# Financial Fact Sheet 2023-2024

**ABPTRFE** American Board of Physical Therapy Residency & Fellowship Education

**Introduction:** The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) has created this Financial Fact Sheet to provide financial transparency to applicants on the true costs to undergo residency and fellowship education.

**Instructions:** The program will complete Part 1 of this form and publish it on the program's website. The applicant will complete Part 2 of this form.

# Part 1: To be Completed by the Program

**Program Information** 

### **Program Information**

Name of Program: ProgressiveHealth of Indiana and University of Evansville Acute Care Residency

Physical Address: 600 Mary Street, Evansville, IN 47747

### **Program Hours**

Educational Hours: approx 350 hours total

**Patient-Care Clinic / Practice Hours (inclusive of mentoring):** 32 hours clinic/week, 8 hours didatic/week x 52 weeks

Mentoring Hours: 150-200.

### **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): No

Please indicate if participants are required to travel greater than 50 miles for any aspect of educational hours: No

# Participant Costs

The program will provide all costs associated with this program.

| Type of Cost  | Year One | Year Two  | Year Three  | Total   |
|---|----------|---|---|---|
| <ul> <li>Fees</li> <li>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.</li> <li>□ Fees for this program include:</li> <li>□ CPR</li> </ul> | \$0      | <b>\$</b> Enter the anticipated program start date. | <b>\$</b> Enter the anticipated program start date. | <b>\$</b> Enter the anticipated program start date. |



| <ul> <li>EMR</li> <li>APTA-Related Professional Membership</li> <li>Dues (APTA, Section/Academy)</li> <li>Other Professional Membership Dues</li> <li>Other: Indicate other fees.</li> </ul> |      |                            |                            |                              |
|--|------|----------------------------|----------------------------|------------------------------|
| Tuition (if applicable)  | \$ O | \$ Enter<br>amount.        | \$ Enter<br>amount.        | \$ Tally row<br>amounts.     |
| Curriculum Costs (not included in tuition above)   | \$ 0 | <b>\$</b> Enter amount.    | <b>\$</b> Enter<br>amount. | <b>\$</b> Tally row amounts. |
| Required textbooks, software, apps (not included in program fees)  | \$ O | \$ Enter<br>amount.        | \$ Enter<br>amount.        | \$ Tally row<br>amounts.     |
| Application Fees (program assessed above and beyond RF-PTCAS)  | \$ O | \$ Enter<br>amount.        | \$ Enter<br>amount.        | \$ Tally row<br>amounts.     |
| Conference Registration Fees (not included in fees above)  | \$ O | \$ Enter<br>amount.        | \$ Enter<br>amount.        | \$ Tally row<br>amounts.     |
| Travel Costs (for program education requirements and conference attendance, if applicable)   | \$ O | <b>\$</b> Enter<br>amount. | <b>\$</b> Enter amount.    | <b>\$</b> Tally row amounts. |
| Parking/Mass-Transit Fees  | \$ O | \$ Enter<br>amount.        | \$ Enter<br>amount.        | \$ Tally row<br>amounts.     |
| Mentoring Fees   | \$ 0 | \$ Enter<br>amount.        | \$ Enter<br>amount.        | <b>\$</b> Tally row amounts. |
| Malpractice Insurance  | \$0  | \$ Enter<br>amount.        | \$ Enter<br>amount.        | <b>\$</b> Tally row amounts. |
| Other program costs not included above:<br>List other costs.   | \$0  | \$ Enter<br>amount.        | <b>\$</b> Enter<br>amount. | <b>\$</b> Tally row amounts. |
| Total Program Costs  | \$0  | \$ Enter<br>amount.        | <b>\$</b> Enter<br>amount. | \$ Tally row amounts.        |

