

Submission Evaluation Form – Professionalism
For Office Use Only

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

Criterion	Yes	No
Were 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: Comply with legal and regulatory requirements. <ul style="list-style-type: none"> • Did the submission increase their knowledge of legal and regulatory requirements? 		
Essential Competency: Behave ethically. <ul style="list-style-type: none"> • Did the submission improve their ability to manage ethical dilemmas? 		
Essential Competency: Embrace social responsibility as a health professional. <ul style="list-style-type: none"> • Did the submission increase their knowledge on social health outcomes/social issues affecting the profession on a local or national scale? 		
Essential Competency: Act with professional integrity. <ul style="list-style-type: none"> • Did the submission work to promote professional integrity for themselves and their peers? 		
Essential Competency: Maintain personal wellness consistent with the needs of practice. <ul style="list-style-type: none"> • Did the submission promote personal wellness for themselves and their peers? 		

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: