

Submission Evaluation Form – Physical Therapy Expertise 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 appropriate described?	ely fulfilled a	nd
 Essential Competency: Employ a client-centered approach. Did the submission increase your ability to employ a client-centred approach? 		
Essential Competency: Ensure physical and emotional safety of client.Did the submission include content on patient safety?		
Essential Competency: Conduct client assessment. • Did the submission include content on patient assessment skills?		
 Essential Competency: Establish a diagnosis and prognosis. Did the submission aid your ability to formulate a diagnosis and prognosis? 		
Essential Competency: Develop, implement, monitor, and evaluate an intervention plan.		
 Did the submission improve the ability to develop, implement, monitor, and evaluate an intervention plan? 		
Essential Competency: Complete or transition care.		
 Did the submission increase their knowledge of transitional care or ability to evaluate for appropriate transition? 		
Essential Competency: Plan, deliver and evaluate programs.		
 Did the submission build on the skills of planning, delivering, and evaluating a program? 		



Were the minimum requirements of submission met?			
☐ 6/6 - No future action required	☐ <6/6 - Re-submission required		

Comments or Concerns: