

## **Clinical Residency/Fellowship Grant Application**

The Academy of Neurologic Physical Therapy (ANPT) has made a priority of advancing clinical specialization through post-professional residency and fellowship training consistent with the Description of Specialty Practice and ANPT's strategic plan. In an effort to offset the cost of submitting a residency/ fellowship credentialing application, ANPT has allocated a total of \$3,000 PER YEAR in grant funding to be awarded to developing programs. Grant awards will be made in the amount of \$500, \$1,000, or \$1,500 per recipient; the amount awarded will be dependent upon a) the program's score on its grant application evaluation; and b) the number of qualified applications received. To be eligible to apply for a grant, a program's director must be a member of ANPT.

## **Application Process**

- The residency director submits a grant application to ANPT's Executive Officer at info@neuropt.org. This grant application is due within the same calendar year as the credentialing application submission. Grant applications are due annually by December 31st.
- 2. Working with the APTA Department of Professional Development, the ANPT Executive Officer will verify that all grant applicants have submitted their credentialing application, and that the latter has been accepted for review by the credentialing committee. Any grant applicants who have NOT submitted their credentialing applications to the APTA Department of Professional Development will NOT be considered for a grant award.
- 3. The ANPT Executive Officer will forward all grant award applications to the Chair of the ANPT Awards Committee by January 15th.
- 4. The Awards Committee members will evaluate each grant application and make grant award recommendations to the ANPT Board of Directors by February 15th. Once approved by the Board, the Executive Officer will send the residency program director a letter detailing the grant funding that has been awarded by March 15th. Applicants not receiving awards will also be notified by this date.
- 5. The ANPT Executive Officer will send a check to the awardees by March 30<sup>th</sup>



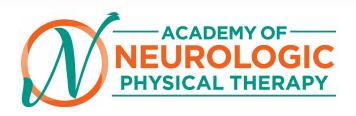
## Clinical Residency/Fellowship Grant Application Instructions

Submission Deadline: December 31st

Programs will be notified by March 15th of their award status.

The following materials are required for grant application submission:

- 1. Completed Program Information Form (see below)
- 2. Residency Mission Statement and Program Goals
- 3. Faculty (or mentor) curriculum vitae/resume(s) including the Program Director. Please indicate the role of each faculty member within the Program.
- 4. Proposed curricular model –depicting how the Description of Specialty Practice (DSP) will be incorporated into your program. Please include how the major areas of knowledge and practice content will be delivered (e.g. proposed learning formats such as didactic classroom and/or clinical experience) and by which faculty.
- 5. Description of the clinical and/or academic settings in which the resident/ fellow will learn and practice. This should include a description of the patient populations supported by the program. Please provide contact information for a clinician/faculty member at each site (email address and telephone number).



## Clinical Residency/Fellowship Grant Application Program Information Form

Name of Resi	idency Program:
Program Dire	ector:
Name: Address:	
City: _ Phone: _ Fax: _ E-Mail: _	State: Zip Code:
	ntialing application submission to the APTA Department of Professional
Please be sur - - - -	t electronically to the ANPT Executive Officer at <a href="mailto:info@neuropt.org">info@neuropt.org</a> by <b>Dec 31</b> st.  e to include the following:  Completed Program Information Form  Residency mission statement and program goals  Faculty curriculum vitae  Proposed curricular model  Description of clinical / academic settings and patient populations  W9 from organization to receive grant funding
	specific information regarding grant payment. Note, this may be different than will use the below to pay any approved grant funding.
Check made o	out to:
Address:	
Contact for gra	nt payment (name & email):