



**Mentoring Hours:**

**1:1 clinical mentoring/instruction from clinical faculty while treating patients** **100 hours**

**1:1 patient/client related planning/discussion/review of diagnostic tests, evaluation, plan of care, etc.** **50 hours**

**Program Travel**

Please indicate if participants are required to travel greater than 50 miles for any aspect of patient-care clinic/practice hours (does not include daily commute): **NA**

Please indicate if participants are required to travel greater than 50 miles for any aspect of educational hours: **NA**

**Participant Costs**

The program will provide all costs associated with this program.

Type of Cost	Year One	Year Two	Year Three	Total
<b>Fees</b> <i>Enter the amount of fees associated with the program (if applicable). Fees are any amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition.</i>  <input type="checkbox"/> Fees for this program include: <input checked="" type="checkbox"/> CPR <input type="checkbox"/> EMR <input checked="" type="checkbox"/> APTA-Related Professional Membership <input checked="" type="checkbox"/> Dues (APTA, Section/Academy) <input type="checkbox"/> Other Professional Membership Dues <input checked="" type="checkbox"/> Other: Pediatric Consortium	\$ \$ 0 APTA membership is encouraged, but not required, \$175 Pediatric Consortium	\$ \$ 0 APTA membership is encouraged, but not required, 0 Pediatric Consortium paid for year	NA	\$ 175
Tuition (if applicable)	\$10,000	0	0	\$10,000
Curriculum Costs (not included in tuition above)	\$ 0	\$ 0	NA	\$ 0
Required textbooks, software, apps (not included in program fees)	\$ 75	\$ 0	NA	\$ 75
Application Fees (program assessed above and beyond RF-PTCAS)	\$ 0	\$0	NA	\$ 0
Conference Registration Fees (not included in fees above)	\$ 0 - CSM attendance is encouraged, but not required	\$ 0 - CSM attendance is encouraged, but not required	NA	\$ 0

Travel Costs <i>(for program education requirements and conference attendance, if applicable)</i>	\$ 0 - CSM attendance is encouraged, but not required	\$ 0 - CSM attendance is encouraged, but not required	NA	\$ 0
Parking/Mass-Transit Fees	\$ 0	\$ 0	NA	\$ 0
Mentoring Fees	\$ 0	\$ 0	NA	\$ 0
Malpractice Insurance	\$ 0	\$ 0	NA	\$ 0
Other program costs not included above: List other costs.	\$ 0	\$ 0	NA	\$ 0
<b>Total Program Costs</b>	\$ 10,250	0	NA	<b>\$ 10.250</b>

## Program Sponsored Financial Assistance

The program will provide any financial assistance provided to participants.

Type of Financial Assistance	Year One	Year Two	Year Three	Total
Salary Paid by Program	\$ 0	\$ 0	NA	\$ 0
Student Financial Aid <i>(for tuition fee programs only)</i>	\$ 0	\$ 0	NA	\$ 0
Graduate Assistantship(s)	\$ 0	\$ 0	NA	\$ 0
Other Assistantship(s)	\$ 0	\$ 0	NA	\$ 0
Scholarships	\$ 0	\$ 0	NA	\$ 0
Travel Costs/Stipends	\$ 0	\$ 0	NA	\$ 0
Student Financial Aid <i>(for tuition fee programs only)</i>	\$ 0	\$ 0	NA	\$ 0
ABPTS Board-Certification Examination Fees	\$ 0	\$ 0	NA	\$ 0
Other financial assistance not included above: List other financial assistance.	\$ 0	\$ 0	NA	\$ 0
<b>Total Financial Assistance</b>	\$ 0	\$ 0	NA	\$ 0

## Part 2: To be Completed by the Applicant

Program Information – This information can be found on the [ABPTRFE Online Directory](#)

### Program Structure

**Program Type:** Select program type.

**Program Format:** Select program format.

**Program Length:** Enter the program length in months.

**2<sup>nd</sup> Program Format:** Select 2<sup>nd</sup> program format, if applicable.

**2<sup>nd</sup> Program Length:** Enter the 2<sup>nd</sup> program length in months, if applicable

**Number of Participant Positions Each Calendar Year:** Enter the number of participant positions.

**Program Applicant Information**

**Application Deadline Date:** Enter the anticipated program application deadline date.

**Program Start Date:** Enter the anticipated program start date.

**2<sup>nd</sup> Application Deadline Date (if applicable):** Enter the 2<sup>nd</sup> program application deadline date, if applicable.

**Program 2<sup>nd</sup> Start Date:** Enter the 2<sup>nd</sup> program start date, if applicable.

**3<sup>rd</sup> Application Deadline Date (if applicable):** Enter the 3<sup>rd</sup> program application deadline date, if applicable

**Program 3<sup>rd</sup> Start Date:** Enter the 3<sup>rd</sup> program start date, if applicable.

**4<sup>th</sup> Application Deadline Date (if applicable):** Enter the 4<sup>th</sup> program application deadline date, if applicable

**Program 4<sup>th</sup> Start Date:** Enter the 4<sup>th</sup> program start date, if applicable.

**Format for Educational Hours:** Select format.

**Affiliated Practice Site Locations:** Select locations.

**Mentor Appointment to Faculty:** Select appointment type.

**Mentor Accessibility:** Select accessibility.

**Applicant Financial Considerations**

The applicant will consider the following related to their finances.

Participant Financial Consideration	Year One	Year Two	Year Three	Total
Salary Earned ( <i>input your salary, not paid by the program, if you plan to continue your employment while undergoing the program</i> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
License Fees	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Malpractice Insurance ( <i>not covered by program</i> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Cost of Living Expenses ( <a href="#">Forbes Cost of Living Calculator</a> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Loan Payments ( <i>if unable to defer during program</i> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.

<b>Subtotal</b>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Loan Forgiveness <i>(if eligible)</i>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<b>Total Participant Financial Considerations</b>	\$ Subtract Loan Forgiveness from Subtotal.	\$ Subtract Loan Forgiveness from Subtotal.	\$ Subtract Loan Forgiveness from Subtotal.	\$ Tally row amounts.

**Applicant Financial Debt Summary**

The applicant will utilize the total program costs, total program financial assistance, and total participant financial consideration, along with their current debt to calculate the cost-benefit ration of completing this program.

Debt	Total
Debt at time of admission to program <i>(current student loan debt)</i>	\$ Enter total current debt.
Total program costs <i>(enter amount from total costs for entire length of program located above)</i>	\$ Enter amount.
Total participant financial considerations <i>(enter amount from total financial considerations for entire length of program located above)</i>	\$ Enter amount.
<b>Subtotal</b>	\$ Add above amounts.
Total program financial assistance <i>(enter amount from total program financial assistance for entire length of program located above)</i>	\$ Enter amount.
<b>Total Debt After Completion of Program</b>	\$ Subtract program financial assistance from subtotal.

**Last Updated:** 10/30/2023  
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