

Submission Evaluation Form – Collaboration
For Office Use Only

Member's Full Name:		SCPT #:	
Date of Evaluation:			

Criterion	Yes	No
Was the General Submission Form uploaded to the member portal?		
Was the chosen Task an acceptable submission option? (e.g., was the task appropriate and related to the domain?)		
Does the chosen Task enhance current or future Physical Therapy practice?		
Was translation of the knowledge into practice adequately described?		
Was the method for evaluating the effectiveness of knowledge implementation adequately described?		
Were at least two of the following NPAG Essential Competencies appropriately fulfilled and described?		
Essential Competency: Promote an integrated approach to client services. <ul style="list-style-type: none"> Did the submission provide knowledge about promoting an integrated approach to client services? 		
Essential Competency: Facilitate collaborative relationships. <ul style="list-style-type: none"> Did the submission improve the ability to facilitate collaborative relationships? 		
Essential Competency: Contribute to effective teamwork. <ul style="list-style-type: none"> Did the submission contribute to effective teamwork? 		
Essential Competency: Contribute to conflict resolution. <ul style="list-style-type: none"> Did the submission provide knowledge in contributing to conflict resolution? 		

Were the minimum requirements of submission met?	
<input type="checkbox"/> 6/6 - No future action required	<input type="checkbox"/> <6/6 - Re-submission required

Comments or Concerns: