PREFACE

This Handbook is intended to provide the reader with information about accreditation in physical therapy residency and fellowship education. To accomplish this, the Handbook includes the following information:

- Introductory information including the historical background in accrediting physical therapist residency and fellowship programs; benefits of becoming an accredited program; and, ABPTRFE’s values and vision.

- ABPTRFE Rules of Practice and Procedure outline the parameters under which ABPTRFE operates;

- The Evaluative Criteria used by ABPTRFE in the accreditation review process

This Handbook includes a historical background on the accreditation of residency and fellowship programs in physical therapy as well as descriptions of the processes, procedures, and the persons who are involved in the accreditation of residency and fellowship programs for physical therapists.

The Handbook is intended for a variety of audiences including, but not limited to, individuals who are considering establishing a residency or fellowship education program in physical therapy; faculty and officials of programs undergoing accreditation; members of ABPTRFE and its Council and Committee; individuals who are considering applying and attending a residency or fellowship education program in physical therapy; and the general public interested in or affected by the quality of education in physical therapist residency and fellowship programs.

It is imperative that any user of this Handbook who may be preparing documentation and/or official materials for submission to the American Board of Physical Therapy Residency and Fellowship Education obtain copies of the most recently revised and published forms, and to consult APTA Residency and Fellowship staff when any questions related to the accreditation process arises at resfel@apta.org or 703/706-3152.
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## ABPTRFE RULES OF PRACTICE AND PROCEDURE

Please visit [www.abptrfe.org](http://www.abptrfe.org) to download current version

## EVALUATIVE CRITERIA FOR RESIDENCY AND FELLOWSHIP PROGRAMS

Please visit [www.abptrfe.org](http://www.abptrfe.org) to download current version

ABPTRFE Accreditation Handbook (2016)
INTRODUCTION

Historical Background

In November 1996, the American Physical Therapy Association’s (APTA) Board of Directors voted to implement a voluntary credentialing process for postprofessional clinical residency programs for physical therapists. A five-member Committee on Clinical Residency Program Credentialing was established in November 1997 and charged with the development and implementation of a credentialing process for postprofessional clinical residency programs.

In November 2000, the Board of Directors approved the extension of the purpose of the Committee on Clinical Residency Program Credentialing to include the credentialing of clinical fellowship programs. The Committee’s name was changed to “Committee on Clinical Residency and Fellowship Program Credentialing” to reflect these additional responsibilities.

In February 2001, the American Academy of Orthopedic Manual Therapists (AAOMPT) and APTA merged their credentialing processes for orthopedic manual therapy fellowships and in February 2004, the Sports Physical Therapy Section and APTA merged their credentialing processes for sports physical therapy residencies. The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), formally known as the Clinical Residency and Fellowship Program Credentialing Committee, manages the credentialing process for all residency and fellowship programs in physical therapy.

Due to the expansion of physical therapy residency and fellowship program development and credentialing, APTA Board of Directors approved a structural change from a Committee to a seven-member credentialing Board (the American Board of Physical Therapy Residency and Fellowship Education) in August 2009. In October 2010, APTA Board of Directors granted the authority to ABPTRFE to determine the requirements with which a residency or fellowship education program must comply in order to be credentialed and amend these requirements as appropriate. In addition, ABPTRFE was expanded to determine the requirements and credential non-clinical physical therapist residency and fellowship programs.

In February 2014, the APTA Board of Directors approved a terminology change from “credentialing” to “accreditation” in reference to the recognition provided to residency and fellowship programs for physical therapists by ABPTRFE.

All residency and fellowship Programs referenced herein are considered "postprofessional." Accreditation of residency or fellowship programs ("programs") for physical therapists is a voluntary, non-punitive process designed to acknowledge those programs that demonstrate substantial compliance to an established set of requirements. The goal of all postprofessional residency and fellowship programs is to produce physical therapists that demonstrate superior postprofessional skills and advanced knowledge in all areas of physical therapy including educational techniques, research methodology, clinical skills, and administrative practices.
Benefits of Becoming Accredited

The accreditation process is designed to recognize programs of sufficient length and scope that significantly advance a physical therapist’s knowledge and skills in a defined area of practice, administration, or practice management. The purpose of physical therapist residency and fellowship program accreditation is to:

- Assure a consistent level of quality through a formalized process of evaluation and consultation; and
- Facilitate an ongoing process of analysis, assessment, and review, leading to enhanced clinical and/or educational quality and effectiveness.

An accredited residency or fellowship program has demonstrated compliance with standards of quality and consistency in the teaching and practice of physical therapy. Through voluntarily participation and adherence to the requirements of the accreditation process, these programs:

- Confirm to potential residents or fellows-in-training (program participants) their commitment to providing quality learning experiences; and
- Affirm commitment to the protection of the consumer of physical therapy to the public at large.

The submission of an application to become an accredited residency or fellowship program also directly benefits the program. The application process promotes objective documentation of curriculum and administrative policies and procedures, and enables the program administrators to compare their programs to established criteria.

Accredited programs are recognized in APTA publications and are presented with a certificate suitable for framing. These accredited programs may also use the official APTA "Accredited Program" logo.

ABPTRFE Values

ABPTRFE utilizes APTA’s core values and reflects them within their work:

Accountability:
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

Altruism:
Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest.

Compassion/Caring:
Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

**Excellence:**
Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.

**Integrity:**
Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

**Professional Duty:**
Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.

**Social Responsibility:**
Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

**ABPTRFE Vision**
Recognized and valued as the leader and model of best practice in accreditation of postprofessional physical therapy residency and fellowship programs in the United States. ABPTRFE aspires that residency and fellowship education becomes the preferred pathway for physical therapist professional development and advancement.
Growth Chart of Accredited Programs

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The Accreditation Process and Timeline
Guidelines for Submitting an Application for Accreditation

All forms are located on the ABPTRFE website at [www.abptrfe.org](http://www.abptrfe.org) under Application Resources. Please be sure you are using the most current version of the forms prior to submission to ABPTRFE.

Please review the ABPTRFE Rules of Practice and Procedures for detailed information regarding accreditation procedures for residency and fellowship education programs.

**Recognition of Developing Programs:**

1. Interested programs who meet requirements set forth in the ABPTRFE Rules of Practice and Procedure must submit the Application for Recognition as a Developing Program electronically to APTA residency/fellowship staff at resfel@apta.org. Please include the title, “Application for Recognition” in the subject line of the e-mail. If the application consists of several documents, please merge the documents into one file prior to e-mailing.

2. Submit the non-refundable application fee and payment form to APTA residency/fellowship staff at APTA, Department of Residency/Fellowship, 1111 North Fairfax Street, Alexandria, VA 22314-1488.

3. Upon receipt of the application and fee, APTA residency/fellowship staff will send the program a letter confirming receipt of the program’s application and fee and forward the application to ABPTRFE for review.

The benefits accorded to a program that has been recognized by ABPTRFE as a developing program will include listing on the ABPTRFE directory of Developing Programs and consultation opportunities through the Program Services Council.

**Application for Candidacy:**

A program must be a recognized developing program in order to be eligible to apply for candidate status.

1. Interested programs who meet requirements set forth in the ABPTRFE Rules of Practice and Procedure must submit 5 hard copies of the Application for Candidate Status (electronic copies are not permitted) along with a non-refundable application fee.

*Please note, APTA will accept an electronic submission of the application in lieu of hard copies provided 1) the program creates a single, comprehensive document within a portable document format (PDF); and 2) the PDF file is bookmarked delineating each Evidence statement for easy review and maneuverability of the application. Electronic application submissions will not be accepted if these 2 conditions are not met.

*A participant who enrolls in a program prior to ABPTRFE’s granting it candidate status will not be deemed to have graduated from an APTA-accredited program even if ABPTRFE accredits the program before he/she graduates from the program.*
2. Upon receipt of the application and fee, APTA residency/fellowship staff will send the program a letter confirming receipt of the program’s application and fee and forward the application to ABPTRFE for review.

3. If the program is granted candidate status by ABPTRFE, APTA staff will coordinate with Liaison International to enroll the program for participation in RF-PTCAS. Programs in candidate status, accredited status, or probationary accredited status, must utilize RF-PTCAS as their sole admission process for applicants to the program. Following the granting of candidate status, programs may begin enrolling participants.

**Site Visit:**

1. Once a program has enrolled and started its first participant, the program will complete and submit the required documents outlined in the granting of candidate status letter. Following this submission, the program’s site visit will be conducted at a designated time.

   Please refer to the ABPTRFE Rules of Practice and Procedures for complete details on the site visit and post-site visit processes.

**ABPTRFE Action on Accreditation**

ABPTRFE will make its accreditation decision on the basis of its review of the application, any additional information provided by the program, and the site visit results. Please refer to the ABPTRFE Rules of Practice and Procedures for complete details regarding the possible actions on accreditation taken by ABPTRFE.
DEFINITIONS

The following definitions have been adopted by the American Board of Physical Therapy Residency and Fellowship Education and are intended to minimize misinterpretation of information in physical therapist residency and fellowship education and accreditation. ABPTRFE recognizes that individual programs may have different definitions than those identified below; however, for the purposes of the application and any related accreditation activities, the following terms and definitions must be used.

**Active:** Currently enrolled.

**Active Full-time:** A program participant spending at least 35 hours per week in a structured program curriculum (clinical and/or didactic).

**Active Part-time:** A program participant spending less than 35 hours per week in a structured program curriculum (clinical and/or didactic).


**American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE):** A seven-member Board appointed by the APTA Board of Directors. ABPTRFE determines the requirements with which a residency or fellowship education program must comply in order to be accredited and amend these requires as appropriate. They provide an efficient and credible system for the evaluation, accreditation, and reaccreditation of physical therapy residency and fellowship education programs while maintaining the policy and procedures for the implementation and evaluation of the accreditation process.

**American Board of Physical Therapy Specialties (ABPTS):** The governing body for certification and recertification of physical therapy clinical specialists. Currently, the ABPTS specialty areas are: Cardiovascular & Pulmonary Physical Therapy, Clinical Electrophysiologic Physical Therapy, Geriatric Physical Therapy, Neurologic Physical Therapy, Orthopaedic Physical Therapy, Pediatric Physical Therapy, Sports Physical Therapy, and Women’s Health Physical Therapy.

**American Physical Therapy Association (APTA):** A national professional association representing physical therapist members. APTA’s goal is to foster advancements in physical therapy practice, research, and education.

**Analysis of Practice:** A systematic process which utilizes a recognized group of subject matter experts and consultants to describe the essential knowledge, skills, and responsibilities of a competent clinician in a specified area of clinical practice using a methodology as acceptable by ABPTRFE. Please refer to the ABPTRFE Rules of Practice and Procedure for details on establishing a new area of residency or fellowship practice.

**Accreditation:** A voluntary process used to evaluate, enhance, and publicly recognize quality in residency and fellowship education. The program, through its faculty, seek independent judgment by its peers regarding the program’s compliance with a set of standards and criteria that have been accepted by the profession, as well as the program’s ability to achieve the stated mission and goals. The ABPTRFE awards the accreditation status.
Candidate for Accreditation Status: The status granted to a residency or fellowship program whose application demonstrates that the program is making satisfactory progress towards compliance with the Evaluative Criteria.

Clinic Site: Any site where patients are being treated by a program participant and those hours of patient care, mentoring and/or patient diagnoses are counted towards program requirements.

Comprehensive Needs Assessment: A systematic process which utilizes a recognized group of subject matter experts and consultants to describe the essential knowledge, skills, and responsibilities of a competent physical therapist in a specified area of non-clinical practice using a methodology as acceptable by ABPTRFE. Please refer to the ABPTRFE Rules of Practice and Procedure for details on establishing a new area of residency or fellowship practice.

Curriculum: A plan for learning, designed by the faculty and program participant, to achieve the explicit goals of the program and the individual resident or fellow-in-training.

Describe: To give account of, depict, or trace the outline of, in words.

Description of Advanced Specialty Practice (DASP): A document published by AAOMPT that identifies the clinical knowledge, judgment and professional behaviors of a physical therapist who has achieved an advanced level of practice through orthopaedic manual physical therapy fellowship education, post-professional degree work, and/or relevant clinical experience and course work. The purpose of this document is to provide guidelines to facilitate changes in practice and education, to the benefit of patients/clients. This document is used by ABPTRFE as the basis for assessment of orthopaedic manual physical therapy fellowship programs.

Description of Residency Practice (DRP): The published results of an analysis of practice or comprehensive needs assessment. This publication provides an outline of the curriculum content that must be used as the basis for a residency program. By outlining minimum curriculum guidelines, it helps ensure similar curriculum content and resident experiences between programs within the same area of practice. When a Description of Specialty Practice (see definition) exists for that area of practice, the program’s curriculum will be inclusive of both documents.

Description of Specialty Practice (DSP): Formerly called, Description of Advanced Clinical Practice (DACP), the published results of a practice analysis. Each of the ABPTS-recognized specialty areas has a DSP that provides a blueprint for the content of the specialty examination. This publication also provides an outline of the content that can be used as the basis for a residency program's curriculum; however, the fellowship curriculum must extend beyond the DSP as it is intended to provide advanced clinical competency in a subspecialty. This publication also can provide a framework for a clinical competency evaluation tool to use in assessing the clinical skills of the residents or fellows-in-training (see “Analysis of Practice”).

Description of Subspecialty Practice (DSSP): A document published by ABPTRFE that identifies at a minimum the goals of the subspecialty area of practice, the admission requirements of participants, the clinical settings required to conduct the program, the required patient/client population, the didactic curriculum requirements, and clinical competencies for the participants and graduates of the subspecialty.

Document: Evidence or information to support a claim.

Effective Date: A date, to be determined by ABPTRFE, for each ABPTRFE decision reached.
**Faculty of Residency or Fellowship Program:** Physical therapists and non-physical therapists who have received a formal assignment to *regularly* participate as instructors in the didactic and clinical education, curriculum development and review, and/or assessment of residents or fellows-in-training enrolled in a program. Faculty members must have expertise in their area of clinical practice and teaching responsibility, effective teaching and evaluative skills, and a record of involvement in scholarly and professional activities. See definition for definition for guest lecturer below.

**Fellow-in-training:** A licensed physical therapist enrolled in a fellowship program accredited by ABPTRFE who has completed the requirements for eligibility for board certification in the related area of specialty. See also “Program participant”.

**Fellow of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT):** A physical therapist who has demonstrated advanced clinical, analytical, and hands-on skills in the treatment of musculoskeletal (orthopaedic) disorders and has completed an accredited fellowship program in orthopaedic manual physical therapy or demonstrated the equivalent level of competence by successfully passing a portfolio review process and oral/practical examination.

**Fellowship Program:** A postprofessional planned learning experience in a focused advanced area of practice. Similar to the medical model, a fellowship is a structured educational experience (both didactic and clinical) for physical therapists which combines opportunities for ongoing mentoring with a theoretical basis for advanced practice and scientific inquiry in a defined area of subspecialization beyond that of a defined specialty area of practice. A fellowship candidate has either completed a residency program in a related specialty area or is a board-certified specialist in the related area of specialty. Fellowship training is not appropriate for new physical therapy graduates.

**Formative Evaluation:** Evaluation methods used in providing feedback to learners during the learning experience to promote learning and to predict final evaluation results.

