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| 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:** Kennedy Krieger Institute Pediatric Residency Program

**Physical Address:** 707 N. Broadway, Baltimore, MD, 21205

**Program Hours**

**Educational Hours:** Minimum 300 hours required.

**Patient-Care Clinic / Practice Hours (inclusive of mentoring):** Minimum 1500 hours required.

**Mentoring Hours:** Minimun 150 hours required.

**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 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. | $ 0. Resident must have CPR certification upon application to our program. If re-certification is required during residency, the program will provide.  | $ 0. Resident must have CPR certification upon application to our program. If re-certification is required during residency, the program will provide. | $ Enter amount. | $ 0 |
| Tuition *(if applicable)* | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Curriculum Costs *(not included in tuition above)* | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Required textbooks, software, apps (not included in program fees) | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Application Fees *(program assessed above and beyond RF-PTCAS)* | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Conference Registration Fees *(not included in fees above)* | $ 0. Attendance at conferences is not required. Thus $0 above. If the resident chooses to attend a conference, he/she/they will be responsible for the cost of the conference registration fee.  | $ 0. Attendance at conferences is not required. Thus $0 above. If the resident chooses to attend a conference, he/she/they will be responsible for the cost of the conference registration fee. | $ Enter amount. | $ 0 |
| Travel Costs *(for program education requirements and conference attendance, if applicable)* | $ 0. Attendance at conferences is not required. Thus $0 above. If the resident chooses to attend a conference, he/she/they will be responsible for the cost of travel. | $ 0. Attendance at conferences is not required. Thus $0 above. If the resident chooses to attend a conference, he/she/they will be responsible for the cost of travel.  | $ Enter amount. | $ 0 |
| Parking/Mass-Transit Fees | $ 0 Parking is paid by the program. Resident pays mass-transit fees if applicable. | $ 0 Parking is paid by the program. Resident pays mass-transit fees if applicable. | $ Enter amount. | $ 0 |
| Mentoring Fees  | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Malpractice Insurance | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Other program costs not included above: List other costs. | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| **Total Program Costs** | $ 0 | $ 0 | $ Enter amount. | $ 0 |

# 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 | $ 56,000 to 60,000 | $ 56,000 to 60,000 | $ Enter amount. | $ 112,000 to 120,000 |
| Student Financial Aid *(for tuition fee programs only)* | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Graduate Assistantship(s) | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Other Assistantship(s) | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Scholarships | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Travel Costs/Stipends | $ Parking at all clinical sites is paid by the program. | $ Parking at all clinical sites is paid by the program. | $ Enter amount. | $ Parking at all clinical sites is paid by the program. |
| Student Financial Aid *(for tuition fee programs only)* | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| ABPTS Board-Certification Examination Fees | $ 0 | $ 0 | $ Enter amount. | $ 0 |
| Other financial assistance not included above: Yes | $ 425 for various elements of the program. Program pays for some of these up front, while the resident is asked to pay for some and then gets reimbursed by the program. | $ 425 for various elements of the program. Program pays for some of these up front, while the resident is asked to pay for some and then gets reimbursed by the program. | $ Enter amount. | $ 425 for various elements of the program. Program pays for some of these up front, while the resident is asked to pay for some and then gets reimbursed by the program. |
| **Total Financial Assistance** | $ 56,425 to 60,425  | $ 56,425 to 60,425 | $ Enter amount. | $ 112,950 to 120,950 |

# Part 2: *To be Completed by the Applicant*

# Program Information – This information can be found on the [*ABPTRFE Online Directory*](https://accreditation.abptrfe.org/#/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*](https://www.forbes.com/advisor/mortgages/real-estate/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

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