

# Financial Fact Sheet 2023-2024

**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:** ProRehab and University of Evansville Sports Residency

**Physical Address:** 415 Crosslake Drive, Suite B, Evansville, IN 47715

#### Program Hours

**Educational Hours:** 400

**Patient-Care Clinic / Practice Hours (inclusive of mentoring):** 32 hours per week

**Mentoring Hours:** 200 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):** 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
Fees <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>	\$ 385.00 (EMR)	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<input type="checkbox"/> Fees for this program include: <input type="checkbox"/> CPR				

<input checked="" type="checkbox"/> EMR <input type="checkbox"/> APTA-Related Professional Membership <input type="checkbox"/> Dues (APTA, Section/Academy) <input type="checkbox"/> Other Professional Membership Dues <input type="checkbox"/> Other: Indicate other fees.				
Tuition ( <i>if applicable</i> )	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Curriculum Costs ( <i>not included in tuition above</i> )	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Required textbooks, software, apps (not included in program fees)	\$ ~300.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Application Fees ( <i>program assessed above and beyond RF-PTCAS</i> )	\$ 50.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Conference Registration Fees ( <i>not included in fees above</i> )	\$ Reimbursable with pre-approval	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Travel Costs ( <i>for program education requirements and conference attendance, if applicable</i> )	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Parking/Mass-Transit Fees	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Mentoring Fees	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Malpractice Insurance	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Other program costs not included above: List other costs.	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<b>Total Program Costs</b>	\$ ~735.00	\$ Enter amount.	\$ Enter amount.	<b>\$ Tally row amounts.</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	\$ 80% of peer matched salary	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Financial Aid ( <i>for tuition fee programs only</i> )	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Graduate Assistantship(s)	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Other Assistantship(s)	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Scholarships	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Travel Costs/Stipends	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Financial Aid ( <i>for tuition fee programs only</i> )	\$ 0.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
ABPTS Board-Certification Examination Fees	\$ Reimbursable first time application fee	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.

	registration (\$535) and exam fee (\$810.00) with pre-approval for ProRehab employees			
Other financial assistance not included above: List other financial assistance.	\$ MedBridge subscription (\$250.00), Functional Movement Screen Level 1 (599.00), Functional Movement Screen Level 2 (599.00), Selective Functional Movement Assessment Level 1 (1095.00), Selective Functional Movement Assessment Level 2 (1095.00), Y Balance Test (199.99), Indian Clubs (49.00), Fundamental Capacity Screen (199.00)	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<b>Total Financial Assistance</b>	\$ Employee Salary and Benefits, pre-approve continuing education reimbursement, Other financial assistance \$5,430.00	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.

**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

**Contact:** resfel@apta.org