**APTA ACADEMY OF PEDIATRIC PHYSICAL THERAPY**

**Pediatric Clinical Residency/Fellowship Program Development Grant
\*Available only to APTA Pediatrics members\***

The APTA Academy of Pediatric Physical Therapy has made a priority of advancing clinical specialization through post-professional residency and fellowship training consistent with the Description of Specialty Practice, Description of Residency/Fellowship Practice, and the APTA Pediatrics’ strategic plan. In an effort to offset the cost of submitting a residency/ fellowship credentialing application and the reaccreditation process, APTA Pediatrics has established a program development grant that can be used for either:

* Initial Accreditation: Once your pediatric residency or fellowship program receives accredited status by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), your program may request an APTA Pediatrics Clinical Residency/Fellowship Program Development Grant to reimburse a portion of the cost of the accreditation application fee. The program must submit this form and evidence of ABPTRFE accredited status within the same calendar year of accreditation.
* Reaccreditation: Programs may also request an APTA Pediatrics Clinical Residency/Fellowship Program Development Grant to reimburse a portion of the cost incurred through the reaccreditation process. The approved program must submit this form along with evidence of ABPTRFE reaccreditation status within the same calendar year of reaccreditation.

Name of Residency or Fellowship Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APTA Membership Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for Correspondence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select one:**

□ Accreditation □ Reaccreditation

**Application Fee Paid to ABPTRFE: \_\_\_\_\_\_\_\_\_\_**

*Please submit a copy of the paid invoice and accreditation letter along with this application.*

**Date of program’s receipt of accreditation/reaccreditation status by ABPTRFE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please submit this completed application form, evidence of accreditation/reaccreditation status from ABPTRFE, and a copy of your paid invoice to APTA Pediatrics at info@pediatricapta.org within the same calendar year of accreditation. Questions concerning the APTA Pediatrics Clinical Residency/Fellowship Program Development Grant may be sent to ResFellSIG@pediatricapta.org. The Residency/Fellowship Special Interest Group leadership will review the application to ensure that all requirements have been fulfilled and will notify applicants and executivedirector@pediatricapta.org to arrange for payment.

Applicants will be notified within 4 weeks of submission.