

Submission Evaluation Form – Leadership
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 one of the following NPAG Essential Competencies appropriately fulfilled and described?		
Essential Competency: Champion the health needs of clients. <ul style="list-style-type: none"> Did the submission aid or increase their ability to advocate for patient needs? 		
Essential Competency: Promote innovation in healthcare. <ul style="list-style-type: none"> Did the submission include knowledge on new innovations in healthcare, or how to better implement innovations? 		
Essential Competency: Contribute to leadership in the profession. <ul style="list-style-type: none"> Did the submission involve promotion of, advancement of, or contribute to their leadership abilities within the profession? 		

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: