

Submission Evaluation Form – Management
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: Support organizational excellence. <ul style="list-style-type: none"> • Did the submission increase organization excellence? 		
Essential Competency: Utilize resources efficiently and effectively. <ul style="list-style-type: none"> • Did the submission improve the efficiency and effectiveness of utilizing resources? 		
Essential Competency: Ensure a safe practice environment. <ul style="list-style-type: none"> • Did the submission build on ensuring a safe practice environment? 		
Essential Competency: Engage in quality improvement activities. <ul style="list-style-type: none"> • Did the submission involve engagement in quality improvement? 		
Essential Competency: Supervise others. <ul style="list-style-type: none"> • Did the submission increase knowledge or skills for supervising others? 		
Essential Competency: Manage practice information safely and effectively. <ul style="list-style-type: none"> • Did the submission involve information on the safe and effective management of practice information? 		



Were the minimum requirements of submission met?

6/6 - No future action required

<6/6 - Re-submission required

Comments or Concerns: