Financial Fact Sheet 2024-2025



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: Balance Physical Therapy

Physical Address: 143 John Street, Salinas, CA, 93901

Program Hours

Educational Hours: 300 hours of total didactic instruction -125 hours of didactic instruction via in person-seminars.

- -150 of self directed education.
- -25 hours of supplemental didactic education.

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1720 of in clinic practice.

- -172 hours of clincial mentorship.
- -1,376 hours of patient care.
- -57 hours of didactic mentorship
- -114 hours of in-clinic self study

Mentoring Hours: 228 hours of 1-1 mentorship

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 | \$ 0 | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |

| amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition. | | | | |
|---|------------|------------------|------------------|-----------------------|
| ☐ Fees for this program include: | | | | |
| □ CPR | | | | |
| □ EMR | | | | |
| ☐ APTA-Related Professional Membership | | | | |
| ☐ Dues (APTA, Section/Academy) | | | | |
| ☐ Other Professional Membership Dues | | | | |
| ☐ Other: Indicate other fees. | | | | |
| Tuition (if applicable) | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| Tuition (if applicable) | φυ | amount. | amount. | amounts. |
| Curriculum Costs (not included in tuition | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| above) | ΨΟ | amount. | amount. | amounts. |
| Required textbooks, software, apps (not | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| included in program fees) | 7 - | amount. | amount. | amounts. |
| Application Fees (program assessed above | \$0 | \$ Enter | \$ Enter | \$ Tally row |
| and beyond RF-PTCAS) | | amount. | amount. | amounts. |
| Conference Registration Fees (not included in fees above) | \$ 0 | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Travel Costs (for program education | | amount. | | amounts. |
| requirements and conference attendance, if | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| applicable) | ΨΟ | amount. | amount. | amounts. |
| | Φ.0 | \$ Enter | \$ Enter | \$ Tally row |
| Parking/Mass-Transit Fees | \$ 0 | amount. | amount. | amounts. |
| Mentoring Fees | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| wellonig rees | | amount. | amount. | amounts. |
| Malpractice Insurance \$ | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| <u> </u> | ~ ~ | amount. | amount. | amounts. |
| Other program costs not included above: | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| List other costs. | * • | amount. | amount. | amounts. |
| Total Program Costs | \$ 0. | \$ Enter | \$ Enter | \$ Tally row |
| | <u> </u> | amount. | amount. | 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 | \$ 90-95k. | \$ Enter | \$ Enter | \$ Tally row |
| Salary Paid by Program | ф 90-95K. | amount. | amount. | amounts. |
| Student Financial Aid (for tuition fee | \$ n/o | \$ Enter | \$ Enter | \$ Tally row |
| programs only) | \$ n/a | amount. | amount. | amounts. |
| Graduato Assistantshin(s) | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| Graduate Assistantship(s) | φU | amount. | amount. | amounts. |
| Other Assistantship(s) | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| Other Assistantship(s) | | amount. | amount. | amounts. |
| Scholarships \$0 | \$ 0 | \$ Enter | \$ Enter | \$ Tally row |
| | \$ 0 | amount. | amount. | amounts. |
| Traval Casta/Stipanda | Costs/Stipends \$ 2,000. | \$ Enter | \$ Enter | \$ Tally row |
| rravei Cosis/Silperius | | amount. | amount. | amounts. |
| Student Financial Aid (for tuition fee | ¢ n/o | \$ Enter | \$ Enter | \$ Tally row |
| programs only) | \$ n/a | amount. | amount. | amounts. |

ABPTRFE

| ABPTS Board-Certification Examination Fees | \$ 1,300 | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
|---|----------------------|------------------|------------------|-----------------------|
| Other financial assistance not included above: List other financial assistance. | \$ 0 | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Total Financial Assistance | \$ 93,300- 98,300 | \$ 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.

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 your employment while undergoing the program) | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| License Fees | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Malpractice Insurance (not covered by program) | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Cost of Living Expenses (Forbes Cost of Living Calculator) | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Student Loan Payments (if unable to defer during program) | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Subtotal | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Loan Forgiveness (if eligible) | \$ Enter amount. | \$ Enter amount. | \$ Enter amount. | \$ Tally row amounts. |
| Total Participant Financial Considerations | \$ 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 (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