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: ATI Physical Therapy Sports Residency

Physical Address: 200 Patewood Drive, Suite C-150, Greenville, SC 29615

Program Hours

Educational Hours: 542 hours (192 Didactic, 150 Specialty Observation, 200 Sports Venue Coverage)

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 2522 Hours

Mentoring Hours: 180 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 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.	\$ 35 (CPR), 225 (APTA and Section	\$ Enter the anticipated program	\$ Enter the anticipated program	\$ 255
 □ Fees for this program include: ⊠ CPR □ EMR 	Dues)	start date.	start date.	



APTA-Related Professional Membership				
Dues (APTA, Section/Academy)				
Other Professional Membership Dues				
Other: Indicate other fees.				
Tuition (if applicable)	\$0	\$0	\$0	\$0
Curriculum Costs (not included in tuition above)	\$ O	\$ O	\$ O	\$ O
Required textbooks, software, apps (not included in program fees)	\$ O	\$ O	\$ O	\$ O
Application Fees (program assessed above and beyond RF-PTCAS)	\$ O	\$ O	\$ O	\$ O
Conference Registration Fees (not included in fees above)	\$ O	\$ O	\$ O	\$ O
Travel Costs (for program education requirements and conference attendance, if applicable)	\$ O	\$ O	\$ O	\$ O
Parking/Mass-Transit Fees	\$0	\$0	\$0	\$0
Mentoring Fees	\$0	\$ 0	\$0	\$0
Malpractice Insurance	\$ O	\$ 0	\$ O	\$0
Other program costs not included above: List other costs.	\$ O	\$ O	\$0	\$ O
Total Program Costs	\$ 255	\$0	\$0	<mark>\$</mark> 255

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	\$ 75000 (Approximate, details change depending on geographic location and years experience)	\$ Enter the anticipated program start date.	\$ Enter amount.	\$ 75000
Student Financial Aid (for tuition fee programs only)	\$ O	\$ O	\$ O	\$ O
Graduate Assistantship(s)	\$0	\$0	\$0	\$0
Other Assistantship(s)	\$0	\$0	\$0	\$0
Scholarships	\$0	\$0	\$0	\$0
Travel Costs/Stipends	\$0	\$0	\$0	\$0
Student Financial Aid (for tuition fee programs only)	\$0	\$ O	\$0	\$ 0
ABPTS Board-Certification Examination Fees	\$ 1345 (Application and Testing Fee)	\$ Enter the anticipated program start date.	\$ Enter the anticipated program start date.	\$ 1345
Other financial assistance not included above: List other financial assistance.	\$0	\$ 0	\$ O	\$ O



Total Financial Assistance	\$ 76345	\$ Enter the anticipated program start date.	\$ 0	\$ 76345
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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.

2nd Program Format: Select 2nd program format, if applicable.

2nd Program Length: Enter the 2nd 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.

2nd Application Deadline Date (if applicable): Enter the 2nd program application deadline date, if applicable.

Program 2nd Start Date: Enter the 2nd program start date, if applicable.

3rd Application Deadline Date (if applicable): Enter the 3rd program application deadline date, if applicable

Program 3rd Start Date: Enter the 3rd program start date, if applicable.

4th Application Deadline Date (if applicable): Enter the 4th program application deadline date, if applicable

Program 4th Start Date: Enter the 4th 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				
by the program, if you plan to continue	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
your employment while undergoing the	amount.	amount.	amount.	amounts.
program)				
License Fees	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
	amount.	amount.	amount.	amounts.
Malpractice Insurance (not covered by	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
program)	amount.	amount.	amount.	amounts.
Cost of Living Expenses (Forbes Cost of	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Living Calculator)	amount.	amount.	amount.	amounts.
Student Loan Payments (if unable to defer	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
during program)	amount.	amount.	amount.	amounts.
Subtotal	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Subtotal	amount.	amount.	amount.	amounts.
Loon Forgiveneon (if eligible)	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Loan Forgiveness <i>(if eligible)</i>	amount.	amount.	amount.	amounts.
	\$ Subtract	\$ Subtract	\$ Subtract	
Total Participant Financial	Loan	Loan	Loan	¢ Tolly row
	Forgiveness	Forgiveness	Forgiveness	\$ Tally row
Considerations	from	from	from	amounts.
	Subtotal.	Subtotal.	Subtotal.	

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 assistance from subtotal.

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