



The California Physical Therapy Association's Center of Physical Therapy Practice Excellence Recognition program was designed to enhance and promote quality physical therapy practice in the State of California. By establishing a set of quality practice indicators, physical therapy clinics are provided standards of excellence by which to measure performance. This program provides clinics with the essential resources and guidance to become quality providers of physical therapy services.

All clinics will be evaluated on the following indicators:

- ***Practice-Clinical Practice, Documentation retention, patient satisfaction**
- ***Professionalism-Continuing education, Scholarly activity, Professional and Public service**
- ***Management-Facility and Administrative Operations**

The standards described in the program resource manual cover the breadth of physical therapy practice and those standards focus on the promotion of best practice and quality care. To ensure best practice patterns and continuous quality improvement, physical therapy practices in the California are encouraged to participate in this peer-review process. By exceeding these quality standards, physical therapy practices will be able to promote themselves as meeting the highest principles of practice excellence as promoted by the California Physical Therapy Association.

Center of Physical Therapy Practice Excellence Recognition Program Application

Application Fee:

\$600 fee includes a resource manual (USB or hard copy); Clinic site assessment includes 1 facility

\$400 fee for applicants that have purchased a manual within 1 year of submitting an initial application.

Refund requests must be received in writing within 7 calendar days of receipt of application. Full refund will be provided less 20 percent administrative fee.

No refunds will be offered after your application is processed.

<input type="checkbox"/> Check (Payable to California Physical Therapy Association)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Cardholder's Full Name (Print) _____
Card Number _____
Exp. Date _____ CVV# _____
Address _____ Phone _____ Email _____
Signature _____
For CPTA Use Received _____
Paid\$ _____ Ck#/CC _____ Auth _____ Due \$ _____ Inv/date _____ Confirm
Sent _____
R1-120 _____ Review# _____

Instructions: Complete and submit one copy of the application and requested documentation to:

**California Physical Therapy Association,
1990 Del Paso Rd
Sacramento CA 95834**

**Please check off the following documents to be sure they are included with the application.
Failure to include ALL requested documentation will result in the application being delayed or rejected.**

- Completed Application with Application Fee
- Staff Roster
- Provide documentation supporting staff clinical competencies
- Provide "1" complete patient record, to include admission to discharge (e.g., Initial evaluation, plan of care, progress reports, treatment protocols, and discharge summary)
- Provide a narrative describing how the facility ensures currency in evidence-based practice
- Provide a copy of the facility daily clinic schedule

Contact Information

Applicant Name	
APTA Member Number	
Street Address	
City, State, ZIP Code	
Preferred Phone	
E-Mail Address	
Facility Street Address	
City, State, Zip Code	

Facility Information

How many facilities are you seeking recognition for?

- 1-2
 3-4
 5+

Professional Interests

Tell circle which areas you are interested in receiving additional education/consultation.

1. Administration
2. Clinical Practice
3. Continuing Education
4. Documentation
5. Ethics, Laws and Regulations
6. Payment/Billing
7. Consumer Health and Safety
8. Other, please describe _____

Availability

During which hours are you available for a facility site review?

- Weekday mornings
 Weekday afternoons
 Weekday evenings
 Weekend mornings
 Weekend afternoons
 Weekend evenings

Please Describe how your facility meets the CPTA Standards of Physical Therapy Practice Excellence

Please use separate page to describe.

Please Describe your facility e.g. patient demographics, number of patient visits provided annually, treatment space, waiting space, equipment (include photos)

Please use separate page to describe and include a description of each criteria included below:

Please answer all questions below

Please use separate page to describe.

- Does your facility provide nutritional advice? If yes, describe your services.
- Does your facility provide direct access to physical therapy services? If yes, please describe your services.
- Describe your patient demographics
- List the total number of full time employees (include total number of PTs, PTAs, and PT aides
- What productivity do you expect per PT, PTA, or PT aide?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an applicant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the program. California Physical Therapy Association is not engaged in rendering legal or other professional advice. If you require legal advice, you should seek the services of an attorney. © 2019 CPTA. All rights reserved.

Printed Name	
Signature	
Date	

Our Guarantee

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in the Center of Physical Therapy Practice Excellence Recognition Program.

A violation of the California State Business and Professions Code, Civil Code or APTA Code of Ethics may be reported to the appropriate agencies.