**Goal:** Goals are developed from mission statements and summarize the development, administrative, or other major accomplishments/outcomes the organization/program hopes to achieve to fulfill its mission. Goals can be short or long-term, usually set for 1-3 year time frame, and are evaluated annually. Goals should be written to be “SMART” (Specific, Measurable, Achievable, Reviewable, and Trackable). Example: The program will prepare graduates to serve as primary care providers in the area of specialization.

**Guest Lecturer:** An individual who provides either didactic or clinical instruction in a residency/fellowship program on an infrequent basis. This individual has not been formally appointed to the faculty of the program.

**Inactive:** On leave or not on site as an active student.

**Internship:** A clinical education experience that is part of the requirements for graduation from a physical therapist professional education program (degree could be awarded before, during, or after the internship).

**Live Patient Examination:** A method of evaluating a resident’s/fellow’s-in-training skills in patient/client management during a live patient/client encounter. The live patient examination is performed by the program faculty in-person during the patient/client encounter and cannot be a simulated patient encounter.
**Mentor:** A practitioner with advanced knowledge, skills, and clinical judgments of a clinical specialist who provides instruction to a resident or fellow-in-training in patient/client management, advanced professional behaviors, proficiency in communications, and consultation skills. The mentor may also provide instruction in research, teaching, and/or service. The six functions frequently used to describe the role of a mentor are teacher, sponsor, host and guide, exemplar, and counselor.

**Mentoring:** The required clinical mentoring hours (150 hours for residency; 100 hours for fellowship) includes the time that the resident or fellow-in-training spends with the physical therapist mentor in patient/client management, including examination, evaluation, diagnosis, prognosis, intervention, and outcome; and discussion specific to patient/client management. Mentoring is provided at a post-licensure level of specialty practice (for residents) or subspecialty practice (for fellows-in-training) with emphasis on the development of advanced clinical reasoning skills.

The resident/fellow-in-training will be the primary patient/client care provider for a minimum of 100 hours of the 150 required mentoring hours for a residency and for a minimum of 50 of the 100 required mentoring hours for a fellowship. For 12 month residency programs, this averages out to 3 hours of mentoring per week and 2 hours per week in fellowship programs. In addition to the minimum hours of mentoring in patient/client management, mentoring should be also provided in areas identified by the program’s goals and many include practice management, clinical instruction, professional behaviors, ethics, etc.

For orthopaedic manual physical therapy fellowship programs, mentored clinical practice as required in the International Federation of Orthopaedic Manipulative Therapists (IFOMPT) Educational Standards is the examination and management of patients by the fellow-in-training under the mentorship of a faculty mentor who is a fellow of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT).

APTA and ABPTRFE have created several resources to assist programs in developing a strong mentoring program and meet the ABPTRFE requirements. Please review these resources on the ABPTRFE website.

**Mission Statement:** The mission statement is the philosophical expression of why the organization exists and what it hopes to accomplish. It is normally succinct containing just a few sentences that communicate the essence of the organization/program to its stakeholders and the public. Example: The program’s mission is “to prepare physical therapists with advanced knowledge and skills in orthopedic physical therapy integrated with a foundation in the basic and applied sciences and scientific inquiry.”

**Multi-Facility Program:** A program that has more than one facility for residents/fellows-in-training AND each resident/fellow-in-training rotates to EVERY facility over the course of the program.

**Multi-Site Program:** A program that has more than one facility for residents/fellows-in-training and each resident/fellow-in-training completes their training at a particular facility(ies) rather than rotating to every facility during the course of the program.

**Objective:** Objectives describe the essential activities that need to be completed to achieve each goal and also need to be written to be “SMART” (Specific, Measurable, Achievable, Reviewable, and Trackable). Objectives may be identified as activities that take 1, 2, or 3+ years to accomplish and are usually instrumental in planning for the program. Example: Qualified applicants will be recruited.

