

# CAPP APPLICATION & CHECKLIST

## Certificate of Achievement in Pelvic Physical Therapy (CAPP-Pelvic) or Certificate of Achievement in Pregnancy and Postpartum Physical Therapy (CAPP-OB)

Complete this application and submit with the items in the checklist below to: [aika.barzh@womenshealthapta.org](mailto:aika.barzh@womenshealthapta.org)

<b>APPLICANT NAME:</b>			<b>APPLICATION DATE:</b>		
Separate applications are to be completed for each CAPP pursued. CAPP being applied for with this application:					
<b>CAPP-Pelvic</b>		<b>CAPP-OB</b>			
<b>ITEMS TO INCLUDE IN APPLICATION SUBMISSION:</b>					
<p><b>This completed Application &amp; Checklist</b></p> <p><b>Letter of Intent</b> (<i>Page 2 of this Application</i>)</p> <p><b>CAPP Case Reflection</b></p> <p><b>Letter of Recommendation</b> (<i>Can be sent with application or separately / directly from colleague</i>)</p>					
<b>Note the courses you have completed to qualify for CAPP:</b>					
<b>CAPP-PELVIC</b>	<b>*Course:</b> PF1 PF2 PF3	<b>Dates Completed:</b> _____ _____ _____	<b>CAPP-OB</b>	<b>*Course:</b> OBF OBA	<b>Dates Completed:</b> _____ _____
<b>*All 3 levels of SOWH-sponsored PF courses required for CAPP-Pelvic:</b> ✓ Pelvic Floor Level 1 ✓ Pelvic Floor Level 2 ✓ Pelvic Floor Level 3			<b>*Both levels of SOWH-sponsored courses must be completed to qualify for CAPP-OB:</b> ✓ OBF (Fundamentals of Pregnancy & Post-Partum PT) ✓ OBA (Advanced Concepts of Pregnancy & Post-Partum PT)		
<b>BY PLACING YOUR INITIALS BELOW, YOU ATTEST TO THE FOLLOWING:</b>					
<p>___ I am a licensed Physical Therapist.</p> <p>___ I have completed the required courses noted above.</p> <p>___ I have passed the skills testing at each level of courses.</p> <p>___ I have passed the written test after each level of courses by a grade of 70% or greater.</p> <p>___ The case I am submitting is for a patient for whom I performed the complete examination, evaluation, diagnosis, prognosis, plan of care and interventions.</p> <p>___ The case I am submitting is not fabricated or embellished.</p> <p>___ This case represents my own work: gathering of references and authoring the case.</p> <p>___ I have utilized the checklists, rubric, and "tips for authors" located on the Section website to complete my case.</p> <p>___ PRIOR to submitting this case reflection and application, I have worked for 1 year or longer with the respective population of patients with:</p> <ul style="list-style-type: none"> <li>• CAPP Pelvic: Bladder, bowel, pelvic floor dysfunction, pelvic pain</li> <li>• CAPP OB: Dysfunction in pregnancy and first-year postpartum</li> </ul> <p>___ I understand that my case will not be reviewed until ALL application items have been submitted.</p> <p>___ The information in this application packet is true and accurate to the best of my knowledge.</p>					

**LETTER OF INTENT:**

Write a professional paragraph below to indicate what qualifies you for Certificate of Achievement recognition in the area of pelvic or OB physical therapy beyond the required coursework. This paragraph should include the following:

- Year(s) of experience in Pelvic or OB Physical Therapy (CAPP being applied for)
- Specific diagnoses encountered in these years of experience
- Motivation for seeking the CAPP

**LETTER OF RECOMMENDATION:**

Can be sent separately and directly to [aika.barzh@womenshealthapta.org](mailto:aika.barzh@womenshealthapta.org)

The letter should be:

- Written by someone who has worked with the applicant as a colleague or supervisor, and who knows the applicant's skills, abilities, and professionalism
- No more than 1 page in length
- Addressed to "Section on Women's Health" and include the following:
  - Name of applicant being recommended for the CAPP
  - Capacity and number of years that the letter writer has known the applicant
  - Reasons for recommending the applicant

**Congratulations on finishing your case reflection!  
Best wishes in completing the process.**

**Send this completed application, Letter of Intent, Letter of Recommendation, and CAPP Case Reflection  
to: [aika.barzh@womenshealthapta.org](mailto:aika.barzh@womenshealthapta.org).**

## CASE SUBMISSIONS AND RETURNS TIMELINE

### **SPRING REVIEW QUARTER**

Cases received by this date: **February 15th**

Will be returned to the author with results by this date: **May 15th**

### **SUMMER REVIEW QUARTER**

Cases received by this date: **May 15th**

Will be returned to the author with results by this date: **August 15th**

### **FALL REVIEW QUARTER**

Cases received by this date: **August 15th**

Will be returned to the author with results by this date: **November 15th**

### **WINTER REVIEW QUARTER**

Cases received by this date: **November 15th**

Will be returned to the author with results by this date: **February 15th**