# 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                                | \$ 80% peer<br>matched<br>salary   | \$ Enter<br>amount. | \$ Enter<br>amount. | <b>\$</b> Tally row amounts. |
| Student Financial Aid (for tuition fee programs only) | \$ 0   | \$ Enter<br>amount. | \$ Enter<br>amount. | \$ Tally row<br>amounts.     |
| Graduate Assistantship(s)                             | \$ 0   | \$ Enter<br>amount. | \$ Enter<br>amount. | \$ Tally row<br>amounts.     |
| Other Assistantship(s)                                | \$ 0   | \$ Enter<br>amount. | \$ Enter<br>amount. | \$ Tally row<br>amounts.     |
| Scholarships  | \$ 0   | \$ Enter<br>amount. | \$ Enter<br>amount. | \$ Tally row<br>amounts.     |
| Travel Costs/Stipends                                 | <ul> <li>\$ partially</li> <li>reimbursed</li> <li>with prior</li> <li>approval from</li> <li>corporate</li> </ul> | \$ Enter<br>amount. | \$ Enter<br>amount. | <b>\$</b> Tally row amounts. |
| Student Financial Aid (for tuition fee programs only) | \$ 0   | \$ Enter<br>amount. | \$ Enter<br>amount. | <b>\$</b> Tally row amounts. |



| ABPTS Board-Certification Examination<br>Fees<br>Other financial assistance not included<br>above: Yes | \$ 0<br>\$ 700-800  | <ul><li>\$ Enter<br/>amount.</li><li>\$ Enter<br/>amount.</li></ul> | <ul><li>\$ Enter<br/>amount.</li><li>\$ Enter<br/>amount.</li></ul> | <ul><li>\$ Tally row amounts.</li><li>\$ Tally row amounts.</li></ul> |
|--|---|---|---|---|
| Total Financial Assistance   | <pre>\$ salary + usual employee benefits + continuing education reimbursement + (\$700-800 for APTA membership and Medbridge subscription) = approximately \$50,000- \$55,000</pre> | \$ Enter<br>amount.   | \$ Enter<br>amount.   | \$ Tally row<br>amounts.  |

# Part 2: To be Completed by the Applicant

# Program Information – This information can be found on the <u>ABPTRFE Online</u> <u>Directory</u>

#### **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 (input your salary, not paid<br>by the program, if you plan to continue<br>your employment while undergoing the<br>program) | <b>\$</b> Enter<br>amount.                              | <b>\$</b> Enter<br>amount.                              | \$ Enter<br>amount.                                     | <b>\$</b> Tally row amounts. |
| License Fees  | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Tally row amounts.        |
| Malpractice Insurance (not covered by program)  | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | <b>\$</b> Tally row amounts. |
| Cost of Living Expenses (Forbes Cost of Living Calculator)  | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | <b>\$</b> Tally row amounts. |
| Student Loan Payments ( <i>if unable to defer during program</i> )  | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | <b>\$</b> Tally row amounts. |
| Subtotal  | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | <b>\$</b> Tally row amounts. |
| Loan Forgiveness (if eligible)  | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | \$ Enter<br>amount.                                     | <b>\$</b> Tally row amounts. |
| Total Participant Financial<br>Considerations   | \$ Subtract<br>Loan<br>Forgiveness<br>from<br>Subtotal. | \$ Subtract<br>Loan<br>Forgiveness<br>from<br>Subtotal. | \$ Subtract<br>Loan<br>Forgiveness<br>from<br>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 (current student loan debt)   | \$ Enter total current debt. |
| Total program costs (enter amount from total costs for entire length of program located above)   | \$ Enter amount.             |
| Total participant financial considerations (enter amount from total financial considerations for entire length of program located above) | \$ Enter amount.             |



| Subtotal   | \$ Add above amounts.                                      |
|--|--|
| Total program financial assistance (enter amount from total program financial assistance for entire length of program located above) | \$ Enter amount.   |
| Total Debt After Completion of Program   | \$ Subtract program financial<br>assistance from subtotal. |

Last Updated: 10/30/2023 Contact: resfel@apta.org