP).

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

|  |  |  |
| --- | --- | --- |
| **Activity 7a** | **Point Value** | **Cumulative Points** |
| **Committee Participation per year**  (e.g., specialty council, 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 needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description needed:**  **Dates of appointment:**  **Role:** |  |  |
| **Committee name:**  **Description needed:**  **Dates of appointment:**  **Role:** |  |  |

**Professional Services – Subject Matter Expert – Summary Form**

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

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

*Description of Specialty Practice* (DSP).

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

|  |  |  |
| --- | --- | --- |
| **Activity 7b** | **Point Value** | **Cumulative Points** |
| **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:** |  |  |

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

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

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

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

*Description of Specialty Practice* (DSP).

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

|  |  |  |
| --- | --- | --- |
| **Activity 7d** | **Point Value** | **Cumulative Points** |
| **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)** |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |
| **Year:**  **Description:** |  |  |

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

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

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

*Description of Specialty Practice* (DSP).

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

|  |  |  |
| --- | --- | --- |
| **Activity 9** | **Point Value** | **Cumulative Points** |
| a**. Contribution to a research project** | **1.0 per project** |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |
| **Title of research:**  **Name of primary investigator:**  **Date of publication:** |  |  |

**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 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** |

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

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

|  |  |  |
| --- | --- | --- |
| **Activity 1** | **Point Value** | **Cumulative Points** |
| **Direct Patient Care** hours in specialty area  (***beyond minimum eligibility requirement***) | **0.1 (per 10 hours)** | **12 points max.** |
|  |  |  |
|  |  |  |
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**Participating In a Continuing Education Course – Summary Form**

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

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

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

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

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

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

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

**Note: Please list each college/university course in form below. Also submit transcript/letter to verify successful completion. (Official transcripts are not required) Unofficial transcripts accepted.**

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

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

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

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

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

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

*Description of Specialty Practice* (DSP).

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

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

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

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

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

*Description of Specialty Practice* (DSP).

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

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