Financial Fact Sheet 2025-2026

ABPTRFE
American Board of Physical Therapy Residency & Fellowship Education

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: Hands-On Diagnostics Clinical Electrophysiology Residency Program

Physical Address: 3244 31st Street, Astoria, NY 11106

Program Hours

Educational Hours: 506

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1500

Mentoring Hours: 106

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
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	$ 500	$ 0	$ 0	$ 500

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☐ APTA-Related Professional Membership ☐ Dues (APTA, Section/Academy) ☐ Other Professional Membership Dues ☒ Other: Yes				
Tuition *(if applicable)*	$ 13,653.75	$ 0	$ 0	$ 13,653.75
Curriculum Costs *(not included in tuition above)*	$ 0	$ 0	$ 0	$ 0
Required textbooks, software, apps (not included in program fees)	$ 500	$ 0	$ 0	$ 500
Application Fees *(program assessed above and beyond RF-PTCAS)*	$ 0	$ 0	$ 0	$ 0
Conference Registration Fees *(not included in fees above)*	$ 0	$ 0	$ 0	$ 0
Travel Costs *(for program education requirements and conference attendance, if applicable)*	$ 5,000	$ 3,000	$ 3,000	$ 11,000
Parking/Mass-Transit Fees	$ 0	$ 0	$ 0	$ 0
Mentoring Fees	$ 38,500	$ 0	$ 0	$ 38,500
Malpractice Insurance	$ 0	$ 0	$ 0	$ 0
Other program costs not included above: No	$ 0	$ 0	$ 0	$ 0
Total Program Costs	$ 58,153.75	$ 3,000	$ 3,000	$ 64,153.75

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	$ 0	$ 0	$ 0	$ 0
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	$ 0	$ 0	$ 0	$ 0
Student Financial Aid *(for tuition fee programs only)*	$ 0	$ 0	$ 0	$ 0
ABPTS Board-Certification Examination Fees	$ 0	$ 0	$ 0	$ 0
Other financial assistance not included above: List other financial assistance.	$ 0	$ 0	$ 0	$ 0
Total Financial Assistance	$ 0	$ 0	$ 0	$ 0

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
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