

KENTUCKY BOARD OF PHYSICAL THERAPY

312 Whittington Parkway, Suite 102, Louisville, KY 40222

(502) 429-7140 *** FAX 502/429-7142

Evaluation Form to Assess Physical Therapy Skills of Foreign Educated Applicants for Credentialing

RATING SCALE

- 4 = Performs task independently.
- 3 = Requires occasional supervision or minimal assistance to meet criteria.
- 2 = Requires frequent supervision or moderate assistance to successfully meet criteria.
- 1 = Requires close constant supervision and maximal assistance to meet criteria.
- NA/NO = Not applicable/Not observed.

(JUDGE ON "ENTRY LEVEL" BASIS, REGARDLESS OF NUMBER OF YEARS OUT OF SCHOOL)

FEPT Applicant _____ Dates of Rating Period _____

PT Supervisor _____ Approximate # of Total Hours _____

Facility Name/Address _____

Telephone () _____

*******NOTE: COMMENTS ARE TO ACCOMPANY A MAJORITY OF RATINGS*******

<u>I. COMMUNICATION</u>	<u>RATING</u>	<u>COMMENTS</u>
A. Utilizes and responds to non-verbal communication		
B. Utilizes verbal communication in a language appropriate to the situation		
C. Utilizes written communication in an effective manner		
<u>II. INTERPERSONAL RELATIONSHIPS</u>		
A. Establishes and maintains an appropriate relationship with the patient and family		
B. Establishes and maintains an appropriate relationship with the physical therapy staff		
C. Establishes and maintains an appropriate relationship with other health professionals		

<u>III. PATIENT EVALUATION</u>	<u>RATING</u>	<u>COMMENTS</u>
A. Cardiac		
B. Respiratory		
C. Prosthetic		
D. Musculoskeletal		
E. Spinal Cord		
F. Adult Brain Injured		
G. Pediatric		
H. Other Neurological		
I. Thermal		
J. Orthopedic		
<u>IV. GOAL SETTING & PROGRAM PLANNING</u> A. Cardiac		
B. Respiratory		
C. Prosthetic		
D. Musculoskeletal		
E. Spinal Cord		

IV. (CONT.)	<u>RATING</u>	<u>COMMENTS</u>
F. Adult Brain Injured		
G. Pediatric		
H. Other Neurological		
I. Thermal		
J. Orthopedic		
V. <u>PROGRAM IMPLEMENTATION</u>		
A. Cardiac		
B. Respiratory		
C. Prosthetic		
D. Musculoskeletal		
E. Spinal Cord		
F. Adult Brain Injured		
G. Pediatric		
H. Other Neurological		
I. Thermal		
J. Orthopedic		

<u>VI. PERSONAL & PROFESSIONAL QUALITIES</u>	<u>RATING</u>	<u>COMMENTS</u>
A. Displays a positive attitude in PT position (verbal & non-verbal)		
B. Demonstrates dependability & responsibility		
C. Exhibits good judgement & common sense		
D. Demonstrates initiative		
E. Exhibits flexibility		
F. Exhibits appropriate self-confidence		
G. Demonstrates ability to evaluate own strengths & weaknesses		
H. Demonstrates resourcefulness		
I. Appearance		
J. Follows department policies and administrative procedures		
K. Actively participated in in-service		
L. Takes advantage of and assumes responsibility for learning situations		
M. Adheres to the CODE OF ETHICAL STANDARDS & PRACTICE STANDARDS		

SUMMARY SHEET
(required for consideration of licensure)

This applicant is above average in: _____

This applicant showed improvement in: _____

Other comments and recommendations (required):

SUPERVISOR Signature: _____ Date: _____

Current Address (if different from page 1): _____

(Note: 3 month supervised practice is based on >390 total hours)

TEACHING CLINICAL AFFILIATION AGREEMENTS

Name of CAPTE Accredited School(s) of Physical Therapy your facility has agreement with: _____

Average number of physical therapist students affiliating/year: _____

Average number of physical therapist's assistant students affiliating/year: _____

This evaluation form must be completed by an applicant's PT supervisor as a condition for application for credentialing in Kentucky for a physical therapist educated outside the United States.

Also, please attach copies of any formal evaluations performed on this applicant when supervised in your facility.

Return this completed form to:

**Kentucky State Board of Physical Therapy
312 Whittington Parkway, Suite 102
Louisville, KY 40222**