SPORTS Professional Development Portfolio

**Blank Forms**

**Application Deadline:**

**October 31, 2021**

**specialization.apta.org/**

# **Checklist for Recertification**

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

* Review online recertification application instructional video.
* Log on to the online application at [www.abpts.org](http://www.abpts.org) and complete the all required sections including PT Experience
* 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.)
* All relevant PDP Summary Forms are typewritten and completed in full ***(no CV’s or resumes accepted).*** This includes:
	+ Professional Development Portfolio (PDP) Summary Form
	+ Professional Development Activities summary forms ( e.g. Direct Patient Care Summary Form)

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

* Compile ***all*** supporting documentation for the professional development activities, as required, for the specific forms.
* Upload your PDP summary forms and supporting documentation to the Prof Dev Portfolio section of the online application.
* Submit your recertification payment in online application:

 $650 APTA Members

 $910 Non-APTA Members

* Be sure to save a copy of your recertification application on your computer.

***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

**Email:** **spec-recert@apta.org**

**PDP Summary Forms Instructions**

1. The following pages contain one blank copy of each of the Professional Development Portfolio (PDP) Summary Forms on which you should document your professional activities since your last certification.
2. Each page is a separate form and represents a distinct category of activity (i.e., direct patient care, teaching, professional services, etc.). The category types are consistent with the list of ABPTS Approved Professional Development Activities Sheet.
3. **Only *use the forms for which you will be submitting******evidence to support activity in a specific category***. It is not necessary to submit blank forms for activity categories in which you have no documentation.
4. Candidates are required to obtain PDP activity points in **at least 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. **Most courses are approximately 75% clinical practice and 25% Injury Prevention, Sports Performance Enhancement and/or Professional Roles and Responsibilities, (which includes research). Certain courses such as ethics or research courses may be designated as 100% in the Injury Prevention, Sports Performance Enhancement and/or Professional Roles and Responsibilities category. Please refer to the Sports PT Description of Specialty Practice as needed for descriptions of each category.**
8. Candidates must obtain a minimum of 35 Professional Development Activity (PDA) points. **Please do not document an excess of 60 professional development activity points.**
9. A sample response or instructions is provided in shaded area of activity sheets. Also, see the SCS approved Professional Development Activities chart above.
10. 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.
11. Candidates are required to submit supporting documentation of PDAs with their summary forms unless otherwise indicated.
12. The Specialty Council will conduct random audits of PDPs. If a candidate’s PDP is selected for an audit, (s)he should be able to provide evidence of involvement in PDAs such as transcripts, course content outlines, research abstracts, article reprints, etc.

**Professional Development Portfolio Summary – Sports**

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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 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.
* The points in the PDA category must total at least 35

DSP categories I-III (Standard Clinical Practice) = 18 points minimum requiredDSP categories IV-VI (Prevention, Sports Performance, and Professional Roles) = 6 points minimum required |
| **Professional Development Activities****(PDA)** | **Total Points****Per****PDA Category** | **Total Points per DSP Category** |
| **DSP I-III****Standard****Clinical****Practice** **(18 points minimum)** | **DSP IV-VI****Prevention, Sports Performance** **and Professional Roles****(6 points minimum)** |
| **1. Direct Patient Care****(20 points max.)** |  |  |  |
| **2. Participating in CE Course** |  |  |  |
| **3. Completion of College or University Course** |  |  |  |
| **4. Teaching a Course** |  |  |  |
| **5. Professional Presentations** |  |  |  |
| **6. Professional Writing** |  |  |  |
| **7. Professional Services** |  |  |  |
| **8. Clinical Supervision & Consultation** |  |  |  |
| **9. Contribution to Research Project** |  |  |  |
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| ***(An excess of 60 points will result in delayed review of application)* TOTALS**  |  |  |  |

**Direct Patient Care - Summary Form**

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|  **Total Direct Patient Care Hours as calculated online in the PT Experience section** |  |  |
| **Hours applied to Eligibility** |   | **Subtract 2000 hours if certification expires in 2021 or 1800 if certification expires 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).