**Performance Outcome:** Statements of measurable behaviors reflective of an analysis of practice.
Practice Analysis: A systematic plan used by ABPTS to study professional practice behaviors, skills and knowledge that comprise the practice of a specialist. The purpose of the study is to collect data that will reliably and accurately describe what specialist practitioners do and what they know that enables them to do their work.

Practice Outcomes/Performance Outcomes: Measurable knowledge, skills, or behaviors that indicate the resident or fellow-in-training has attained competency in a practice domain.

Program Coordinator: A program coordinator is required at each site in a multi-site residency or fellowship program. This individual is responsible for over site and coordination of the program’s implementation at that site. The program coordinator and program director may be the same individual in a single site or multi-facility program.

Program Director: The program director is the person responsible for direction, conduct and oversight of the program. In a multi-site program, the program director is the person designated in a written agreement between the sponsoring organization and all of the program sites.

Program Objectives: Written statements that describe what participants will know, or be able to do as a result of a program. Educational objective should be written in measurable terms, observable, and specify one action the participant will take to demonstrate that he/she has accomplished the outcome.

Program Participant: A licensed physical therapist enrolled in a residency or fellowship program.

Recognition as a Developing Program: The status granted to a residency/fellowship program who has met the following requirements: (i) adopting a name that meets the requirements set forth above, (ii) hiring a program director who meets the requirements outlined in the Evaluative Criteria, (iii) submitting an application for recognition on the form prescribed by ABPTRFE, and (iv) submitting a non-refundable application fee.

Residency Program: A postprofessional planned learning experience in a focused area of practice. Similar to the medical model, a residency program is a structured educational experience (both didactic and clinical) for physical therapists following entry-level education and licensure that is designed to significantly advance the physical therapist’s knowledge, skills, and attributes in a specific area of practice (i.e. Cardiovascular/Pulmonary, Faculty, Orthopedics, Sports, Pediatrics, etc). It combines opportunities for ongoing mentoring, with a theoretical basis for advanced practice and scientific inquiry based on a Description of Specialty Practice (see definition), Description of Residency Practice (see definition), or valid analysis of practice/comprehensive needs assessment for that specific area of practice. When board certification exists through ABPTS for that specialty, the residency training prepares the physical therapist to pass the certification examination following graduation. A residency candidate must be licensed as a physical therapist in the State where the program is located/clinical training will occur prior to entry into the program. Neither “residency” nor “fellowship” is synonymous with the terms “internship.”

Resident: A licensed physical therapist enrolled in a residency program. See also “Program Participant”.

Specialization: A process established by APTA to recognize individuals certified in an area of advanced clinical practice identified by ABPTS (see “American Board of Physical Therapy Specialties”).

Sponsoring Organization: An organization or foundation, especially one dedicated to health care, public service, or education that assumes ultimate responsibility for the program. If more than one
organization sponsors the program, there must be a contractual agreement between the organizations that outlines equal responsibility and ownership for the program.

**Standards:** A criterion; a degree or level of requirement, excellence, or attainment; a rule or test on which a judgment or decision can be based.

**Subspecialty:** A clinical practice area within a recognized specialty area (i.e. Neonatal Physical Therapy is a *subspecialty* of Pediatric Physical Therapy), or, a portion of a recognized specialty area (i.e. Orthopaedic Manual Physical Therapy is a *subspecialty* of Orthopaedic Physical Therapy). A basis for a fellowship program.

**Summative Evaluation:** Evaluation methods used to summarize performance at the end of the learning experience to determine success and to set standards for formative evaluation methods.

**Support Staff:** Employees of the program, facility, or sponsoring organization (other than the faculty) who are responsible for some aspect of the administration and/or operation of the program or facility.

**Written Examination:** A method of evaluating a program participant's knowledge within a content area of the specialty or subspecialty. The written examination should cover all aspects of the corresponding DSP, DASP, DSSP, or practice analysis relevant to that program. This examination may be performed in a take home format.