# 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: The Johns Hopkins Rehabilitation Network Wound Management Residency Program

Physical Address: 5755 Cedar Lane, Columbia Maryland 21044/ 4940 Eastern Avenue, Baltimore, MD

21224

#### **Program Hours**

**Educational Hours:** 1,792 hours of unsupervised clinical practice (64 weeks x 28 hrs/wk average). 672 hours of didactic education hours. 128 hours of classroom/lab instruction provided by residency faculty (64 weeks x 2hrs/wk). 55 hours of online courses/education through the WOCN Wound Treatment Associate Program (32 hours) & Medbridge (23 hours). 489 hours of other didactic components.

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1,985 hours of clinical practice

**Mentoring Hours:** 256 hours total mentorship hours. 192 hours of mentoring with resident treating patients (96 hours each semester/site). 64 hours of academic mentorship (34 hours each semester/site)

#### **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	\$ 0	\$ 0	\$ 0

amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition.				
□ Face for this program include:				
☐ 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	\$ 0	\$ 0	\$ 0
Curriculum Costs (not included in tuition above)	\$0	\$ 0	\$ 0	\$ 0
Required textbooks, software, apps (not included in program fees)	\$ 0	\$ 0	\$ 0	\$0
Application Fees (program assessed above and beyond RF-PTCAS)	\$ 50	\$0	\$ 0	\$ 50
Conference Registration Fees (not included in fees above)	\$0	\$ 0	\$ 0	\$ 0
Travel Costs (for program education requirements and conference attendance, if applicable)	\$ 0	\$ 0	\$ 0	\$ 0
Parking/Mass-Transit Fees	\$ 30/pay period (JHBMC site only - 9 months)	\$ 0	\$ 0	\$ 540
Mentoring Fees	\$0	\$ 0	\$0	\$0
Malpractice Insurance	\$0	\$0	\$0	\$0
Other program costs not included above: List other costs.	\$ 0	\$ 0	\$ 0	\$ 0
Total Program Costs	\$ -	\$ -	\$ -	\$ 580.00

## **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	\$ 43,680.00 per yr	\$ 21,840.00 (6-months)	\$ n/a	\$ 65,520.00
Student Financial Aid (for tuition fee programs only)	\$ 0	\$ 0	\$ 0	\$ 0
Graduate Assistantship(s)	\$ 0	\$ 0	\$ 0	\$ 0
Other Assistantship(s)	\$ 0	\$0	\$ 0	\$0
Scholarships	\$ 0	\$0	\$ 0	\$ 0
Travel Costs/Stipends	\$ 2000	\$0	\$ 0	\$ 2000
Student Financial Aid (for tuition fee programs only)	\$ 0	\$ 0	\$ 0	\$ 0
ABPTS Board-Certification Examination Fees	\$ 535	\$ 0	\$ 0	\$ 535
Other financial assistance not included above: Yes	\$ 700	\$ 0	\$ 0	\$ 700

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

# Program Information – This information can be found on the <u>ABPTRFE Online</u> <u>Directory</u>

**Program Structure** 

Program Type: Multi-Site

Program Format: Full-Time

Program Length: 18 months

**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: 1

**Program Applicant Information** 

**Application Deadline Date:** 06/03/2024

Program Start Date: 11/04/2024

**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.

4th Application Deadline Date (if applicable): Enter the 4th 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: Both in-person and remote

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.

ant Financial Consideratior	Year One	Year Two	Year Three	Total
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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)	\$ 0	\$ 0	\$ 0	\$ 0
Cost of Living Expenses ( <u>Forbes Cost of</u> Living Calculator)	\$ 0	\$ 0	\$ 0	\$ 0
Student Loan Payments (if unable to defer during program)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Subtotal	\$ 0	\$ 0	\$ 0	\$ 0
Loan Forgiveness (if eligible)	\$ 0	\$ 0	\$ 0	\$ 0
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