Financial Fact Sheet 2024-2025



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: Nova Southeastern University Faculty Residency Program

Physical Address: 3200 S University Drive, Fort Lauderdale, FL 33328

Program Hours

Educational Hours: 524

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1136 practice hours

Mentoring Hours: 180

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): Yes

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.	\$ 450	\$ 0	\$ 0	\$ 450
☑ Fees for this program include:☐ CPR☐ EMR				

⊠ APTA-Related Professional Membership				
□ Dues (APTA, Section/Academy)				
☐ Other Professional Membership Dues				
Other: Yes				
Tuition (if applicable)	\$ 3750	\$ 1250	\$ 0	\$ 5000
Curriculum Costs (not included in tuition	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
above)	amount.	amount.	amount.	amounts.
Required textbooks, software, apps (not	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
included in program fees)	amount.	amount.	amount.	amounts.
Application Fees (program assessed above	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
and beyond RF-PTCAS)	amount.	amount.	amount.	amounts.
Conference Registration Fees (not included	\$ 175	\$ Enter	\$ Enter	\$ 175
in fees above)	Ψ173	amount.	amount.	Ψ173
Travel Costs (for program education		\$ Enter	\$ Enter	
requirements and conference attendance, if applicable)	\$ 400	amount.	amount.	\$ 400
<u> </u>	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Parking/Mass-Transit Fees	amount.	amount.	amount.	amounts.
	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
Mentoring Fees Malpractice Insurance	amount.	amount.	amount.	amounts.
	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
ivialpractice irisurance	amount.	amount.	amount.	amounts.
Other program costs not included above:	\$ Enter	\$ Enter	\$ Enter	\$ Tally row
List other costs.	amount.	amount.	amount.	amounts.
Total Program Costs	\$ 4325	\$ 1250	\$ Enter amount.	\$ 6025

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	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Student Financial Aid (for tuition fee programs only)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Graduate Assistantship(s)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Other Assistantship(s)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Scholarships	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Travel Costs/Stipends	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Student Financial Aid (for tuition fee programs only)	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
ABPTS Board-Certification Examination Fees	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0
Other financial assistance not included above: Yes	\$ 1000	\$ Enter amount.	\$ Enter amount.	\$ 1000
Total Financial Assistance	\$ 1000	\$ Enter amount.	\$ Enter amount.	\$ 1000