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| **Activity #1** | **Point Value** | **Cumulative Points** |
| **Direct Patient Care** hours in specialty area(***beyond minimum eligibility requirement***) | **0.1 (per 10 hours)** | **20 points max.** |
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**See your PT Experience entered online.**

Participation in a Continuing Education COURSE SUMMARY FORM

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

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

Most courses are approximately 75% clinical practice and 25% Injury Prevention, Sports Performance Enhancement and/or Professional Roles and Responsibilities, (which includes research).  Certain courses such as ethics or research courses may be designated as 100% in the Injury Prevention, Sports Performance Enhancement and/or Professional Roles and Responsibilities category.  Please refer to the Sports PT Description of Specialty Practice as needed for descriptions of each category.

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| **Activity 2** | **Point Value** | **Cumulative Points** |
| **Participating in a continuing education course** with specific goals and objectives related to specialty practiceCalculations are based on contact hours (class time) rather than quarter or semester course credit hours. (1 Proficiency Point = 10 contact hours, 0.1 Proficiency Point = 1 contact hour) | **1 point per 10 contact hours** |  |
| ***Example: Mechanical Diagnosis and Treatment of the Lumbar Spine, Part A. McKenzie Institute. MO/DD/YR. 28 Hrs. (Clinical Practice 75%: 28 x0.75; Critical Inquiry 25%: 28 x 0.25)*** | *2.1 (CP)**0.7 (CI)*  | *2.1 (CP)**0.7 (CI)* |
| **Name of course:****Description, if needed:****Location:****Date:****Number of contact hours:****Certificate of completion required.** |  |  |
| **Name of course:****Description, if needed:****Location:****Date:****Number of contact hours:****Certificate of completion required.** |  |  |

Completion of a College/University COURSE Summary Form

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

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

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| **Activity 3** | **Point Value** | **Cumulative Points** |
| 3. Satisfactory **completion of a college/university course** for credit or audit related to specialty area | **1 point per course credit hour** |  |
| ***Example: XXX University: PT 815 Evidence-Based Practice in Physical Therapy. (Critical Inquiry 100%)*** | *1 (CI)* | *1 (CI)* |
| **Name of course:****Description, if needed:****Name of institution:****Date completed:****Number of credits:****Unofficial/official transcript required.** |  |  |
| **Name of course:****Description, if needed:****Name of institution:****Date completed:****Number of credits:****Unofficial/official transcript required.** |  |  |
| **Name of course:****Description, if needed:****Name of institution:****Date completed:****Number of credits:****Unofficial/official transcript required.** |  |  |
| **Name of course:****Description, if needed:****Name of institution:****Date completed:****Number of credits:****Unofficial/official transcript required.** |  |  |
| **Name of course:****Description, if needed:****Name of institution:****Date completed:****Number of credits:****Unofficial/official transcript required.** |  |  |

Teaching a Continuing Education or College/University COURSE

Summary Form

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

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

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| **Activity 4** | **Point Value** | **Cumulative Points** |
| **Teaching a continuing education course or college/university course** related to specialty area. (Point value decreases for the second time a course is taught. Credit is given only for the first two times a course is taught.) | a. First Time = **0.2**  **(per contact hour)**b. Second Time = **0.1**  **(per contact hour)** |  |
| ***Example: State University: Evaluation of the Lower Quarter. Fall Semester 2015. 30 Contact Hours (Clinical Practice 75%; 30 x0.75 x 0.2 = 4.5 CP; Critical Inquiry 25%; 30 x 0.25 x0.2 = 1.5 CI)*** | *4.5 (CP)**1.5 (CI)* | *4.5 (CP)**1.5 (CI)* |
| **Name of course:****Name of institution:****Dates (semester):** **Number of contact hours:****Syllabus required.** |  |  |
| **Name of course:****Name of institution:****Dates (semester):** **Number of contact hours:****Syllabus required.** |  |  |
| **Name of course:****Name of institution:****Dates (semester):** **Number of contact hours:****Syllabus required.** |  |  |
| **Name of course:****Name of institution:****Dates (semester):** **Number of contact hours:****Syllabus required.** |  |  |
| **Name of course:****Name of institution:****Dates (semester):** **Number of contact hours:****Syllabus required.** |  |  |

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

Platform or Poster Presentation at Professional MEETING Summary Form

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

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

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

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| **Activity 5a** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area. (Credit is given only for first time a presentation is made.) a. Platform or poster presentation at a professional meeting |  **1** per presentation |  |
| ***Example: Running into the Ages. CSM. San Diego, Feb, 2016. (Sports Science, Critical Inquiry)*** | 1 (CI) | 1 (CI) |
| **Poster title:** **Co-investigator(s):****Meeting name:****Date:****Supporting documentation required.** |  |  |
| **Poster title:** **Co-investigator(s):****Meeting name:****Date:****Supporting documentation required.** |  |  |
| **Poster title:** **Co-investigator(s):****Meeting name:****Date:****Supporting documentation required.** |  |  |
| **Poster title:** **Co-investigator(s):****Meeting name:****Date:****Supporting documentation required.** |  |  |
| **Poster title:** **Co-investigator(s):****Meeting name:****Date:****Supporting documentation required.** |  |  |
| **Poster title:** **Co-investigator(s):****Meeting name:****Date:****Supporting documentation required.** |  |  |

Invited Speaker to a Group, Classes or Portions of COURSES Summary Form

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

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

 *Description of Specialty Practice* (DSP).

**Note: Submit a copy of the flyer, sign in sheet, handouts, presentation, or letter from host organization as supporting documentation.**

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| **Activity 5b** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area. (Credit is given only for first time a presentation is made.)b. Invited speaker to a group, classes, or portions of courses (including in-services) | **0.1 per hour** |  |
| ***Example: Training for Speed and Agility. State University Running Club. (Sports Sci/Critical Inquiry 1 hr x 0.1)*** | *0.1 (CI)* | *0.1 (CI)* |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |

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: Submit a copy of a flyer, letter from host organization, sign in sheet, handouts, or presentation as supporting documentation.**

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| **Activity 5c** | **Point Value** | **Cumulative Points** |
| **Professional Presentations** in specialty area.(Credit is given only for first time a presentation is made.)c. Presentation to non-professional community or client- based groups on topic specific to specialty area | * 1. **per hour**
 |  |
| ***Example: Pop Warner Football Club, 2018. Injury prevention. 1 hour (Prevention/CI)*** | *0.1 CI* | *0.1 CI* |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |
| **Presentation title:****Description, if needed:****Sponsoring institution:****Location:****Date:****Length:****Supporting documentation required.** |  |  |

Authorship – Book CHAPTERS SUMMARY Form

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

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

*Description of Specialty Practice* (DSP).

**Note: Submit a copy first page of each chapter written and/or table of contents as supporting documentation.**

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| **Activity 6a** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**a. book chapter – multiply number of chapters by 2 points if you wrote more than one chapter or an entire book |  **2** per chapter |  |
| ***Example: Rehabilitation following posterior stabilization of the shoulder. Ortho Eds. 2016*** | *2.0 (CP)* | *2.0 CP* |
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Authorship – Peer Reviewed Journal ARTICLE - Summary Form

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

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

**Note: Submit a copy of a portion of the article as supporting documentation.**

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| **Activity 6b** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**b. peer reviewed journal article |  **3** per chapter |  |
| ***Example: Innovative instrumented soft tissue techniques for upper extremity tendinopathy. Sports PT Journal. 2013. (Clinical Practice)*** | *3.0 (CP)* | *3.0 (CP)* |
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Authorship – Non-Peer Reviewed PUBLICATION - Summary Form

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

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

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

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| **Activity 6c** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”Authorc. non-peer reviewed publication  |  **.5** per article |  |
| ***Example: Injury prevention techniques for baseball pitchers. Region Medical Center Quarterly Newsletter. 2018. (Injury Prevention/Critical Inquiry)*** | *0.5 (CI)* | *0.5 (CI)* |
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Authorship – Reviews or COMMENTARIES - Summary Form

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

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

*Description of Specialty Practice* (DSP).

**Note: Submit a copy of review/commentary.**

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| **Activity 6d** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Author**d. reviews or commentaries  | **0.5 per review or commentary** |  |
| ***Example: JOSPT 2017:32(4);237-242. Resident’s Case Problem. Review. (Critical Inquiry 50%; Clinical Practice 50%)*** | *0.25 CI**0.25 CP* | *0.25 CI**0.25 CP* |
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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: Submit copy of a portion of published case study.**

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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** |  |
| ***Example: Differential diagnosis and management of a track athlete with a femoral neck stress fracture. NAJSPT 2014;7:105-109. (50% Critical Inquiry, 50% Clinical Practice)*** | *1.0 CI**1.0 CP* | *1.0 CI**1.0 CP* |
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Authorship – Grant PROPOSAL - Summary Form

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

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

*Description of Specialty Practice* (DSP).

**NOTE: Submit copy of a portion of grant proposal.**

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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.”f**.** Grant proposal, primary investigator or co-investigator | **2.0** per internal proposal**3.0** per external proposal |  |
| **Grant title:****Role:****Date:****Funder:****Copy of grant proposal required.** |  |  |
| **Grant title:****Role:****Date:****Funder:****Copy of grant proposal required.** |  |  |
| **Grant title:****Role:****Date:****Funder:****Copy of grant proposal required.** |  |  |
| **Grant title:****Role:****Date:****Funder:****Copy of grant proposal required.** |  |  |
| **Grant title:****Role:****Date:****Funder:****Copy of grant proposal required.** |  |  |

EDITOR – BOOK – SUMMARY FORM

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

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

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| **Activity 6g** | **Point Value** | **Cumulative Points** |
| **Professional Writing** - Can include editor, author, or co-author of publications using, “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”**Editor**g. book editor – multiply number of chapters by if you edited more than one chapter or an entire book |  **.5** per chapter |  |
| **Title of book:****Chapter title(s):****Number of chapters:****Publication date:****Supporting documentation required.** |  |  |
| **Title of book:****Chapter title(s):****Number of chapters:****Publication date:****Supporting documentation required.** |  |  |
| **Title of book:****Chapter title(s):****Number of chapters:****Publication date:****Supporting documentation required.** |  |  |
| **Title of book:****Chapter title(s):****Number of chapters:****Publication date:****Supporting documentation required.** |  |  |
| **Title of book:****Chapter title(s):****Number of chapters:****Publication date:****Supporting documentation required.** |  |  |
| **Title of book:****Chapter title(s):****Number of chapters:****Publication date:****Supporting documentation required.** |  |  |

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: Submit letter/email from journal, portion of journal with name listed as editor.**

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

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: Submit a letter/email as supporting documentation.**

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

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: Submit letter/email from journal, portion of journal with name listed as editor.**

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| **Activity 6j** | **Point Value** | **Cumulative Points** |
| **Editor**j. non-peer reviewed publication | **0.75** per year | .75 points max. |
| **Publication name:****Years of service:****Supporting documentation required.** |  |  |
| **Publication name:****Years of service:****Supporting documentation required.** |  |  |
| **Publication name:****Years of service:****Supporting documentation required.** |  |  |
| **Publication name:****Years of service:****Supporting documentation required.** |  |  |
| **Publication name:****Years of service:****Supporting documentation required.** |  |  |
| **Publication name:****Years of service:****Supporting documentation required.** |  |  |

EDITOR – MANUSCRIPT REVIEWER – SUMMARY FORM

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

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

*Description of Specialty Practice* (DSP).

**Note: Submit letter/email confirming service.**

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| **Activity 6k** | **Point Value** | **Cumulative Points** |
| **Editor**k. manuscript reviewer | **0.5 per review** |  |
| ***Example: Manuscript reviewer. 3 Reviews for IJSPT. 2007-2019. 2 Clin Practice, 1 Critical Inquiry*** | *1.0 CP**1.0 CI* | *1.0 CP**1.0 CI* |
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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).

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| **Activity 7a** | **Point Value** | **Cumulative Points** |
| **Professional services** a. Committee participation per year (e.g., specialty council, section officer, special interest group, organization outside APTA related to specialty area)**Note:** Can be at local, state, or national level | **1** per year as member**2** per year as chair, item review coordinator and MOSC representative/Coordinator |  |
| ***Example: Chair, Sports Performing Arts Special Interest Group, 2016-2018. 50% Critical Inquiry; 50% Clinical Practice*** | *3.0 CI**3.0 CP* | *3.0 CI**3.0 CP* |
| **Committee name:****Description, if needed:****Dates of appointment:****Role:** |  |  |
| **Committee name:****Description, if needed:****Dates of appointment:****Role:** |  |  |
| **Committee name:****Description, if needed:****Dates of appointment:****Role:** |  |  |
| **Committee name:****Description, if needed:****Dates of appointment:****Role:** |  |  |
| **Committee name:****Description, if needed:****Dates of appointment:****Role:** |  |  |

PROFESSIONAL SERVICES – SUBJECT MATTER EXPERT – SUMMARY FORM

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

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

*Description of Specialty Practice* (DSP).

