

Before you begin the process of entering your practice's information into the Physical Therapy Outcomes Registry Sign-Up Portal, we recommend that you collect the information listed below related to the practice and all physical therapists enrolling. Gathering this information beforehand will make the sign-up process significantly quicker and easier.

Practice Information: This information should be collected for the overall practice. If there are multiple locations within one practice, this information should represent the practice headquarter location or central office.

- Practice name
- Practice address (street, city, state, zip code)

Practice Admin Contact Information: This information should be collected for one or more persons at the practice who will be the point of contact for administrative purposes.

- Name
- Phone number
- Email address
- Preferred username
- Is this person also a physical therapist who will be enrolling in the Registry?

Location Information: This information should be collected for each separate location within a participating practice. If your practice only has one location, this information will likely match the "Practice Information," but should be entered here again.

- Location name
- Address (street, city, state, zip code)
- Site type (eg, acute care hospital, private outpatient, etc)
- Tax Identification Number (including valid dates)

Provider Information: This information should be collected for each physical therapist who is enrolling in the Registry. Currently, only physical therapists are eligible for enrollment, not physical therapist assistants or other practitioners.

- Name
- Date of birth
- Sex
- APTA member ID (if applicable)
- Race
- Ethnicity
- NPI number
- Email address
- PT school state of graduation (entry-level physical therapy degree)
- Graduation year (entry-level physical therapy degree)
- Entry-level PT degree (eg, BS, post-bac, master's degree, doctoral)
- Highest academic degree (eg, baccalaureate, master's degree, DPT, PhD/DPT, PhD/tDPT, tDPT, PhD)
- ABPTS specialization(s)
- APTA residency/fellowship(s)
- Permission to receive communication via email from Registry staff

EHR (Electronic Health Record) Information: This information should be collected based upon your practice's current electronic health record system. This may require consultation with your IT expert. If you will be manually entering data, this section is not applicable.

- Practice IT contact name
- Practice IT contact email address
- Practice IT contact phone number
- Name of EHR system
- Version of EHR system
- Is your EHR a complete 2014 Certified EHR Technology (CEHRT)? YES/NO
- Which stage of Meaningful Use are the majority of your practice's providers scheduled to report this year?
 - Stage 1, year 1
 - Stage 1, year 2
 - Stage 2, year 1
 - Stage 2, year 2
- Where is your EHR hosted?
 - ASP model hosted by EHR company
 - ASP model hosted by outside vendor
 - In-practice network managed by EHR company
 - In-practice network managed by outside vendor
 - In-practice network managed by practice
- Relational database management system, and version, used by EHR:
 - MSSQL
 - Oracle
 - PostgreSQL
 - MySQL
 - Other
 - Unknown
- Name of practice management system (if applicable)
- Version of practice management system (if applicable)