

Annual Continuous Improvement Report 2023

Please note: The Annual Continuous Improvement Report must be accessed and completed through ABPTRFE's Accreditation Management System. This paper format is provided to programs for reference purposes only.

Applicant Information

Please Indicate the Program's Next Application Deadline Date: Enter the anticipated program application deadline date.

Please Indicate the Corresponding Program Start Date: Enter the anticipated program start date.

Please Indicate the Program's 2nd Next Application Deadline Date (if applicable): Enter the 2nd program application deadline date, if applicable.

Please Indicate the Corresponding Program 2nd Start Date (if applicable): Enter the 2nd program start date, if applicable.

Please Indicate the Program's Next 3rd Application Deadline Date (if applicable): Enter the 3rd program application deadline date, if applicable

Please Indicate the Corresponding Program 3rd Start Date (if applicable): Enter the 3rd program start date, if applicable.

Program Structure Information

Program Fees (if applicable): Enter total fee amount.

Program Tuition (if applicable): Enter total tuition amount.

Average Annual Salary Paid by Program (if applicable): Enter average annual salary.

Percent Salary to Comparable PT at Organization: Enter salary percentage.

Affiliated Practice Site Locations: Select locations.

Mentor Appointment to Faculty: Select appointment type.

Mentor Accessibility: Select accessibility.

Substantive Changes

State whether the program made significant, and substantive, changes to its mission in 2023: Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Mission Part 1 application to obtain ABPTRFE prior approval? Choose an item.

If no, did the program make editorial or smaller changes to the program's mission? Choose an item.

If yes, provide the program's former mission and current mission.

Former Mission: Insert former mission.

Current Mission: Insert current mission.

State whether there was a change to the program's ownership in 2023: Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Ownership Part 1 application? Choose an item.

State whether there was a change to the program's leadership (director or coordinator) in 2023: Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Leadership Part 1 application? Choose an item.

State whether there was a change to the program's curriculum content that represents a significant departure from existing offerings of the program: Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Curriculum Part 1 application? Choose an item.

State whether there was a change to the program's method of program delivery in 2023 (e.g., changes to in-person versus distant learning or changes in full-time to part-time offering; changes from single-site to multi-site): Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Curriculum Part 1 application? Choose an item.

State whether there was a substantive increase or decrease in total program hours in 2023: Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Curriculum Part 1 application? Choose an item.

State whether there was an increase in participant practice sites in 2023: Choose an item.

If yes, did the program file the ABPTRFE Substantive Change - Change in Practice Sites Part 1 application? Choose an item.

Program Improvements in the Past Year

- 1) How many participant positions is the program currently accredited to enroll each academic year (please review the program's profile on the [ABPTRFE Online Directory](#) to confirm the number of participant positions the program is currently accredited to enroll each academic year)? Enter number.
- 2) Has there been an increase in the number of participant positions from what is published on the [ABPTRFE Online Directory](#) for 2023? Choose an item.
 - a. If yes, how many participant positions did the program add in 2023? Enter number.
 - b. If yes, briefly describe how the program accommodated the growth. Insert response, if applicable
- 3) Have there been any changes in financial resources needed to support the program's mission, goals and outcomes? Choose an item.

- a. If yes, briefly describe whether financial resources were increased or decreased and if they continue to adequately support the program. Insert response, if applicable
- 4) Please provide a link to the website that demonstrates where program outcomes data is published. Insert link
- 5) Provide the date the program's website was last reviewed and updated, inclusive of the program's outcomes: Enter date.

Participant Data

List all program participants who were enrolled in the program in 2023 (January 1 through December 31).

Participant Name	APTA (Current or Past) Membership Number (if never a member, provide personal email address)	Date Started Program	Status in Program as of December 31 (Active/ Graduated/ Dropped Out/Failed)	Date Graduated	Date Terminated	Date Drop-Out	Medical Condition Chart (For graduates only. Must use ABPTRFE Chart Template)

Uploads

Update and Upload Exhibit 2: Mission and Goals Table with the Program's 2023 Data

Update and Upload Exhibit 3: Assessment Table with the Program's 2023 Data

2023 Quality Standards

By checking the box, the program certifies that it will be in compliance with the 2023 ABPTRFE Quality Standards by June 1, 2024.

Describe what changes the program has implemented to address the 2023 ABPTRFE Quality Standards:
Insert response

Last Updated: 09/23/2023

Contact: resfel@apta.org