

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: St. Louis Children's Hospital- Sports Physical Therapy Residency

Physical Address: 13001 N Outer 40 Town and Country, MO 63017

Program Hours

Educational Hours: 350

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1600

Mentoring Hours: 150

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>	\$ 475	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<input type="checkbox"/> Fees for this program include: <input type="checkbox"/> CPR <input type="checkbox"/> EMR				

<input checked="" type="checkbox"/> APTA-Related Professional Membership <input checked="" 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	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Curriculum Costs <i>(not included in tuition above)</i>	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Required textbooks, software, apps (not included in program fees)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Application Fees <i>(program assessed above and beyond RF-PTCAS)</i>	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Conference Registration Fees <i>(not included in fees above)</i>	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Travel Costs <i>(for program education requirements and conference attendance, if applicable)</i>	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Parking/Mass-Transit Fees	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Mentoring Fees	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Malpractice Insurance	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Other program costs not included above: List other costs.	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Total Program Costs		\$ Enter amount.	\$ Enter amount.	\$ 475

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	\$ 42,000	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Financial Aid <i>(for tuition fee programs only)</i>	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Graduate Assistantship(s)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Other Assistantship(s)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Scholarships	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Travel Costs/Stipends	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Financial Aid <i>(for tuition fee programs only)</i>	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
ABPTS Board-Certification Examination Fees	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Other financial assistance not included above: Yes	\$ 400	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Total Financial Assistance	\$ 42,000	\$ Enter amount.	\$ Enter amount.	\$ 42,400