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

PROFESSIONAL SERVICES – ITEM WRITING – SUMMARY FORM

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

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

*Description of Specialty Practice* (DSP).

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| --- | --- | --- |
|  **Activity 7c** | **Point Value** | **Cumulative Points** |
| Professional Servicesc. Item writing for certification exam | **1 (per 3 accepted items)** |  |
| ***Example: SACE Member 2015-2018; 12 items accepted. 100% critical inquiry*** | *4 CI* | *4 CI* |
| **Years of Item Writing:****Specialty area:****Number of items:****Certificate or letter of participation required.** |  |  |
| **Years of Item Writing:****Specialty area:****Number of items:****Certificate or letter of participation required.** |  |  |
| **Years of Item Writing:****Specialty area:****Number of items:****Certificate or letter of participation required.** |  |  |
| **Years of Item Writing:****Specialty area:****Number of items:****Certificate or letter of participation required.** |  |  |
| **Years of Item Writing:****Specialty area:****Number of items:****Certificate or letter of participation required.** |  |  |
| **Years of Item Writing:****Specialty area:****Number of items:****Certificate or letter of participation required.** |  |  |

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).

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| --- | --- | --- |
| **Activity 7d** | **Point Value** | **Cumulative Points** |
| Professional Servicesd. Administration activities related to patient care/services (e.g., development of policies and procedures; marketing and public relations; orientation and mentoring of new staff, and supervision of physical therapists in a management role. | **0.5 (per year)** |  |
| ***Example: Director Physical Therapy, 2013-2018. 75% Critical inquiry, 25% Clinical Practice*** | *1.5 CI**0.5 CP* | *1.5 CI**0.5 CP* |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |
| **Year:****Description:** |  |  |

CLINICAL SUPERVISION OF STUDENTS OR CONSULTATION

WITH PEERS – SUMMARY FORM

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

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

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

Candidates must document professional development activities that reflect the content

of the *Description of Specialty Practice* (DSP).

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| --- | --- | --- |
| **Activity 8** | **Point Value** | **Cumulative Points** |
| **Clinical Supervision1** of student/peers or **clinical** **consultation** with peers in a health care profession | **0.1 (per 10 hours)** |  |
| ***Example: Clinical Supervisor, State University DPT student for 320 hours (75% CP, 25% CI)*** | *2.4 CP**0.8 CI* | *2.4 CP**0.8 CI* |
|  |  |  |
|  |  |  |
|  |  |  |

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

RESEARCH ACTIVITIES – CONTRIBUTION TO PROJECT – SUMMARY FORM

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

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

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

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| --- | --- | --- |
| **Activity 9a** | **Point Value** | **Cumulative Points** |
|  Research Activitiesa. Contribution to a research project, supported by a letter from the primary investigator of the published research article | **1.0** per project | **3 points max.** |
| **Title of research:****Name of primary investigator:****Date of publication:****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.** |  |  |

RESEARCH ACTIVITIES – CONTRIBUTION TO A PHYSICAL THERAPY OUTCOMES DATABASE –

SUMMARY FORM

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

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

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

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| --- | --- | --- |
| **Activity 9b** | **Point Value** | **Cumulative Points** |
| Research Activitiesb. Contribution to a Physical Therapy Outcome Database System | **0.5 per year of participation** |  |
| ***Example: Clinical Data Input to the FOTO Database from 2018 to 2019. Critical Inquiry 100%.*** | *1.0 CI* | *1.0 CI* |
| **Name of database:****Dates of participation:****Supporting documentation required.** |  |  |
| **Name of database:****Dates of participation:****Supporting documentation required.** |  |  |
| **Name of database:****Dates of participation:****Supporting documentation required.** |  |  |
| **Name of database:****Dates of participation:****Supporting documentation required.** |  |  |
| **Name of database:****Dates of participation:****Supporting documentation required.** |  |  |
| **Name of database:****Dates of participation:****Supporting documentation required.** |  |  |