

# 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:** Sanford Health Orthopedic Physical Therapy Residency Program

**Physical Address:** 2400 32nd Ave S, Fargo, ND 58103

#### Program Hours

**Educational Hours:** 36 hours of combined education/observation in specialties and teaching; curriculum is self study with Current Concepts of Orthopedics through ortho section of APTA, time commitment varies for each resident. 50 hours of lab instruction (Approximately 1.5 hours per week)

**Patient-Care Clinic / Practice Hours (inclusive of mentoring):** 1800

**Mentoring Hours:** 150 - approximately 3 hours per week between patient care and 1 hour on Fridays for structured reflection with a mentor.

#### 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:** Yes

### Participant Costs

The program will provide all costs associated with this program.

Type of Cost	Year One	Year Two	Year Three	Total
<b>Fees</b> <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>  <input type="checkbox"/> Fees for this program include:	\$ 175 for initial APTA membership. Fee depends on membership type. \$25 for	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.

<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.	ortho section membership.			
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.
<b>Total Program Costs</b>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	<b>\$ Tally row amounts.</b>

## 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	\$ 61,321	\$ 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	\$ 1,345 - member early bird fee covered if resident	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.

	continues employment with Sanford Health			
Other financial assistance not included above: List other financial assistance.	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<b>Total Financial Assistance</b>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	<b>\$ Tally row amounts.</b>

## Part 2: To be Completed by the Applicant

**Program Information – This information can be found on the [ABPTRFE Online Directory](#)**

### Program Structure

**Program Type:** Single Site

**Program Format:** Full-Time

**Program Length:** 12

**2<sup>nd</sup> Program Format:** Select 2<sup>nd</sup> program format, if applicable.

**2<sup>nd</sup> Program Length:** Enter the 2<sup>nd</sup> program length in months, if applicable

**Number of Participant Positions Each Calendar Year:** 2

### Program Applicant Information

**Application Deadline Date:** January 31, 2024

**Program Start Date:** August 5, 2024

**2<sup>nd</sup> Application Deadline Date (if applicable):** Enter the 2<sup>nd</sup> program application deadline date, if applicable.

**Program 2<sup>nd</sup> Start Date:** Enter the 2<sup>nd</sup> program start date, if applicable.

**3<sup>rd</sup> Application Deadline Date (if applicable):** Enter the 3<sup>rd</sup> program application deadline date, if applicable

**Program 3<sup>rd</sup> Start Date:** Enter the 3<sup>rd</sup> program start date, if applicable.

**4<sup>th</sup> Application Deadline Date (if applicable):** Enter the 4<sup>th</sup> program application deadline date, if applicable

**Program 4<sup>th</sup> Start Date:** Enter the 4<sup>th</sup> program start date, if applicable.

**Format for Educational Hours:** In-person

**Affiliated Practice Site Locations:** All within close proximity to program's main address

**Mentor Appointment to Faculty:** Mentors identified by program

**Mentor Accessibility:** On-site

### 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 ( <i>input your salary, not paid by the program, if you plan to continue your employment while undergoing the program</i> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
License Fees	\$ Enter the anticipated program start date.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Malpractice Insurance ( <i>not covered by program</i> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Cost of Living Expenses ( <a href="#">Forbes Cost of Living Calculator</a> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Student Loan Payments ( <i>if unable to defer during program</i> )	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<b>Subtotal</b>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
Loan Forgiveness ( <i>if eligible</i> )	\$ Enter the anticipated program start date.	\$ Enter amount.	\$ Enter amount.	\$ Tally row amounts.
<b>Total Participant Financial Considerations</b>	\$ 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 ( <i>current student loan debt</i> )	\$ Enter total current debt.
Total program costs ( <i>enter amount from total costs for entire length of program located above</i> )	\$ Enter amount.
Total participant financial considerations ( <i>enter amount from total financial considerations for entire length of program located above</i> )	\$ Enter amount.
<b>Subtotal</b>	\$ Add above amounts.
Total program financial assistance ( <i>enter amount from total program financial assistance for entire length of program located above</i> )	\$ Enter amount.
<b>Total Debt After Completion of Program</b>	\$ Subtract program financial assistance from subtotal.

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