

August 5, 2022

## CAPTE COVID-19 Guidance Document

This is the eighth in a series of COVID-19 guidance documents that can be found on [CAPTE's website](#) .

On July 14, 2022 the U.S. Health and Human Service Secretary Xavier Becerra [renewed the National Public Health Emergency](#) declaration, thus allowing CAPTE the flexibility to respond to the pandemic. The U.S. Department of Education allows programs to provide distance education delivery (hybrid or fully online) through the end of the Public Health Emergency. Programs may continue delivering their education via distance mechanisms without requiring CAPTE approval. Higher education institutions will be expected to come into compliance with all regulations within 180 days of the end of the Public Health Emergency. [The USDE has extended the deadline for all flexibilities related to the COVID-19 emergency through the end of the payment period that includes Dec. 31, 2020, or the end of the payment period that includes the end date for the federally declared public health emergency \(PHE\) related to COVID-19, whichever occurs later.](#) Based on this, programs will be allowed to teach online for the fall 2022 semester and subsequent semesters without submitting and getting approval of an Application for Approval of Substantive Change from CAPTE as long as the COVID-19 PHE is in effect. The clinical education guidelines CAPTE issues in the March 16, 2020 and May 18, 2020 guidance documents remain in effect during the public health emergency. We will continue to provide updates as USDE issues new information. All other previously issued CAPTE COVID-19 guidance remains in effect.

As a reminder, for programs that are following the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing, the exceptions within that guidance will carry through until graduation for students who are actively enrolled in the program, unless the program chooses to return to its pre-COVID-19 policies and procedures for those students. Programs are expected to maintain appropriate documentation that supports their decisions and outcomes. Permanent program changes must follow the procedures for reporting and approval of program changes as outlined in Part 9 of CAPTE's Rules of Practice and Procedure.

The staff are available to discuss your program's specific needs or concerns. Please contact the appropriate accreditation staff member, preferably through email, with questions.

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### Trusting Programs

CAPTE would like to restate the following from the March 20, 2020, and the May 18, 2020, documents.

CAPTE appreciates that there are unique circumstances for each program and for their individual students. Since our education community cannot anticipate every situation in these rapidly changing times, CAPTE would have difficulty providing specific direction for individual circumstances in a broad way. The guidance CAPTE provides is meant to assist programs in their decision-making processes during this crisis.

CAPTE does trust that programs will make the right decisions for their programs and students, even if guidance is not explicitly stated in recent correspondence. It is the collective responsibility to ensure public protection and student success for graduating students who demonstrate entry-level competence across the continuum of care. To assist programs, we are providing this update related to previous CAPTE COVID-19 communications. **Programs are reminded that the provided guidance is only temporary until the programs are informed that such guidance is no longer in effect.**

### Statement on Clinical Experiences

*The March 16, 2020, and May 18, 2020, communications stated that programs should continue to meet CAPTE's Standards and Required Elements. For each of the three conditions, CAPTE is providing additional guidance to assist with programmatic decision-making for students in their final year of the program:*

1. *Students met the required depth and breadth of placements required by their current policies.*
  - Core faculty are to determine that each student had clinical experiences in the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; and have had clinical experiences in practice settings representative of those in which physical therapy is commonly practiced. [Elements 6L1 & 6L2 (PT programs) and 6J1 & 6J2 (PTA programs)]
2. *Students achieved entry-level competence as measured by the program's currently used assessment instrument(s).*
  - Each student must achieve entry-level competence in all areas measured by the program's assessment instrument(s) during one of the student's full-time clinical experiences. [1C4]
3. *Students completed a minimum of 28 full-time weeks for PT programs or 440 hours for PTA programs (i.e., two-week/80-hour waiver referenced on March 13, 2020).*
  - Each student must complete a minimum of 28 full-time weeks or 980 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) for PT programs or 440 hours for PTA programs given the conditions listed above. [6M (PT Programs and 6K (PTA Programs)]



- Some states have required clinical hours for degree completion. Be sure to determine if your state has any such regulations in order to provide students with accurate information for licensure. Students should also be advised to determine state regulations where they intend to take the licensure exam.

Oct. 5, 2020

This is the seventh in a series of guidance documents.

CAPTE is continually monitoring the COVID-19 pandemic and providing updated guidance as deemed appropriate. As noted in the May 18 guidance document (revised May 26), the U.S. Department of Education allowed programs to provide distance education delivery (hybrid or fully online) until Dec. 31, 2020, without requiring CAPTE approval. The USDE has extended the deadline for all flexibilities related to the COVID-19 emergency through the end of the payment period that includes Dec. 31, 2020, **or the end of the payment period that includes the end date for the federally declared public health emergency (PHE) related to COVID-19, whichever occurs later**. Based on this, programs will be allowed to teach online for the spring semester and subsequent semesters without submitting and getting approval of an Application for Approval of Substantive Change from CAPTE as long as the COVID-19 PHE is in effect. We will continue to provide updates as USDE issues new information. All other previously issued CAPTE COVID-19 guidance remains in effect.

