

# 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 Orthopedic Residency Program

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

#### Program Hours

**Educational Hours:** 345

**Patient-Care Clinic / Practice Hours (inclusive of mentoring):** 1664

**Mentoring Hours:** 150

#### 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 <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>	\$ 350	\$ 0	\$ 0	\$ 350
<input checked="" type="checkbox"/> Fees for this program include: <input type="checkbox"/> CPR <input type="checkbox"/> EMR				

<input type="checkbox"/> APTA-Related Professional Membership <input type="checkbox"/> Dues (APTA, Section/Academy) <input type="checkbox"/> Other Professional Membership Dues <input checked="" type="checkbox"/> Other: Yes				
Tuition <i>(if applicable)</i>	\$ 0	\$ 0	\$ 0	\$ 0
Curriculum Costs <i>(not included in tuition above)</i>	\$ 400	\$ 0	\$ 0	\$ 400
Required textbooks, software, apps (not included in program fees)	\$ 0	\$ 0	\$ 0	\$ 0
Application Fees <i>(program assessed above and beyond RF-PTCAS)</i>	\$ 0	\$ 0	\$ 0	\$ 0
Conference Registration Fees <i>(not included in fees above)</i>	\$ 0	\$ 0	\$ 0	\$ 0
Travel Costs <i>(for program education requirements and conference attendance, if applicable)</i>	\$ 0	\$ 0	\$ 0	\$ 0
Parking/Mass-Transit Fees	\$ 0	\$ 0	\$ 0	\$ 0
Mentoring Fees	\$ 0	\$ 0	\$ 0	\$ 0
Malpractice Insurance	\$ 0	\$ 0	\$ 0	\$ 0
Other program costs not included above: <i>List other costs.</i>	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Program Costs</b>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	<b>\$ 750</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	\$ per diem rate established by clinic site/32 hours per week minimum	\$ per diem rate established by clinic site/32 hours per week minimum	\$ 0	\$ 50,000-53,000 plus benefits
Student Financial Aid <i>(for tuition fee programs only)</i>	\$ 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 <i>(for tuition fee programs only)</i>	\$ 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	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 0

<b>Total Financial Assistance</b>	\$ Enter amount.	\$ Enter amount.	\$ Enter amount.	\$ 50,000-53,000 plus benefits
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