

Financial Fact Sheet 2023-2024



Program Information

Name of Program: Texas Health Sports Medicine Orthopedic Residency

Physical Address: 800 5th Avenue Suite 150 Fort Worth Texas 76104

Program Hours

Educational Hours: 300 hours

Patient-Care Clinic / Practice Hours (inclusive of mentoring): 1600 hours.

Mentoring Hours: 150 hours

Program Travel

Please indicate if participants are required to travel greater than 50 miles for any aspect of patient-care clinic/practice hours (does not include daily commute): No

Please indicate if participants are required to travel greater than 50 miles for any aspect of educational hours: No

Participant Costs

The program will provide all costs associated with this program.

Type of Cost	Year One	Year Two	Year Three	Total
Fees <i>Enter the amount of fees associated with the program (if applicable). Fees are any amount \$1,000 or less. If more than \$1,000, please enter that amount under tuition.</i>	\$ 100	\$ Enter amount.	\$ Enter amount.	\$ 100
<input type="checkbox"/> Fees for this program include: <input type="checkbox"/> CPR <input type="checkbox"/> EMR				

<input type="checkbox"/> APTA-Related Professional Membership <input type="checkbox"/> Dues (APTA, Section/Academy) <input type="checkbox"/> Other Professional Membership Dues <input checked="" type="checkbox"/> Other: Yes				
Tuition (if applicable)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Curriculum Costs (not included in tuition above)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Required textbooks, software, apps (not included in program fees)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Application Fees (program assessed above and beyond RF-PTCAS)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Conference Registration Fees (not included in fees above)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Travel Costs (for program education requirements and conference attendance, if applicable)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Parking/Mass-Transit Fees	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Mentoring Fees	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Malpractice Insurance	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Other program costs not included above: List other costs.	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Total Program Costs	\$ 100	\$ Enter amount.	\$ Enter amount.	\$ 100

Program Sponsored Financial Assistance

The program will provide any financial assistance provided to participants.

Type of Financial Assistance	Year One	Year Two	Year Three	Total
Salary Paid by Program	\$ 52,000	\$ Enter amount.	\$ Enter amount.	\$ 52,000.
Student Financial Aid (for tuition fee programs only)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Graduate Assistantship(s)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Other Assistantship(s)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Scholarships	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Travel Costs/Stipends	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Student Financial Aid (for tuition fee programs only)	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
ABPTS Board-Certification Examination Fees	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Other financial assistance not included above: List other financial assistance.	\$ 0	\$ Enter amount.	\$ Enter amount.	\$ 0
Total Financial Assistance	\$ 52000	\$ Enter amount.	\$ Enter amount.	\$ 52000