As a reminder, for programs that are following the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing, the exceptions within that guidance will carry through until graduation for students who are actively enrolled in the program, unless the program chooses to return to its pre-COVID-19 policies and procedures for those students. Programs are expected to maintain appropriate documentation that supports their decisions and outcomes. **Permanent** program changes must follow the procedures for reporting and approval of program changes as outlined in Part 9 of CAPTE's Rules of Practice and Procedure.

This COVID-19 Guidance Document will be available on CAPTE's website within the next few days. The commission and staff are available to discuss your program's specific needs or concerns. Please contact the appropriate accreditation staff member, preferably through email, with questions.

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May 18, 2020 (Revised May 26, 2020, highlighted in yellow)

This is the sixth in a series of guidance documents.

### Trusting Programs

CAPTE would like to restate the following from the March 20, 2020, document:

**CAPTE appreciates that there are unique circumstances for each program and for their individual students. Since our education community cannot anticipate every situation in these rapidly changing times, CAPTE would have difficulty providing specific direction for individual circumstances in a broad way. The guidance CAPTE provides is meant to assist programs in their decision-making processes during this crisis.**

**CAPTE does trust that programs will make the right decisions for their programs and students, even if guidance is not explicitly stated in recent correspondence. It is the collective responsibility [of programs and CAPTE] to ensure public protection and student success for graduating students who demonstrate entry-level competence across the continuum of care.**

CAPTE recognizes that COVID-19 has had and will continue to have a significant impact on clinical education through the end of the year, especially in certain geographic areas. The Addendum in the April 14, 2020, guidance document (Revised 4/15/2020) is for students in the final year/12 months of the program, and the intent is to permit programs the flexibility to determine appropriate alternative learning experiences that would allow students to reach entry-level expectations. Again, CAPTE trusts that programs will make appropriate decisions for their students based on available resources. While alternative experiences would need to be reported to CAPTE, they do not require CAPTE or Accreditation staff approval.

### Extension of Distance Education

CAPTE has received requests to permit distance education beyond the summer session and provides the following guidance for extending distance education through the fall session. Programs must be in an institution that is approved for distance education, even if temporarily, by its institutional accrediting agency in order to receive Title IV funds or other federal funding. Programs are responsible for determining that the institution in which the program resides has authority to provide distance education through the fall session.

~~If the institution has this approval, the program can report that it offers distance education through the fall session similar to the current process of reporting COVID-19 temporary program changes to CAPTE. The report must include verification either that the institution has approval to offer distance education or that it does not need it.~~

After publication of this guidance on May 18, 2020, CAPTE was notified of DOE guidance published May 15, 2020. The DOE guidance has extended distance education to “include payment periods that overlap March 5, 2020, or that begin on or between March 5, 2020, and December 31, 2020.” Based on this DOE guidance, CAPTE will allow distance education to continue through December 31, 2020. Programs do need to notify CAPTE if distance education will be started or continued through December 31, 2020. NO documentation of the institution’s distance education approval needs to be submitted.

CAPTE is following the guidance of the U.S. Department of Education and is closely monitoring for any additional guidance it may provide. CAPTE will review and modify its guidance and processes as deemed appropriate should DOE provide further information. If any changes are made, they will be emailed to program directors and posted on CAPTE's website.

### **Furlough or Lay Off Faculty/Staff**

It is CAPTE's expectation that programs remain in compliance with the Standards and Required Elements related to faculty and faculty qualifications. Elements 4A and 4D state the requirements for each core and associated faculty member. All faculty are expected to have contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

PT programs are expected to remain in compliance with Element 4K such that collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees). PT programs are also expected to remain in compliance with Element 8A such that they have sufficient faculty to meet teaching, scholarship, and service expectations and to meet expected program outcomes.

PTA programs are expected to remain in compliance with Element 8A such that, minimally, the program employs at least two full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist.

Programs must also follow CAPTE's Rules of Practice and Procedure, specifically Rule 9.2(a)(1) relating to a change in the program director (temporary or permanent), and 9.2.(a)(3) for PTA programs relating to a change in PTA program core faculty composition.

With respect to program secretarial/administrative and technical support services, programs are expected to remain in compliance with Element 8B. Thus, the program would need to have access to adequate secretarial/administrative and technical support services to meet expected program outcomes.

CAPTE recognizes that this crisis is ongoing and will require further monitoring and updates. The Commission and staff are available to discuss your program's specific needs or concerns.

**Please contact the appropriate accreditation staff, preferably through email, with questions.**

**Candy Bahner, PT, DPT, MS, Lead PT Programs Specialist: 703/706-3242,  
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**CAPTE COVID-19 Frequently Asked Questions**  
**May 18, 2020 (Revised May 26, 2020, highlighted in yellow)**

**1. How soon do I have to report program changes related to the COVID-19 crisis?**

Reporting is to be done “as soon as possible and practical.” There is no deadline imposed for such reporting. Thus, programs could wait until all plans for the term are final. Programs are reminded that CAPTE does not need to approve any plans. The submitted changes are tracked to the CAPTE Program Record for each individual program.

**2. Can breadth of experiences as related to practice setting include telehealth, pro bono clinical experiences, community health promotion, disease prevention experiences, and simulation experiences?**

CAPTE’s guidance provides programs the ability to determine the clinical experiences that meet the breadth of experiences needed for entry-level competence. The guidance states the following:

A program’s core faculty are responsible for ensuring public protection and for graduating students who demonstrate entry-level competence across the continuum of care. CAPTE appreciates that there are unique circumstances for individual students. When a student in their last year/12 months of the program does not meet each of the three CAPTE expectations outlined in the guidance of March 20, 2020, the program is responsible for developing a plan that, when successfully completed, demonstrates that the student met entry-level expectations.

**3. What is an equivalent plan for students to demonstrate competence?**

An equivalent plan could include, but is not limited to, the use of telehealth, pro bono clinical experiences, simulation experiences, part-time clinical education, and in-class patient care, including paper or video case studies. Programs are responsible for ensuring that the equivalent plan allows students to demonstrate entry-level competence. The equivalent plans designed by programs do not need to be approved by CAPTE, but they do need to be reported to CAPTE.

**4. Can distance education be extended to the fall session?**

To continue distance education for the fall session, programs must be in an institution that is approved for distance education, even if temporarily, by its institutional accrediting agency in order to receive Title IV funds or other federal funding. Thus, programs would need to determine that the institution in which the program resides has authority to provide distance education through the fall session.

If the institution has this approval, the program can report that it offers distance education through the fall session similar to the current process of reporting COVID-19 temporary program changes to CAPTE. The report must include verification either that the institution has approval to offer distance education or that it does not need such approval.

After publication of this guidance on May 18, 2020, CAPTE was notified of DOE guidance published May 15, 2020. The DOE guidance has extended distance education to “include payment periods that overlap March 5, 2020, or that begin on or between March 5, 2020, and December 31, 2020.” Based

on this DOE guidance, CAPTE will allow distance education to continue through December 31, 2020. Programs do need to notify CAPTE if distance education will be started or continued through December 31, 2020. NO documentation of the institution's distance education approval needs to be submitted.

**5. What clinical education plans can be made for students who are not yet in the final year/12 months of the program?**

The March 16, 2020, CAPTE COVID-19 guidance document provides guidance on students who are not in their final year/12 months of the program. The guidance states the following:

Each student must meet the required depth and breadth of placements required by their program's current policies and by Elements 6L1 and 6L2 of CAPTE's Standards and Required Elements. Each student must meet the expectations/outcomes of the program's specific clinical education course(s). Each PT student must complete a minimum of 30 full-time weeks or 1,050 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) prior to graduation (Element 6M). Each PTA student must complete 520 hours for PTA programs prior to graduation (Element 6K).

At the point that students enter into their final year/12 months of the program, if CAPTE's COVID-19 guidance is still in effect, the student would then fall under the guidance offered for students in the final year/12 months of the program.

**6. What happens when CAPTE terminates its COVID-19 guidance?**

For students who are actively enrolled in a program in which the school is following the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing, those guidance exceptions will carry through until graduation, unless the program chooses to return to its pre-COVID-19 policies and procedures for those students. Programs are expected to maintain appropriate documentation that supports their decisions and outcomes. Permanent program changes must follow the procedures for reporting and approval of program changes as outlined in Part 9 of CAPTE's Rules of Practice and Procedure.

**7. Can program faculty/staff be furloughed or laid off?**

As outlined in the April 18, 2020, CAPTE COVID-19 guidance document, it is CAPTE's expectation that programs remain in compliance with the Standards and Required Elements related to faculty and faculty qualifications. Elements 4A and 4D state the requirements for each core and associated faculty member. All faculty are expected to have contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

PT programs are expected to remain in compliance with Element 4K such that collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees). PT programs are also expected to remain in compliance with Element 8A such that they have sufficient faculty to meet teaching, scholarship, and service expectations and to meet expected program outcomes.



PTA programs are expected to remain in compliance with Element 8A such that, minimally, the program employs at least two full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist.

Programs must also follow CAPTE's Rules of Practice and Procedure, specifically Rule 9.2(a)(1) relating to a change in the program director (temporary or permanent), and 9.2.(a)(3) for PTA programs relating to a change in PTA program core faculty composition.

With respect to program secretarial/administrative and technical support services, programs are expected to remain in compliance with Element 8B. Thus, the program would need to have access to adequate secretarial/administrative and technical support services to meet expected program outcomes.

April 14, 2020 (revised 4/15/2020) --CAPTE Guidance Document #5

CAPTE would like to acknowledge all the hard work and dedication that is currently being exhibited during this very stressful time that we are all experiencing. CAPTE would like to provide additional clarification and additions to the COVID-19 guidance documents dated March 2, 13, 16, and 20, 2020.

### **Purpose of the CAPTE COVID-19 Guidance Documents**

CAPTE would like to **stress** the following from the March 20, 2020, document:

***CAPTE appreciates that there are unique circumstances for each program and for their individual students. Since our education community cannot anticipate every situation in these rapidly changing times, CAPTE would have difficulty providing specific direction for individual circumstances in a broad way. The guidance CAPTE provides is meant to assist programs in their decision-making processes during this crisis.***

***CAPTE does trust that programs will make the right decisions for their programs and students, even if guidance is not explicitly stated in recent correspondence. It is the collective responsibility [of programs and CAPTE] to ensure public protection and student success for graduating students who demonstrate entry-level competence across the continuum of care.***

Also, the March 20, 2020, document stated:

***Programs are reminded that the provided guidance is only temporary until the programs are informed that such guidance is no longer in effect.***

**For students who are actively enrolled in a program** where the school chooses to follow the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing that is in effect, those guidance exceptions will carry through until graduation, unless the program chooses to return to their pre-COVID-19 policies and procedures for those students.

CAPTE would also like to clarify that students who enter their **final year/12 months of a program** before CAPTE terminates its COVID-19 guidance on clinical education experiences and curriculum sequencing will be allowed to follow the CAPTE guidance, provided the program chooses to follow it.

Programs are expected to maintain appropriate documentation that supports their decisions and outcomes. **Permanent program changes must follow the procedures for reporting and approval of program changes as outlined in Part 9 of CAPTE's Rules of Practice and Procedure.**

### **Reporting Requirements**

CAPTE and Accreditation staff understand that programs are dealing with many stresses and challenges during the rapid evolution of COVID-19. As mentioned in the March 20, 2020, document, CAPTE expects programs to attend to the needs of the students, faculty, and institution first. As such, the Commission is imposing **no specific deadline to notify CAPTE** of the reporting requirements delineated in 9.13 of CAPTE's Rules of Practice and Procedure at this time. Programs should report the changes implemented in response to COVID-19 when the program's situation stabilizes or when the COVID-19 CAPTE guidance is discontinued. Please email notifications to [accreditation@apta.org](mailto:accreditation@apta.org).

## New Updated Guidance Statements on Clinical Experiences

NEW areas of Guidance are highlighted

### Statement on Clinical Experiences for Students in Their Final Year/12 Months of the Program

The **March 20, 2020**, communication stated that programs should continue to meet CAPTE's Standards and Required Elements. CAPTE is providing additional guidance to assist with programmatic decision-making for students in their final year/**12 months** of the program:

1. Students met a **program's** required depth and breadth of placements policies.
  - Core faculty are to determine that each student had clinical experiences in the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; and have had clinical experiences in practice settings representative of those in which physical therapy is commonly practiced. [Elements 6L1 & 6L2 (PT programs) and 6J1 & 6J2 (PTA programs)]
2. Students achieved entry-level competence as measured by the program's currently used assessment instrument(s).
  - Each student must achieve entry-level competence in all areas measured by the program's assessment instrument(s) during one of the student's full-time clinical experiences **based on program policies, including policies and procedures used by the Director of Clinical Education/Academic Coordinator of Clinical Education.** [1C4]
3. Students completed a minimum of 28 full-time weeks for PT programs or 440 hours for PTA programs (i.e., two-week/80-hour waiver referenced on March 13, 2020).
  - Each student must complete a minimum of 28 full-time weeks or 980 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) for PT programs, or 440 hours for PTA programs, given the conditions listed above. [6M (PT Programs) and 6K (PTA Programs)]
  - Some states have required clinical hours for degree completion. Be sure to determine if your state has any such regulations in order to provide students with accurate information for licensure. Students should also be advised to determine state regulations where they intend to take the licensure exam.
  - **The use of PT services furnished via telehealth, such as real-time face-to-face, e-visits, virtual check-ins, remote evaluation of recorded video or images, and telephone assessment and management services for clinical education experiences is acceptable:**
    - If the student's assigned clinical instructor is providing PT services via telehealth, then those services can be considered an appropriate part of a full-time clinical experience for PT students or toward the required hours for PTA students. The program is responsible for determining the appropriateness of these services for a given clinical education experience.

**Addendum: A program's core faculty are responsible for ensuring public protection and for graduating students who demonstrate entry-level competence across the continuum of care. CAPTE appreciates that there are unique circumstances for individual students. When a student in their last year/12 months of the program does not meet each of the three CAPTE expectations outlined in paragraph 3 above (#1, #2, and #3), the program is responsible for developing a plan that, when successfully completed, demonstrates that the student met an**

**equivalent plan to the one outlined above. An equivalent plan may include the use of student experiences and skills gained during the student's time in the program.**

### **Statement on Clinical Experiences for All Other Students in the Program**

**The March 16, 2020, communication states that for all other students whose clinical education has been or will be impacted by COVID-19, CAPTE requires the following conditions to be met:**

- 1. Each student must meet the required depth and breadth of placements required by their program's current policies and by Required Elements 6L1 and 6L2 of CAPTE's Standards and Required Elements.**
- 2. Each student must meet the expectations/outcomes of the program's specific clinical education course(s).**
- 3. Each PT student must complete a minimum of 30 full-time weeks or 1,050 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) prior to graduation [element 6m]. Each PTA student must complete 520 hours for PTA programs [ prior to graduation [element 6k].**
  - Some states have required clinical hours for degree completion. Be sure to determine if your state has any such regulations in order to provide students with accurate information for licensure. Students should also be advised to determine state regulations where they intend to take the licensure exam.**
  - The use of PT services furnished via telehealth, such as real-time face-to-face, e-visits, virtual check-ins, remote evaluation of recorded video or images, and telephone assessment and management services for clinical education experiences is acceptable:**
    - If the student's assigned clinical instructor is providing PT services via telehealth, then those services can be considered an appropriate part of a full-time clinical experience for PT students or toward the required hours for PTA students. The program is responsible for determining the appropriateness of these services for a given clinical education experience.**

### **Additional New Guidance Statements**

#### **Changing format of course grades:**

The decision to change the format of course grades as a temporary or permanent change in response to COVID-19 is a program's decision. The following required elements relate to grading policies: 3G, 4L, 5B, and 6G (PT) and 6E (PTA). However, none specifically say a program cannot change the format for determining course grades. Programs would need to ensure that they remain in compliance with those required elements. Policy changes do not need to be reported, but the program should maintain a record of the policy changes as noted above.

#### **Modifications to the curriculum, including sequencing:**

CAPTE encourages programs to consider changes that would ensure student readiness for clinical education and facilitate timely progress through the program. The availability of clinical sites, the ability to return to on-campus classes, and unknown factors that are not within the program's control may temporarily increase the number of terms needed to complete the program. Rule 9.13 in CAPTE's Rules

of Practice and Procedure allows programs to make temporary curricular changes, including changes in sequences. CAPTE requires reporting of the changes.

**Modifications to Admissions:**

Available resources, including clinical education, should be considered when deciding if or when a new cohort should be admitted. Postponing admissions from summer/fall to winter that temporarily results in the admissions of two cohorts a year are permitted as long as the core faculty determine that the program has the needed resources.

**Programs are encouraged to determine needed changes that reflect the uniqueness of their program and institution and that are in the best interests of students and the public. As previously stated, core faculty are in the best position to determine appropriate modifications.**

**Programs are encouraged to reach out** to the respective Lead Specialist with any questions. In doing so, programs receive consistent and accurate information that is specific to their program's unique circumstances and needs. The Lead Specialists and their contact information are:

**Candidacy Programs:** Mike Chevalier [michaelchevalier@apta.org](mailto:michaelchevalier@apta.org) 703-706-3385

**PT Programs:** Candy Bahner [candybahner@apta.org](mailto:candybahner@apta.org) 703-706-3242

**PTA Programs:** Ellen Price [ellenprice@apta.org](mailto:ellenprice@apta.org) 703-706-8593

March 20, 2020 --CAPTE Guidance Document #4

Like each of you, CAPTE is attempting to adapt quickly while providing the best information and affording each program the ability to respond based on individual needs and resources. CAPTE appreciates that there are unique circumstances for each program and for their individual students. Since our education community cannot anticipate every situation in these rapidly changing times, CAPTE would have difficulty providing specific direction for individual circumstances in a broad way. The guidance CAPTE provides is meant to assist programs in their decision-making processes during this crisis.

CAPTE does trust that programs will make the right decisions for their programs and students, even if guidance is not explicitly stated in recent correspondence. It is the collective responsibility to ensure public protection and student success for graduating students who demonstrate entry-level competence across the continuum of care. To assist programs, we are providing this update related to the March 13 and March 16, 2020, communications. **Programs are reminded that the provided guidance is only temporary until the programs are informed that such guidance is no longer in effect.**

### **Statement on Clinical Experiences**

*The March 16, 2020, communication stated that programs should continue to meet CAPTE's Standards and Required Elements. For each of the three conditions, CAPTE is providing additional guidance to assist with programmatic decision-making for students in their final year of the program:*

1. *Students met the required depth and breadth of placements required by their current policies.*
  - Core faculty are to determine that each student had clinical experiences in the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; and have had clinical experiences in practice settings representative of those in which physical therapy is commonly practiced. [Elements 6L1 & 6L2 (PT programs) and 6J1 & 6J2 (PTA programs)]
2. *Students achieved entry-level competence as measured by the program's currently used assessment instrument(s).*
  - Each student must achieve entry-level competence in all areas measured by the program's assessment instrument(s) during one of the student's full-time clinical experiences. [1C4]
3. *Students completed a minimum of 28 full-time weeks for PT programs or 440 hours for PTA programs (i.e., two-week/80-hour waiver referenced on March 13, 2020).*
  - Each student must complete a minimum of 28 full-time weeks or 980 hours in the full-time clinical experiences (the hours of part-time clinical experiences cannot be included) for PT programs or 440 hours for PTA programs given the conditions listed above. [6M (PT Programs) and 6K (PTA Programs)]
  - Some states have required clinical hours for degree completion. Be sure to determine if your state has any such regulations in order to provide students with accurate information for licensure. Students should also be advised to determine state regulations where they intend to take the licensure exam.

### **CAPTE Rules and Procedures Related to Disasters**

Reporting requirements are delineated in 9.13 in CAPTE's "Rules of Practice and Procedure."

With the rapidly evolving COVID-19 situation across the nation, CAPTE acknowledges that programs need to attend to their students, faculty, and staff. Therefore, CAPTE is asking programs to report program changes once the program has met the needs of the students, faculty, and institution. No specific deadline is being imposed to provide these changes.

CAPTE recognizes that this crisis is still in its early stages. The Commission and staff are available to discuss your program's specific needs or concerns.

**Please contact the appropriate accreditation staff, preferably through email, with questions.**

**Candy Bahner, PT, DPT, MS, Lead PT Programs Specialist: 703/706-3242, [candybahner@apta.org](mailto:candybahner@apta.org)**

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March 16, 2020 --CAPTE Guidance Document #3

Greetings,

CAPTE has received helpful feedback from programs and students in response to the guidance it published on March 13, 2020. The purpose of this communication is to respond to some of those questions and provide clarity where able, specifically the guidance sections related to laboratory experiences and clinical experiences. The community should expect further updates as this situation continues to develop, and public health guidelines are shared by various agencies. CAPTE is reviewing the CDC's update from March 15, 2020, and anticipates that further travel suspension guidance will result in postponed site visits until June 2020. Programs and site reviewers impacted will be contacted if this occurs. CAPTE intends to continue to update programs as this situation evolves, prioritizing student, faculty, and patient safety.

CAPTE continues to recognize that programs may need to employ different approaches and strategies that are influenced by individual institutional policies and procedures; local, state, and federal regulations; and possible variations in the spread of COVID-19. After carefully considering the input from programs related to the initial guidance that was distributed, the commission is providing this revised guidance. CAPTE is charged by USDE and CHEA with upholding minimum standards such that the public is assured that accredited physical therapist and physical therapist assistant education programs conform to those delineated in the Standards and Required Elements.

**Update of Statement on *Laboratory Experiences* from March 13, 2020:** Under Standard and Required Element 4N, the collective core faculty of a program are responsible for ensuring that students are safe and ready to progress to clinical education. The program is not prohibited from exploring a variety of ways to develop skills and assess for competence, including psychomotor skills, for all required curriculum content (Standard 7). CAPTE believes that program faculty are in the best position to make decisions about student competence, including psychomotor skill demonstration, and the Commission trusts that performance assessments used by programs will be effective in assessing student readiness and safety.

**Update of Statement on *Clinical Experiences* from March 13, 2020:** CAPTE continues to uphold Standards and Required Elements 6L1 and 6L2 related to the curriculum plan. The plan is to include clinical experiences that encompass the management of patients and clients with diseases and conditions that represent those commonly seen in practice across the lifespan and the continuum of care, and in settings that represent those in which physical therapy is commonly practiced. CAPTE will not require students in the final year of the program to complete the outstanding weeks or hours typically expected by the program's curriculum to meet its unique mission and vision under the following conditions:

1. Students met the required depth and breadth of placements required by their current policies.
2. Students achieved entry-level competence as measured by the program's currently used assessment instrument(s).
3. Students completed at least a minimum of 28 full-time weeks for PT programs or 440 hours for PTA programs based on the CAPTE guidance document that was sent out on March 13, 2020, allowing the two-week/80-hour waiver.



For all other students whose clinical education has been or will be impacted by COVID-19, CAPTE requires that the following conditions must be met:

1. Students must meet the required depth and breadth of placements required by their program's current policies and by Required Elements 6L1 and 6L2 of CAPTE's Standards and Required Elements.
2. Students must meet the expectations/outcomes of the program's specific clinical education course(s).
3. Students must meet, at a minimum, CAPTE's requirement of 30 weeks of full-time clinical experience for PT programs and 520 hours of clinical experience for PTA programs prior to graduation.

Programs must be willing to extend the program for students who do not meet the minimum standards. There are a lot of different ways a program might be able to implement changes. CAPTE is trusting that programs will ensure that students are safe and ready to progress to clinical education experiences as well as graduate with entry-level competence.

Programs are expected to maintain appropriate documentation supporting their decisions and outcomes. Permanent program changes must follow the procedures for reporting and approval of program changes as outlined in the Rules of Practice and Procedure Section 9. **Only implemented changes that fall within those specified in 9.13 of CAPTE's Rules of Practice and Procedure, are to be reported to CAPTE by emailing those changes to [accreditation@apta.org](mailto:accreditation@apta.org). Please do not include questions in the notifications.**

**The Commission and staff recognize that this is a stressful time for all stakeholders in education. Staff are available to assist programs as situations arise. Please contact the appropriate accreditation staff, preferably through email, with questions.**

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## **PHYSICAL THERAPY EDUCATION AND COVID-19**

March 13, 2020 -- CAPTE Guidance Document #2

The Commission on Accreditation in Physical Therapy Education has been closely monitoring the impact of the coronavirus (COVID-19) on physical therapy education programs and their institutions. It is recognized that institutions are preparing or enacting action plans to keep students, faculty, and staff safe; that programs are considering alternative methods for delivery of didactic courses; and that clinical sites are enacting plans and processes that might impact clinical education. CAPTE recognizes that programs may need to employ different approaches and strategies that may be influenced by individual institutional policies and procedures; local, state and federal regulations; and possible variations in the spread of COVID-19. CAPTE is providing the following guidance to programs for remaining compliant with CAPTE's "Rules of Practice and Procedure" and "Standards and Required Elements for Accreditation of Physical Therapist and Physical Therapist Assistant Education Programs" during this difficult time. As this is an evolving situation, additional guidelines will be provided as deemed appropriate.

### **Onsite Visits**

In response to COVID-19, the American Physical Therapy Association has suspended in-person meetings and APTA business travel through April 15, 2020. CAPTE site visits occurring between March 11, 2020, and April 15, 2020, are cancelled for this time, and notification to those affected has already been sent. Accreditation staff will work to reschedule at a mutually agreeable date to all parties once the travel suspension is lifted. CAPTE will work with APTA leadership to inform the community if the travel suspension is continued beyond April 15, 2020.

### **Didactic Courses – Temporary Changes to Mode of Instruction**

If disruption in didactic courses occurs, CAPTE appreciates that programs need flexibility to quickly respond. Therefore, CAPTE is providing broad approval to programs to use online technologies to accommodate students on a temporary basis, without going through CAPTE's regular substantive change process. Notification should be provided, following the guidelines in 9.13 of CAPTE's "Rules of Practice and Procedure," when the delivery of distance education courses is started, extended, and ends, if this mode of instruction has not been previously approved. Email notification within five business days is preferred.

Reporting requirements for program changes are delineated in 9.4(d)(2) and 9.13 in CAPTE's "Rules of Practice and Procedure" ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook)).

### **Laboratory Experiences**

Programs are expected to follow their rules and procedures for lab experiences, including testing. Where laboratory experiences involve the development of hands-on skills, CAPTE expects lab activities and testing to be face-to-face and that programs maintain the rigor of these courses and their components. If a campus has been closed, the program will need to reschedule laboratory components. If the curriculum contains lab experiences that are "extra" and not required of all students, such experiences could be suspended.

While watching skill videos might facilitate later lab activities, videos of students performing hands-on skills at home would not substitute for supervised laboratory practice, skill checks, or lab practicals.

### **Curriculum Sequence**

Should changes in curriculum sequence be necessary, all required content still needs to be included. Programs are advised to consult institutional policies for how credit is aligned with contact hours and how students can progress related to such issues as giving incomplete grades, meeting graduation requirements, etc.

Reporting requirements for curricular changes are delineated in 9.4(d)(2) and 9.13 in CAPTE's "Rules of Practice and Procedure" ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook)).

Elements 7A, 7B, 7C, and 7D in the "Standards and Requirement Elements" delineate curricular content (<http://www.capteonline.org/Faculty/AccreditedPrograms/>).

## Clinical Experiences

CAPTE expects programs to maintain compliance with the “Standards and Required Elements.” Elements 6L (PT) and 6J (PTA) delineate CAPTE’s expectations for clinical education experiences. In addition, Element 1C4 delineates expectations that all students reach entry-level by their final clinical education experience. Programs are expected to follow their own policies regarding the types and number of required clinical experiences, the number of hours/weeks required (except as noted in the next paragraph for the **last terminal** clinical education experience), making up missed clinical education time, etc. This includes completing clinical education hours/weeks beyond what is required in the “Standards and Required Elements,” if this is a program requirement. Should clinical education experiences be unavailable or discontinued, programs will need to find ways for making up the clinical hours/weeks, which might involve delaying graduation. If curricular changes to clinical education courses are being made, CAPTE policy regarding the levels of change that would require reporting are delineated in 9.4(d)(2). ([www.capteonline.org/AccreditationHandbook](http://www.capteonline.org/AccreditationHandbook))

For students who have demonstrated entry-level competency and meet other program requirements related to clinical education, CAPTE will allow a maximum of two weeks or 80 hours to be waived from the students’ **last terminal** clinical experience regardless of the length of the terminal experience. Program policies related to establishing entry-level performance are expected to be followed. Programs must continue to ensure that students demonstrate entry-level performance prior to graduation as cited in 1C4 of the “Standards and Required Elements.” Because students might reach entry-level at different points, this could result in variations in the number of hours/weeks for the **last terminal** clinical education experience.

Alternate learning experiences; for example, simulations or written assignments, are not acceptable substitutions for clinical education.

## Legal Review

There are a variety of scenarios resulting from COVID-19 that may lead to a delay in the normal program completion time for students, including students being ill or quarantined, difficulty finding appropriate clinical sites, and institutions temporarily closing. There are significant ethical and legal considerations around changes in students’ learning experiences. Decisions about requiring students to participate in specific clinical rotations and/or extending time to graduation are both programmatic and institutional. Programs are, therefore, encouraged to have all program changes reviewed by the institution’s legal counsel.

## CAPTE Rules and Procedures Related to Disasters

Reporting requirements are delineated in 9.13 in CAPTE’s “Rules of Practice and Procedure.” Email notification within five business days is preferred.

## Resources

As programs are in the process of planning and determining how best to respond to COVID-19, CAPTE encourages programs to refer to these helpful resources:

- World Health Organization (WHO) COVID-19 page <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Centers for Disease Control and Prevention (CDC) COVID-19 page <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- U.S. Department of Education COVID-19 page <https://www.ed.gov/coronavirus?src=feature>
- American Physical Therapy Association Coronavirus page <http://www.apta.org/Coronavirus/>
- Local public health authority for your county and state
- Local and state regulatory institutions
- Institutional Accreditors

**Contacts**

Please reach out to the appropriate Accreditation staff, preferably through email, with any questions as well as to inform CAPTE of any and all changes being made.

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March 2, 2020 --CAPTE Guidance Document #1

APTA and CAPTE are monitoring and assessing the situation regarding Coronavirus. We know this can have an impact on physical therapy education and its clinical partners. We will provide information as it relates to CAPTE business as more is understood about the virus and appropriate safeguarding strategies are outlined. As with all public health situations, APTA primarily relies on HHS, the CDC and the US Surgeon General for the best information and productive strategies. Guidance offered by these and other appropriate public health agencies will be considered when travel is required

Currently, CAPTE is conducting all work and On-site Visits as usual without modification. With that said, if an On-site Reviewer is uncomfortable traveling, we will honor their desires and have a contingency plan for the work. Staff will utilize other volunteers as our first option and if that isn't possible, alternative solutions will be explored and implemented.

As programs create contingency plans in preparation for possible quarantines or limits to in-person learning, CAPTE would like to refer them to CAPTE's Rules of Practice and Procedure, specifically Rule 9.13 which states:

#### SUB-PART 9D: PROCEDURES FOR MANAGING EFFECTS OF DISASTERS

##### 9.13 Reporting Effects of Disasters

(a) Effects of natural or man-made disasters that directly impact the education program must be reported as soon as possible and practical. Such reports may be provided by telephone, e-mail or letter.

Effects that must be reported include, but are not limited to:

- (1) Need for use of alternative space
- (2) Need to modify the sequence of the curriculum plan
- (3) Delay in student matriculation and/or graduation
- (4) Inability of students to engage in appropriate learning activities, including clinical education
- (5) Loss of fiscal, human or physical resources

(b) In the event of a man-made or natural disaster, staff will make an initial determination of the best course of action to be taken to accommodate the program's needs while maintaining the integrity of the accreditation process. Actions to be considered include but are not limited to:

- (1) Rescheduling of accreditation activities
- (2) Fee waivers

(c) A written report will be requested for review at the next CAPTE meeting, if feasible, or as soon as possible thereafter. Review by CAPTE may result in a status decision and/or a request for additional information in the form of a Compliance Report.

Should you have questions or concerns, please don't hesitate to contact the appropriate Lead Specialist.

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