

**Submission Evaluation Form – Scholarship**  
*For Office Use Only*

<b>Member's Full Name:</b>		<b>SCPT #:</b>	
<b>Date of Evaluation:</b>			

<b>Criterion</b>	<b>Yes</b>	<b>No</b>
Were the <b>General Submission Form</b> 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?		
<b>Were at least two of the following NPAG Essential Competencies appropriately fulfilled and described?</b>		
Essential Competency: Use an evidence-informed approach in practice. <ul style="list-style-type: none"> <li>Did the submission involve an adequate evidence-based approach that will be translated to an improvement in practice?</li> </ul>		
Essential Competency: Engage in scholarly inquiry. <ul style="list-style-type: none"> <li>Did the submission engage in adequate scholarly inquiry, including formulating researchable questions, accessing reliable information, critical appraisal, etc.?</li> </ul>		
Essential Competency: Integrate self-reflection and external feedback to improve personal practice. <ul style="list-style-type: none"> <li>Did the submission utilize self-reflection or feedback to improve practice?</li> </ul>		
Essential Competency: Maintain currency with developments relevant to area of practice. <ul style="list-style-type: none"> <li>Was the submission current and relevant to their area of practice?</li> </ul>		
Essential Competency: Contribute to the learning of others. <ul style="list-style-type: none"> <li>Did the submission contribute to the learning of others?</li> </ul>		

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



**Comments or Concerns:**