

**PORTAL SUBMISSION OF THE**

**APPLICATION FOR CANDIDACY FOR**

**PHYSICAL THERAPIST EDUCATION PROGRAMS**

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Last updated: 9/8/2021 Contact: accreditation@apta.org

**\*\* The AFC Instructions and Forms Packet must be used in conjunction with this document.**

### Commission on Accreditation in Physical Therapy Education

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### APPLICATION FOR CANDIDACY PHYSICAL THERAPY PROGRAMS

**Preface**

**Include the following in the Preface for the *Application for Candidacy*:**

#### a discussion about why the institution believes that a physical therapy program is consistent with its mission and with other institutional program offerings and how existing institutional resources will foster the development of a quality program.

1. a description of the process and information used by the institution to determine the need for the program and to determine planned class size in relation to current and future needs for physical therapy personnel, including a summary of the needs assessment that has been done. Such information should reflect local and regional data in addition to national data. (Note: While there may be student demand for a program, that alone is not sufficient for new program development; indeed, there should be an unmet need for the graduates of the program that will persist over time.)
2. a written statement of the plans for the number of students per class and the frequency of cohorts to be admitted during the full implementation of the program, including the plans for the number of students to be admitted to the charter class (note that class size may not increase during candidacy and only one cohort per calendar year may be matriculated); and
3. a contingency plan for students if the physical therapist program should fail to achieve candidate status and accreditation status, including information about how and when this plan is communicated to prospective students.

Appendices & On-site Material: See AFC Instructions & Forms for the three appendices required in the Preface. NOTE: these documents, once uploaded to the Preface, will only be available in the downloaded report, attached to the Preface. They will not be available in the WinZip file or in the appendix list at the end of the downloaded report.

**Standard 1:**

**The program meets graduate achievement measures and program outcomes related to its mission and goals.**

**REQUIRED ELEMENTS:**

**1A** The mission[[1]](#footnote-1) of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation[[2]](#footnote-2) of physical therapists.

Evidence of Progress Towards Compliance: Narrative:

* + Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
	+ Describe the congruency of the program’s mission statement with the institution and unit(s) missions.
	+ Describe the consistency of the program’s mission with contemporary professional expectations for the preparation of physical therapists.

Appendices & On-site Material: See AFC Instructions & Forms

**1B** The program has documented goals[[3]](#footnote-3) that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.

Evidence of Progress Towards Compliance: Narrative:

* + Provide the goals, including those related to:
		- Students and graduates (e.g., competent practitioners, leaders in the profession);
		- Faculty (e.g., adding to the body of knowledge in physical therapy, achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
		- The program (e.g., contributing to the community, development of alternative curriculum delivery models).
	+ Describe how the goals reflect the program’s stated mission.

**1C** The program meets required student achievement measures[[4]](#footnote-4) and its mission and goals as demonstrated by actual program outcomes.

**1C1** Graduation rates[[5]](#footnote-5) are at least 80% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.

**NOTE**: There is no expectation for this element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this element at the time of Candidacy.

**1C2** Ultimate licensure pass rates[[6]](#footnote-6) are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

**NOTE**: There is no expectation for this element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this element at the time of Candidacy.

**1C3** Employment rates[[7]](#footnote-7)are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

**NOTE**: There is no expectation for this element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this element at the time of Candidacy.

**1C4** Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

Evidence of Progress Towards Compliance: Narrative:

* + Describe the formal processes that will be used to ensure that each student achieves entry level clinical performance during clinical education experiences prior to graduation.

**1C5** The program graduates meet the expected outcomes as defined by the program.

Evidence of Progress Towards Compliance: Narrative:

* + For each goal related to program graduates (not students) delineated in Element 1B, list the expected graduate outcomes that support the goal.
	+ For each outcome, provide the expected level of achievement and describe the process and timeline the program will use to determine if the expectations have been met for the first graduating class and subsequent classes.

Note: Graduates are former students who have earned the DPT degree from the program.

 **1C6** The program meets expected outcomes related to its mission and goals.

Evidence of Progress Towards Compliance:

Narrative:

**NOTE**: Since expected graduate outcomes are requested in 1C5, do not include them here; this refers to all other expected program outcomes.

* For all other program goals delineated in Element 1B, list the expected outcomes that support the goal.
* For each outcome, provide the expected level of achievement and describe the process and timeline the program will use to determine if the expectation has been met.

**Standard 2:**

**The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.**

**REQUIRED ELEMENTS:**

**2A** The program has documented and implemented on-going, formal, and comprehensive program assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Evidence of Progress Towards Compliance:

Narrative:

* Provide a description of the overall assessment process:
	+ which includes, but is not limited to, the areas outlined in Elements 2B1-2B5 and 2C,
	+ identifies the areas to be assessed, and
	+ describes how the process will utilize information about professional standards and guidelines and institution mission and policies.
* Appendices & On-site Material: See AFC Instructions & Forms

**2B** For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

 **2B1** the admissions process, criteria and prerequisites meet the needs and expectations of the program.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the ongoing, formal program assessment process that will be used to determine if the admissions process, criteria and prerequisites meet the needs and expectations of the program.

 **2B2** program enrollment appropriately reflects available resources, program outcomes and workforce needs.

Evidence of Progress Towards Compliance: Narrative:

* + Describe the ongoing, formal program assessment process that will be used to determine if program enrollment appropriately reflects available resources, program outcomes, and workforce needs.

 **2B3** the collective core, associated and clinical education faculty meet program and curricular needs.

Evidence of Progress Towards Compliance: Narrative:

* + Describe the ongoing, formal program assessment process that will be used to determine if the collective core, associated, and clinical education faculty are meeting program and curricular needs.
	+ Provide an assessment of the extent to which the collective core, associated and clinical education faculty will meet program and curricular needs for the first two years of the program.

NOTE**:** This element refers to the assessment of the collective faculty. Information regarding the process to assess individual faculty is addressed in Standard 4.

 **2B4** program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

Evidence of Progress Towards Compliance: Narrative:

* Describe the ongoing, formal program assessment process that will be used to assess if program resources meet and will continue to meet, current and projected program needs including, but not limited to: financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services (academic, counseling, health, disability, and financial aid services).

 **2B5** program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

Evidence of Progress Towards Compliance: Narrative:

* Provide the ongoing, formal program assessment process that will be used to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.

**2C** The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the curriculum assessment process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system.
* Describe the plan for a comprehensive review of the curriculum that identifies the areas to be assessed, the individual responsible, the stakeholders from whom data will be collected, the method(s) that will be used to collect data, and the timing of the collection.
* If not addressed in the previous bullet, identify:
	+ How the results of assessing student achievement (Elements 1C1, 1C2, 1C3, 1C4) will be incorporated, where applicable, into the curriculum assessment process;
	+ How the curricular assessment process will assess if curricular content addresses the practice expectations delineated in Element 7D and the program’s expected student and graduate outcomes; and
	+ The comprehensive review of the clinical education program that will address at a minimum:
		- The placement of clinical education in the curriculum;
		- The length of the clinical education experiences;
		- The degree to which the practice in the clinical education sites meets the program’s practice expectations;
		- The adequacy of the number and variety of clinical education sites for the maximum planned number of enrolled students;
		- The practice areas in which the program needs to develop additional sites, if any; and
		- The adequacy of the documents utilized in the clinical education program (e.g., clinical education handbook assessment forms, etc.).

**2D** The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Evidence of Progress Towards Compliance: Narrative:

* Describe the formal, iterative, long-term strategic planning process, including the current and ongoing participation of core faculty.
* Describe how the process takes into account changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.
* Describe any changes planned for the next 3-5 years.

Appendices & On-site Material: See AFC Instructions & Forms

**Standard 3:**

**The institution and program operate with integrity.**

**REQUIRED ELEMENTS:**

**3A** The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

Evidence of Progress Towards Compliance:

Narrative:

* Identify the state agency from which the institution has authority to operate as an institution of higher education and provide the date of the most recent approval
* Identify the state agency from which the institution has authority to offer the PT program and to award the degree, if different from above. If state approval is not necessary, provide the reason why it is not necessary
* If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree granting institution.
* Indicate if the institution has authorization to provide clinical education experiences in other states, where required.

**NOTE**: Students cannot be placed in clinical experiences until state authorization(s) is(are) obtained.

* If the program will utilize distance education[[8]](#footnote-8), indicate that the institution has authorization to provide distance education in other states, where required.

**NOTE:** States and institutions that are recognized by SARA meet the conditions related to distance education and clinical education experiences.

* For private institutions, identify the most recent USDE Financial Responsibility Composite score.

Appendices & On-site Material: See AFC Instructions & Forms

**NOTE:** Evidence of authorization to provide clinical experiences in other states must be available for review by the Candidacy reviewers during the on-site visit. Authorization must be in the form of an official letter or email from the appropriate state agency directed to the institution/program. If no authorization is required, evidence that it is not required must be provided in the form of an official letter or email from the appropriate state agency directed to the institution/program.

**3B** The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

Evidence of Progress Towards Compliance:

Narrative:

* State the agency that accredits the institution. State the institution's current accreditation status.
* Provide the date that the current institutional accreditation status was granted.
* Identify the accreditation approval needed to offer the professional physical therapy program. State the date that such approval was received. If institutional accrediting agency approval is not necessary, provide the reason why it is not necessary.
* If the institution has an accreditation status other than full accreditation; has an outstanding citation by the accreditor; or is not in compliance with, or meeting expectations for, all accreditation standards/requirements; provide an explanation of the reasons for the identified deficiencies.
* If in a consortial arrangement to provide the program, provide the above for the degree-granting institution(s).
* If the program is located in an institution that is not the degree-granting institution, describe the agreement with one or more accredited institutions that will grant the DPT degree.

 Appendices & On-site Material: See AFC Instructions & Forms

**3C** Institutional policies[[9]](#footnote-9) related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including, but not limited to, providing for reduction in teaching load for administrative functions.

Evidence of Progress Towards Compliance:

Portal Fields:

* Provide faculty workload data for each faculty member on the individual Core Faculty Detail page.
* Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

* Describe how the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students.
* Provide the specific location where institution and, if applicable, program workload policies are found.
* If the workload policies for program faculty differ from institution policies, describe how they differ.
* Provide the formula used by the program to determine faculty workload. If no formula exists, then provide the mechanism used to determine faculty workload.
* Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist education program so that they take into consideration:
	+ Administrative responsibilities of core faculty;

Provide examples of functions to be considered for release time [e.g., program administration, clinical education administration, development of Accreditation Reports (Progress Reports, if required; Application for Candidacy/Self-study Report; and Annual Reports, etc.; and assessment activities)]

* + Requirements for scholarship, service, and maintenance of expertise in contemporary practice in assigned teaching areas;
	+ Complexity of course content, number of students per class or laboratory, and teaching methodology;
	+ The relationship between credit hours and contact hours for classroom and laboratory for determining workload; and
	+ The unique needs of physical therapy education, similar to those of other professional education programs, where core faculty ensure the integration and coordination of the curricular content, mentor associated faculty, conduct and coordinate a clinical education program, manage admission processes, etc.

Appendices & On-site Material: See AFC Instructions & Forms

**3D** Policies and procedures[[10]](#footnote-10) exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Evidence of Progress Towards Compliance:

Narrative:

* Provide (quote) the institution’s equal opportunity and nondiscrimination statement(s).
* Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective/enrolled students and the public.

Appendices & On-site Material: See AFC Instructions & Forms

**3E** Policies, procedures, and practices[[11]](#footnote-11) that affect the rights, responsibilities, safety, privacy, and dignity of program faculty[[12]](#footnote-12) and staff are written, disseminated, and applied consistently and equitably.

Evidence of Progress Towards Compliance:

Narrative:

* Refer the reader to the Policy Location Chart, which must include the name of document(s) and the page number and/or specific URL reference(s) where the following information can be found:
	+ Program and/or institutional policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff;
	+ Policies related to due process;
	+ Policies describing confidentiality of records and other personal information; and
	+ Personnel policies, including merit, promotion, and tenure.
* Describe how this information is and will be disseminated to program faculty.

Appendices & On-site Material: See AFC Instructions & Forms

**3F** Policies, procedures, and practices exist for handling complaints[[13]](#footnote-13) that fall outside the realm of due process[[14]](#footnote-14), including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

Evidence of Progress Towards Compliance:

Narrative:

* Provide the relevant institutional or program policy and procedure that addresses handling complaints that fall outside due process (e.g., complaints from prospective students, clinical education sites, employers of graduates, the general public).
* Identify where the policy and procedure for handling complaints that fall outside the realm of due process is available to internal and external stakeholders.

Provide the URL from the program’s or institutional website the statement is located.

* Describe how the records of complaints are, or would be, maintained by the program.

Appendices & On-site Material: See AFC Instructions & Forms

**3G** Program specific policies and procedures are compatible with institutional policies and with applicable law.[[15]](#footnote-15)

Evidence of Progress Towards Compliance:

Narrative:

* List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies related to clinical education) and describe how the policies and procedures differ and why.
* For program policies and procedures that differ from those of the institution:
	+ If applicable, explain how the program determines that program policies and procedures comply with applicable law.
	+ Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

Appendices & On-site Material: See AFC Instructions & Forms

**3H** Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:

**3H1** maintenance of accurate information, easily accessible[[16]](#footnote-16) to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;

**3H2** timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;

**3H3** following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;

**3H4** timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and

**3H5** coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.[[17]](#footnote-17)

Evidence of Progress Towards Compliance:

Narrative:

* Identify who is responsible for maintaining compliance with accreditation policies and procedures.
* Provide a list of the program or institutional policies and procedures that address compliance with accreditation policies and procedures, including the name of the document(s). Written policies are required and may be part of a job description.

**NOTE:** Developing programs are not authorized to use the CAPTE logo; the CAPTE logo may only be used by accredited programs.

Appendices & On-site Material: See AFC Instructions & Forms

**Standard 4:**

**The program faculty are qualified for their roles and effective in carrying out their responsibilities.**

**REQUIRED ELEMENTS:**

**Individual Academic Faculty[[18]](#footnote-18)**

**4A** Each core faculty[[19]](#footnote-19) member, including the program director and clinical education coordinator, has doctoral preparation[[20]](#footnote-20), contemporary expertise[[21]](#footnote-21) in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs and who are teaching clinical PT content hold an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. For CAPTE accredited programs outside the United States, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in accordance with their country's regulations. (PROVISO: CAPTE began enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree[[22]](#footnote-22) program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)

Evidence of Progress Towards Compliance:

Narrative:

* The only response needed in the 4A text box is to refer the reader to the Core Faculty Detail Section for each core faculty member.

Portal Fields: on the Core Faculty Information Page:

* In completing the Qualifications box on this Portal page, identify the individual's doctoral preparation and build a case that demonstrates the individual is a competent teacher, including:
	+ Describe the individual’s effectiveness in teaching and student evaluation relevant to the academic setting.
	+ For core faculty who are PTs and are teaching clinical PT content, identify if each holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located, if required by that state’s jurisdiction.

**NOTE:** If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;

* + Identify teaching assignments by prefix, number and title and indicate content assigned and role in course;
	+ For each course and content area including any assigned roles in labs, describe the individual’s knowledge and skills related to the selected instructional methods and learning experiences designed to facilitate students’ achievement of the objectives; and
	+ Provide evidence of the individual’s contemporary expertise specific to each assigned teaching content area in the DPT program. This evidence can include:
		- Education (including post-professional academic work, residency, and continuing education);
		- Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
		- Consultation and service related to teaching areas;
		- Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
		- Other evidence that demonstrates contemporary expertise, for example
			* Scholarship (publications and presentations related to teaching areas);
			* Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
			* Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
			* Formal mentoring (include description of experiences, time frame and qualifications of mentor).

Appendices & On-site Material: See AFC Instructions & Forms

**4B** Each core faculty member has a well-defined, ongoing scholarly agenda[[23]](#footnote-23) that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Evidence of Progress Towards Compliance:

Narrative:

* Briefly describe how the core faculty scholarly agendas fit within the context of the program’s or institution’s mission and expected outcomes.

Appendices: See AFC Instructions & Forms

**4C** Each corefaculty member has a record of institutional or professional service[[24]](#footnote-24).

Evidence of Progress towards Compliance: Narrative:

* Describe the record of institutional and/or professional service for each core faculty member.
* Describe the institution and program expectation for core faculty participation in institutional or professional service.

**4D** Each associated[[25]](#footnote-25) faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

Evidence of Progress Towards Compliance:

Narrative:

* For each associated faculty who is involved in less than 50% of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.
* For associated faculty who are involved in 50% or more of the course including lab assistants in courses where they are responsible for working with students for 50% or more of lab contact hours, the only response needed in the 4D text box is to refer the reader to the Associated Faculty Detail Section for each associated faculty member.
* **NOTE**: All associated faculty needed to teach in the first two years of the program must be employed or contracted by the program at the time of AFC submission.

Portal Fields: on the Associated Faculty Information Page:

* In completing the Qualifications box on this Portal page, build a case that demonstrates the individual is a competent teacher, including
	+ Description of the individual’s effectiveness in teaching and student evaluation;
	+ Identification of teaching assignments by prefix, number and title and indicate content assigned and role in course;
	+ For each teaching assignment (including labs), description of the individual’s knowledge and skills related to selected instructional methods and learning experiences designed to facilitate students’ achievement of the objectives; and
	+ Evidence of the individual’s contemporary expertise specific to assigned teaching content. This evidence can include:
		- Education (including post-professional academic work, residency, and continuing education);
		- Licensure, if required by the state in which the program is located;
		- Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
		- Consultation and service related to teaching areas;
		- Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
		- Other evidence that demonstrates contemporary expertise, for example:
			* Scholarship (publications and presentations related to teaching areas);
			* Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
			* Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
			* Formal mentoring (include description of experiences, time frame and qualifications of mentor).

Appendices & On-site Material: See AFC Instructions & Forms

**4E** Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

Evidence of Progress Towards Compliance:

Narrative:

* + Describe the faculty evaluation process that is and will be used, including how it addresses teaching, service, scholarship and any additional responsibilities.
	+ Describe the process that is and will be used to link faculty development plans to the assessment of the individual and to program improvement (e.g., if one or more faculty members receives student feedback regarding poor test item writing, the faculty development plan(s) should include instruction in development of test items).
	+ Describe assessment done to date to determine core faculty development needs prior to the implementation of the program.

Appendices & On-site Material: See AFC Instructions & Forms

**4F** Regular evaluation of associated faculty occurs and results in a plan to address identified needs.

Evidence of Progress Towards Compliance:

Narrative:

* + Describe the formal processes for regular evaluation of associated faculty.
	+ Describe the process that is and will be used to determine the associated faculty development needs, individually and collectively.
	+ Describe assessment done to date to determine associated faculty development needs prior to the implementation of the program.

Appendices: See AFC Instructions & Forms

**Program Director[[26]](#footnote-26)**

**4G** The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:

* is a physical therapist who holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. For CAPTE accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations;
* has an earned academic doctoral degree or previous CAPTE-granted exemption;
* holds the rank of associate professor, professor, clinical associate professor, or clinical professor;
* has a minimum of six years of full-time[[27]](#footnote-27) higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE accredited entry-level physical therapist education program.

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the program director meets the following qualifications:
	+ is a physical therapist;
	+ holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located, if required by that state’s jurisdiction. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
	+ has an earned academic doctoral degree or previous CAPTE-granted exemption;
	+ has the rank of associate professor, professor, clinical associate professor, or clinical professor; and
	+ has a minimum of six years of full-time higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE accredited entry-level physical therapist education program.

NOTE: The PD must meet the expectations of Element 4A in addition to the minimum requirements of Element 4G.

Appendices & On-site Material: See AFC Instructions & Forms

**4H** The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program.
* Describe the effectiveness of the program director in:
	+ planning.
	+ fiscal planning and allocation of resources, including long-term planning.
* Describe the process used to assess the program director as an effective leader.
* Provide evidence of effective leadership that relate to:
	+ A vision for physical therapist professional education;
	+ Understanding of and experience with curriculum content, design, and evaluation;
	+ Employing strategies to promote and support professional development;
	+ Evaluation and appointment of faculty;
	+ Proven effective interpersonal and conflict management skills;
	+ Abilities to facilitate change;
	+ Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits);
	+ Effective experience in strategic planning;
	+ Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
	+ Effective management of human and fiscal resources;
	+ Commitment to lifelong learning; and
	+ Active role in institutional governance.

Appendices & On-site Material: See AFC Instructions & Forms

**Clinical Education Coordinator[[28]](#footnote-28)**

**4I** The clinical education coordinator is a physical therapist who holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction, and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program. For CAPTE accredited programs outside the United States, the clinical education coordinator is licensed or regulated in accordance with their country's regulations.

Evidence of Progress Towards Compliance: Narrative:

* Identify the core faculty member(s) who is/are designated as the clinical education coordinator.
* If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.
* For each person designated as a clinical education coordinator, describe how she/he meets the following qualifications:
	+ is a physical therapist;
	+ holds an active, unrestricted PT license in any United States jurisdiction, and the state where the program is located if required by that state’s jurisdiction.

**NOTE:** If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;

* + a minimum of three years of full time (or equivalent) post-licensure clinical practice experience; and
	+ a minimum of two years of clinical practice as a CCCE and/or CI or two years of experience in teaching, curriculum development and administration in a PT program.

NOTE: Clinical teaching experience includes in-services, direct student supervision and instruction, and student remediation. Patient education is not considered to be clinical teaching.

NOTE: The clinical education coordinator must meet the expectations of Element 4A in addition to the minimum requirements of Element 4I.

Appendices & On-site Material: See AFC Instructions & Forms

**4J** The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the process that is and will be used to assess the effectiveness of the clinical education coordinator(s).
* Describe the effectiveness of the clinical education coordinator(s) in planning and developing the clinical education program.
* Describe the process that will be used to ensure that academic regulations are upheld.
* Describe the methods that will be used to assign students to clinical education experiences.

Appendices & On-site Material: See AFC Instructions & Forms

**Collective Academic Faculty**

**4K** The 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) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations and assigned program responsibilities.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the institutional expectations for doctoral preparation of faculty.
* For the first two years of the program:
	+ Describe how the current blend of core and associated faculty meets the needs of the program and ensures the achievement of all program activities.
	+ Identify how the program meets the expectation for at least 50% of the core faculty holding an academic doctoral degree.
* For full program implementation:
	+ Describe the expected faculty composition for the full cohort of core and associated faculty and provide a specific timeline for hiring these individuals.
	+ Describe how the program will continue to meet the expectation for at least 50% of the core faculty holding an academic doctoral degree.
	+ Describe how the expected blend of core and associated faculty will meet the needs of the program and ensure the achievement of all program activities.
	+ Describe the plans to acquire additional faculty for future cohorts.

**NOTE:** At the time of AFC submission, the institution must employ at least three qualified full-time core faculty, including the program director and clinical education coordinator, and have, or have contracts with sufficient qualified faculty to implement the complete first two years of the program. The projected composition of the core and associated faculty necessary for the full implementation of the program must be determined, be reflective of the variety of faculty responsibilities delineated in Element 8A, and be consistent with the institution’s expectations for faculty qualifications. In addition, at least 50% of the core faculty hold academic doctoral degrees for both the current and projected composition.

Appendices: See AFC Instructions & Forms

**4L** The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the process by which academic regulations specific to the program are developed, adopted and evaluated by the core faculty.
* Describe the process by which academic regulations will be communicated to all who implement them.
* Describe the process that will be used to verify that the academic regulations are upheld.
* Describe the process that will be used to address violations of academic regulations.
* Describe what happens if a student is found not to be safe and ready to progress to clinical education.

Appendices & On-site Material: See AFC Instructions & Forms

**4M** The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Evidence of Progress Towards Compliance:

Narrative:

* Provide evidence that all hired/contracted core faculty participated in the development, review, and revision of the curriculum plan.
* Provide evidence of all core faculty participation in the development of the curriculum
* Describe the readiness of all core faculty hired/contracted to engage in curriculum delivery.
* Describe the process for preparing future core faculty to assume responsibility for the curriculum.
* Describe the process used to obtain input from the communities of interest.

Appendices & On-site Material: See AFC Instructions & Forms

**4N** The collective core faculty are responsible for assuring that students are professional, competent, and safe and ready to progress to clinical education.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the formal process used by the collective core faculty to determine in which skills students are expected to be professional, competent and safe.
* Describe the processes that will be used by the collective core faculty to determine students are competent and safe in the skills identified by the collective core faculty and that the students are ready to engage in clinical education.
* Describe how the program ensures that critical safety elements are identified in the competency testing process.
* Describe how grading procedures for the competency testing process ensure students will not be placed in the clinical setting without being determined to be professional, competent and safe.
* Describe the criteria upon which the determination is made that each student is ready to engage in clinical education.
* Describe the formal processes and procedures that have been determined by the collective core faculty that will be used if a student is found to not be safe and ready to progress to clinical education.
* Describe the mechanisms that will be used to communicate to students and clinical education faculty the specific skills in which students must be professional, competent and safe.

Appendices & On-site Material: See AFC Instructions & Forms

**Clinical Education Faculty[[29]](#footnote-29)**

**4O** Clinical instructors are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the program’s expectations for clinical teaching effectiveness of the CIs.
* Describe how the program determines that clinical instructors meet the expectations of this Element, including, but not limited to:
	+ the program’s expectations for the clinical competence of the CIs;
	+ the program’s expectations for clinical teaching effectiveness of the CIs;
	+ how the clinical education sites are informed of these expectations; and
	+ how these expectations will be monitored.
* Describe the assessment to date and ongoing process that will be used to ensure that clinical instructors meet the expectations of this Element and the program's expectation for CI qualifications.
* If not using the Web CPI, identify how CIs will be trained in completing the tool to assess student performance.
* Describe how the program will ensure that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.

Appendices & On-site Material: See AFC Instructions & Forms

**Standard 5**

**The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.**

**REQUIRED ELEMENTS:**

**5A** Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity[[30]](#footnote-30) of the student body.

Evidence of Progress Towards Compliance:

Narrative:

* Describe procedures that are and will be used for recruitment of students.
* Describe the admissions criteria for the program, including any special considerations used by the program.
* If a scoring rubric is used in student selection, provide it and an explanation of its application.
* Describe the admission procedures.
* Describe procedures that will be used to maintain planned class size. Identify related policies to prevent over enrollment.
* Describe how the program ensures and will continue to ensure that the admission procedures are applied equitably, including how prospective students’ rights are protected.
* Describe how the program ensures that students are provided with information about policies, procedures, and practices related to recruitment, admission and their rights.
* Describe the program process for determining the acceptance of credit in transfer from other institutions.
* Describe the efforts of the program, to recruit a diverse student population.

Appendices & On-site Material: See AFC Instructions & Forms

**5B** Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program’s accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the following information is or will be provided to prospective and enrolled students:
	+ Pre-accreditation status of the program, including contact information for CAPTE.

**NOTE:** The appropriate CAPTE pre-accreditation statement must be included on the program's home webpage and a link to the statement must be on each webpage that includes any information about the program. In addition, the appropriate CAPTE pre-accreditation statement must be included on all program advertisements;

* + Catalogs;
	+ Recruitment and admissions information, including admissions criteria, transfer of credit policies and any special considerations used in the process;
	+ Academic calendars;
	+ Grading policies;
	+ Technical standards or essential functions, if used;
	+ Acceptance and matriculation rates;
	+ Student outcomes including, but limited to, the most current two year data available for graduation rates, employment rates, ultimate and first time pass rates on licensing examinations (first-time and ultimate);;
	+ Costs of the program (including tuition, fees, and refund policies);
	+ Financial aid; and
	+ Enrollment agreement, if used.
* Describe how the following information is or will be communicated to prospective and enrolled students including:
	+ Process for filing complaint with CAPTE;
	+ Job/career opportunities;
	+ Availability of student services;
	+ Health and professional liability insurance requirements;
	+ Information about the curriculum;
	+ Information about the clinical education program, including travel expectations to clinical sites;
	+ Required health information;
	+ Potential for other clinical education requirements, such as drug testing and criminal background checks; and
	+ Access to and responsibility for the cost of emergency services in off-campus educational experiences.

Appendices & On-site Material: See AFC Instructions & Forms

**5C** Enrollment agreements[[31]](#footnote-31), if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

Evidence of Progress Towards Compliance:

Narrative:

* Identify whether enrollment agreements are or will be used.
* If used, provide evidence that the agreements are consistent across enrollees for a given cohort.
* If used:
	+ Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements;
	+ Indicate when in the enrollment process the student is required to sign the agreement; and
	+ Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:
		- Catalogs;
		- Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process;
		- Academic calendars;
		- Grading policies;
		- Accreditation status of the institution and the program, including contact information for CAPTE;
		- Technical standards or essential functions, if available;
		- Acceptance and matriculation rates;
		- Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
		- Costs of the program (including tuition, fees, and refund policies);
		- Any additional fees associated with verification of identity for distance education purposes;
		- Financial aid; and
		- Enrollment agreement.

Appendices & On-site Material: See AFC Instructions & Forms

**5D** Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students.
* Describe how the program ensures that policies are and will be applied consistently and equitably.
* Describe how the program ensures that prospective and enrolled students are informed of all related policies, procedures, and practices.

Appendices & On-site Material: See AFC Instructions & Forms

**5E** Policies, procedures, and practices related to student retention,[[32]](#footnote-32) student progression[[33]](#footnote-33) and dismissal through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the mechanism by which students will receive regular reports of academic performance and progress.
* Describe the mechanism by which students will receive regular reports of their clinical performance and progress, including the minimum expectations of the program for frequency of these reports.
* Describe the resources that will be available to support student retention and progression of students through the program.
* Describe remediation activities, if provided, when knowledge, behavior or skill deficits, or unsafe practices are identified.
* Describe how retention practices will support a diverse student body.

Appendices & On-site Material: See AFC Instructions & Forms

**Standard 6:**

**The program has a comprehensive curriculum plan.**

**REQUIRED ELEMENTS:**

**6A** The comprehensive curriculum plan[[34]](#footnote-34) is based on: (1) information about the contemporary practice[[35]](#footnote-35) of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

Appendices: See AFC Instructions & Forms

**6B** The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution prior to entering the professional program.

Evidence of Progress Towards Compliance:

Narrative:

* If the program requires a baccalaureate degree prior to admission, a statement to that effect is the only response required.
* If the program does not require a baccalaureate degree prior to admission, provide evidence that students will enter the program with a balance of course work, including upper division courses in at least one content area that is the equivalent of a minor at the institution.
	+ Identify how the program will ensure that all students who enter the program without a baccalaureate degree will meet this expectation.

Appendices: See AFC Instructions & Forms

**6C** The specific prerequisite course work is determined by the program’s curriculum plan.

Evidence of Progress Towards Compliance:

Narrative:

* Identify the prerequisite course work and describe the rationale for inclusion of each specific prerequisite course, including the knowledge and skills that students are expected to possess upon entrance into the professional program.

Appendices: See AFC Instructions & Forms

**6D** The curriculum plan includes a description of the curriculum model[[36]](#footnote-36) and the educational principles on which it is built.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the curriculum model and the educational principles of the curriculum.
* Provide examples of how the educational principles will translate into learning experiences.

**6E** The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems[[37]](#footnote-37), individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated[[38]](#footnote-38) and full-time[[39]](#footnote-39) terminal experiences.

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the courses are organized, sequenced, and integrated, including integrated and full-time clinical education.
* Provide the rationale for the model used to integrate the didactic and clinical education portions of the curriculum; include a description of the course work that prepares students for each clinical education experience.
* Provide examples of sequential and integrated learning experiences that will prepare students to provide care to individuals with each of the following: orthopedic, neurological, and cardiopulmonary conditions and to geriatric and pediatric populations.
* Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.

Appendices: See AFC Instructions & Forms

**NOTE:** All of the following are required at the time of AFC submission:

* A **one** page plan of study by term that identifies course prefix and number, course title, credit hours and contact hours (lecture, lab, clin ed and, if applicable, distance education).
* **Complete syllabi for all technical and professional courses** are required, including all components delineated in Element 6G. Course objectives must be sufficiently detailed to demonstrate that Elements 7D1-7D43 are specifically covered; broad course objectives are insufficient. Syllabi will be uploaded in the Course List.
* Written description of the organization of the curriculum identifying the sequential and integrated components of the curriculum.
* Clinical education includes both integrated and full-time clinical experiences.

**6F** The didactic and clinical curriculum includes interprofessional education[[40]](#footnote-40); learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this element will become effective January 1, 2018.

Narrative:

* Describe learning activities directed towards the development of interprofessional competencies that will involve students, faculty and/or practitioners from other health care professions.

Appendices: See AFC Instructions & Forms

**6G** The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Evidence of Progress Towards Compliance:

Narrative:

* Only response needed is to refer the reader to the course syllabi that are accessed from the WinZip file.
* See AFC Instructions and Forms for required fields

Appendices: See AFC Instructions & Forms

* Complete syllabi are required for **ALL** professional courses in the curriculum, including all of the syllabi components delineated in the Appendix list for this element. Course objectives must be sufficiently detailed to demonstrate that the content required for each 7D Element (7D1-7D43) is covered; broad course objectives are insufficient. All course syllabi must be fully developed at the time of Application for Candidacy submission and must include:
	+ course title and number;
	+ course description;
	+ department offering course;
	+ instructor;
	+ credit hours;
	+ clock hours (lecture and laboratory; clinical and distance education, if applicable);
	+ course prerequisites;
	+ **specific** course objectives that demonstrate the content required for each 7D Element (7D1-7D43) is sufficiently covered;
	+ **specific** outline of content;
	+ description of teaching methods and learning experiences;
	+ methods of student evaluation/grading, including how the course grade will be determined; and
	+ textbook(s) and other learning resources.

**Note**: If the program or institution requires a syllabus format that does not include all of the above, the required syllabi plus an addendum is acceptable. For the purpose of accreditation review, all of the above are required.

**6H** The curriculum plan includes learning objectives[[41]](#footnote-41) stated in behavioral terms that reflect the breadth and depth[[42]](#footnote-42) of the course content and describe the level of student performance expected.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the adequacy of the objectives, in the aggregate, to reflect the depth and breadth needed to meet expected student performance outcomes.
* Describe the extent to which course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.
* Provide two examples of how expected competencies (as delineated by learning objectives) progress from introduction of core knowledge in didactic courses to demonstration of performance in the academic setting to the expected level of clinical performance.

Appendices: See AFC Instructions & Forms

**6I** The curriculum plan includes a variety of effective instructional methods[[43]](#footnote-43) selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the variety of instructional methods and learning experiences planned in the curriculum to facilitate students’ achievement of the objectives.
* Describe the rationale for the selection of instructional methods and learning experiences used in the curriculum.

Appendices & On-site Material: See AFC Instructions & Forms

**6J** The curriculum plan includes a variety of effective tests and measures[[44]](#footnote-44) and evaluation processes[[45]](#footnote-45) used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the variety of evaluation mechanisms, including formative and summative,that will be used by the program to measure students’ achievement of objectives. Describe the timing of student evaluation across the curriculum, in didactic, laboratory, and clinical education courses, including demonstrating that performance-based competencies are assessed in the academic setting prior to clinical performance.
* Describe how the program will ensure that evaluations used by the program to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.
* Identify instrument(s) that will be used to assess student performance during clinical education experiences.
* Describe how the program will ensure that students have achieved the objectives stated for each clinical education experience.

Appendices: See AFC Instructions & Forms

**6K** If the curriculum plan includes courses offered by distance education methods, the program provides evidence[[46]](#footnote-46) that:

Evidence of Progress Towards Compliance:

Narrative:

* Describe the planned use of distance education methods in the curriculum, if any. If no distance education methods are used, state that for each Element 6K1 through Element 6K8.

Appendices: See AFC Instructions & Forms

 **6K1** faculty teaching by distance are effective in the provision of distance education;

Evidence of Progress Towards Compliance:

Narrative:

* Provide evidence that each faculty member teaching by distance possesses adequate knowledge and skills, and demonstrated effectiveness, in the provision of distance education.

 **6K2** the rigor[[47]](#footnote-47) of the distance education courses is equivalent to that of site-based courses;

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the program will ensure the rigor of the distance education courses.

Appendices: See AFC Instructions & Forms

 **6K3** student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Evidence of Progress Towards Compliance:

Narrative:

* Describe how the program will ensure student performance in distance education courses meets the expectations described in course syllabi.

Appendices: See AFC Instructions & Forms

 **6K4** there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Evidence of Progress Towards Compliance:

Narrative:

* Provide evidence that the mechanism(s) that will be used to determine student identity during course activities and when testing occurs at a distance will be adequate and effective.

Appendices: See AFC Instructions & Forms

 **6K5** there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Evidence of Progress Towards Compliance:

Narrative:

* Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.

Appendices: See AFC Instructions & Forms

 **6K6** there is a mechanism for maintaining student privacy as appropriate;

Evidence of Progress Towards Compliance:

Narrative:

* + Provide evidence that the mechanisms that will be used to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments) will be adequate and effective.

Appendices: See AFC Instructions & Forms

 **6K7** students have been informed of any additional fees related to distance education; and

Evidence of Progress Towards Compliance:

Narrative:

* Identify additional student fees, if any, for distance education courses.
* If there are additional student fees for distance education courses, describe how and when students are informed of the fees.

Appendices: See AFC Instructions & Forms

 **6K8** distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

Evidence of Progress Towards Compliance:

Narrative:

* Describe how distance education students will have access to academic, health, counseling, disability and financial aid services.
* Compare the academic, health, counseling, disability and financial aid services that will be available to students taking distance education courses to those that are available for students taking on-site courses.

Appendices: See AFC Instructions & Forms

**6L** The curriculum plan includes clinical education experiences[[48]](#footnote-48) for each student that encompass, but are not limited to:

 **6L1** management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;

Evidence of Progress Towards Compliance:

Narrative:

* Describe the program’s expectations for types of patients and treatment that each student will have worked with by the end of the program.
* Describe the program’s expectations for management of patients/clients across the lifespan and continuum of care.
* Describe how the program will monitor that each student has the required experiences.
* Describe the range of experiences other than those required that are planned to be available to students.

Appendices: See AFC Instructions & Forms

 **6L2** practice in settings representative of those in which physical therapy is commonly practiced;

Evidence of Progress Towards Compliance:

Narrative:

* Describe the range of practice settings that are appropriate for the first full-time and any part-time clinical experiences.
* Describe the clinical education practice settings in which students will be required to participate through the full implementation of the program, including the timing of these placements.
* Describe how the program will monitor that each student has the required experiences.

Appendices: See AFC Instructions & Forms

 **6L3** involvement in interprofessional practice[[49]](#footnote-49)

Evidence of Progress Towards Compliance:

Narrative:

* Describe the program’s expectation for opportunities for involvement in interprofessional practice during clinical education experiences.
* Provide evidence that students will have opportunities for interprofessional practice.
* Describe how the program will monitor that each student has the expected experiences.

Appendices: See AFC Instructions & Forms

 **6L4** direction and supervision of the physical therapist assistant and other physical therapy personnel; and

Evidence of Progress Towards Compliance:

Narrative:

* Describe the program’s expectation for opportunities for direction and supervision of physical therapist assistants and other physical therapy personnel during clinical experiences.
* Describe how the program will monitor that each student has the expected experiences
* Describe how the planned experiences will support students in achieving expected outcomes for demonstrating the ability to direct and supervise physical therapist assistants and other physical therapy personnel.

Appendices: See AFC Instructions & Forms

**6L5** other experiences that lead to the achievement of the program’s defined expected student outcomes.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the program’s expectation for other clinical education experiences that lead to the achievement of the program’s expected student outcomes.
* Describe how the program will monitor that each student has the expected experiences.

Appendices & On-site Material: See AFC Instructions & Forms

**6M** The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters[[50]](#footnote-50) or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks/1,050 hours of full-time clinical education experiences.

Evidence of Progress Towards Compliance:

Narrative:

* Identify the length of the program in semesters (or equivalent) and in semester credit hours (or equivalent).
* Identify the number of weeks of full-time clinical education.
* If program is offered part-time, provide evidence that the credits and contact hours are the same as for the full-time programs.

Appendices: See AFC Instructions & Forms

**6N** The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.

Evidence of Progress Towards Compliance:

Narrative:

* State the degree granted.

**Standard 7**

**The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.**

**REQUIRED ELEMENTS:**

**7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.

Evidence of Progress Towards Compliance:

Narrative:

* Describe where and how each of the topics delineated in the Element is included in the professional curriculum. Do not include prerequisite courses.

Appendices: See AFC Instructions & Forms

**7B** The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.

Evidence of Progress Towards Compliance: Narrative:

* Describe where and how each of the delineated content areas is included in the professional curriculum.

Appendices: See AFC Instructions & Forms

**7C** The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

Evidence of Progress Towards Compliance:

Narrative:

* Describe where and how each of the delineated clinical sciences content areas is included in the professional curriculum.

Appendices: See AFC Instructions & Forms

**7D** The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:

Evidence of Progress Towards Compliance:

Narrative:

* For each of the following elements:
* Provide a narrative description for how and where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum, not just for the sample objectives provided). Provide 2-5 examples of course objectives that demonstrate the highest expected level of student performance, include course prefix and number, course name, objective number and the full wording of the objective. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives.
* If the program plans to teach content beyond what is addressed in Elements 7D1-7D43, identify the content, where and how it is taught and the highest expected performance level. If being taught to competency, identify how and where competency is tested.
* Starting with AFCs submitted after June 30, 2016: Responses to 7D19a-w and 7D27a-i are to address each narrative bullet item for each intervention or test and measure identified. For example, response for 7D19p- each narrative bullet must be included (2-5 examples) for both Neuromotor Development and (2-5 examples) Sensory Processing. In order to accommodate this additional information, the narrative response for these elements can be provided as an appendix and may be provided in a chart format so long as the chart is formatted in a manner that facilitates review.

**NOTE:** There is no expectation that the exact wording of these elements be included in course objectives; however, objectives need to specifically address each element. Broad course objectives are insufficient to demonstrate sufficient coverage of the content**.**

The Portal will **require** a response for **each** 7D including **each** test and measure delineated in Element 7D19 and **each** intervention delineated in Element 7D27. **Do NOT upload a table** in lieu of the narrative response except as needed to cover the components of the Elements noted above. Global objectives are **insufficient** to demonstrate that each 7D is covered.

Appendices & On-site Material: See AFC Instructions & Forms

 Professional Ethics, Values and Responsibilities

 **7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

 **7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.

 **7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.

 **7D4** Practice in a manner consistent with the APTA *Code of Ethics*.

 **7D5** Practice in a manner consistent with the APTA *Core Values*.

 **7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.

 **7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.

 **7D8** Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

 **7D9** Access and critically analyze scientific literature.

 **7D10** Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.

 **7D11** Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.

 **7D12** Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.

 **7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.

 **7D14** Advocate for the profession and the healthcare needs of society through legislative and political processes.

 **7D15** Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client Management

 Screening

 **7D16** Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Examination, Evaluation and Diagnosis

 **7D17** Obtain a history and relevant information from the patient/client and from other sources as needed.

 **7D18** Perform systems review[[51]](#footnote-51).

 **7D19** Select, and competently administer tests and measures[[52]](#footnote-52) appropriate to the patient’s age, diagnosis and health status including, but not limited to, those that assess:

1. Aerobic Capacity/Endurance
2. Anthropometric Characteristics
3. Assistive Technology
4. Balance
5. Circulation (Arterial, Venous, Lymphatic)
6. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
7. Cranial and Peripheral Nerve Integrity
8. Environmental Factors
9. Gait
10. Integumentary Integrity
11. Joint Integrity and Mobility
12. Mental Functions
13. Mobility (including Locomotion)
14. Motor Function
15. Muscle Performance (including Strength, Power, Endurance, and Length)
16. Neuromotor Development and Sensory Processing
17. Pain
18. Posture
19. Range of Motion
20. Reflex Integrity
21. Sensory Integrity
22. Skeletal Integrity
23. Ventilation and Respiration or Gas Exchange

 **7D20** Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

 **7D21** Use the International Classification of Function (ICF) to describe a patient's/client’s impairments, activity and participation limitations.

 **7D22** Determine a diagnosis that guides future patient/client management.

 Prognosis and Plan of Care

 **7D23** Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.

 **7D24** Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.

 **7D25** Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.

 **7D26** Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention[[53]](#footnote-53)

 **7D27** Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

1. Airway Clearance Techniques
2. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
3. Biophysical Agents
4. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
5. Integumentary Repair and Protection
6. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
7. Motor Function Training (balance, gait, etc.)
8. Patient/Client education
9. Therapeutic Exercise

 Management of Care Delivery

 **7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.

 **7D29** Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.

 **7D30** Monitor and adjust the plan of care in response to patient/client status.

 **7D31** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.

**7D32** Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

 **7D33** Respond effectively to patient/client and environmental emergencies in one’s practice setting.

 **7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.

 **7D35** Provide care through direct access.

 **7D36** Participate in the case management process.

 Participation in Health Care Environment

 **7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team

 **7D38** Participate in activities for ongoing assessment and improvement of quality services.

 **7D39** Participate in patient-centered interprofessional collaborative practice.

 **7D40** Use health informatics[[54]](#footnote-54) in the health care environment.

 **7D41** Assess health care policies and their potential impact on the healthcare environment and practice.

 Practice Management

 **7D42** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.

 **7D43** Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

**Standard 8**

**The program resources are sufficient to meet the current and projected needs of the program.**

**REQUIRED ELEMENTS:**

**8A** The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.

 **NOTE:** Effective with submissions after January 1, 2016, the program must have, or have contracts with, sufficient qualified faculty to implement the complete first two years of the program.

Evidence of Progress Towards Compliance:

Portal Fields:

* Provide faculty workload data for each faculty memberon the individual Core Faculty Detail page(s).
* Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

* Identify the formula used to determine the percentage of time each core faculty member will spend in the different requested areas.

**NOTE:** there is an expectation that a consistent formula be used; provide a rationale if any individual faculty member's workload deviates from this formula.

* Identify the core faculty employed to date, including the program director and clinical education coordinator and describe how they meet program needs for content expertise in the program.
* Identify the core and associated faculty hired to cover all courses in the first two years of the program. **NOTE:** Effective with submissions after January 1, 2016, the program must have, or have contracts with, sufficient qualified faculty to implement the complete first two years of the program.
* Identify the number and qualifications of the core faculty necessary for the full implementation of the program that is reflective of content expertise needed and all the faculty activities delineated in the Element.
* Identify the planned core faculty:student ratio55 and the planned average faculty:student lab ratio.
* Provide evidence that the core faculty workloads will be within the defined workload policies.
* Provide evidence that the timeline of hire for contracted faculty is adequate to allow faculty preparation for their respective responsibilities in the program.
* Describe how the individual faculty workloads, including teaching assignments, for the core faculty will be adequate to meet the program needs, for the first two years of the program and at full program implementation, with regard to:
	+ Teaching, including coordination of associated faculty;
	+ scholarship;
	+ program administration;
	+ administration of the clinical education program;
	+ institutional and program committee and governance activities;
	+ student advising;
	+ any expectations related to student recruitment and admissions process; and
	+ other institutional and program responsibilities.
* Describe plans and timelines that are supported in the budget, for hiring an adequate number of additional qualified core and associated faculty during the implementation of the program.

Appendices & On-site Material: See AFC Instructions & Forms

**8B** The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the current and planned secretarial/administrative and technical support available to the program, including the secretarial/administrative support available for the clinical education program.
* Analyze the adequacy of the administrative/secretarial and technical support to meet the needs of the program, including the needs of the clinical education program.
* Describe the plans and timelines that are supported in the budget for hiring additional secretarial/administrative and technical support staff during the implementation of the program.

Appendices & On-site Material: See AFC Instructions & Forms

**8C** Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Evidence of Progress Towards Compliance:

Portal Fields:

* Provide the allocation and expense data requested in the Portal section entitled Income Statement. Data must be provided for the academic year of the visit and for each academic year through the full implementation of the program (e.g., through graduation of the charter class). The Portal will request the identification of the academic years being reported.

**NOTE:**Adequate financial resources are expected to be available to meet the increasing demands of the program as additional faculty, staff and students are involved in the program.

**NOTE: Allocations refers to the amounts budgeted to the program**; it should never be zero nor should it reflect all tuition dollars collected by the institution unless all tuition dollars are indeed allocated to the program.

Narrative:

* Describe the various revenue sources, including the expected stability of each.
* Describe how allocated funds from each source will be used.
* Describe the process used to determine short- and long-term budgetary needs that are tied to the strategic planning process and increasing demands on the program as additional faculty, staff, and students are involved in the program.

Appendices & On-site Material: See AFC Instructions & Forms

**8D** The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.

 **8D1** Classroom and laboratory environments are supportive of effective teaching and learning.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the classroom, laboratory and storage space needed for the first year of the program and confirm that the completed space will be available and usable when needed by students.
* Describe all classroom, laboratory, and storage space needed for the full implementation of the program and provide a timeline for occupancy.
* Describe any classroom and laboratory space that is dedicated to the program.
* Describe how the space will be supportive of effective teaching and learning: access to current technology, access to safety features, access to sinks for handwashing, good repair, cleanliness, temperature control, etc.
* If plans for space are delayed, provide the contingency plan to ensure adequate and appropriate space for the first year of the program that will be available at the time of the Candidacy Visit.
* Describe how the classroom and laboratory environments are sufficient to meet the needs of students according to the maximum planned class size.

**NOTE**: CAPTE expects that, at a minimum, the program has appropriate space and equipment related to at the time of AFC submission. If plans for space are delayed, contingency plans must be in place that ensures adequate and appropriate space for the first year of the program that will be available by the time of the Candidacy Visit.

Appendices & On-site Material: See AFC Instructions & Forms

 **8D2** Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the space for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials that will be available to the program at the time of the Candidacy visit and be sufficient to meet the needs of the complete first year of the program.
* Identify the additional space needed for the full implementation of the program and provide a timeline for occupancy.

**NOTE**: CAPTE expects that, at a minimum, the program has appropriate space for faculty and staff for the first year of the program at the time of AFC submission.

Appendices & On-site Material: See AFC Instructions & Forms

 **8D3** Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Evidence of Progress Towards Compliance:

Narrative:

* Identify the opportunities students will have for access to laboratories for practice outside of scheduled class times for the first year of the program and when the program is fully implemented.

Appendices & On-site Material: See AFC Instructions & Forms

 **8D4** Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

Evidence of Progress Towards Compliance:

Narrative:

* Indicate whether the program has acquired, or has on order, equipment, technology, and materials needed to meet the curricular goals of the first year of the program.
* Describe how the equipment that has been acquired, or is on order, will meet the needs of the first year of the program.
* Provide a plan for acquisition of equipment and materials for the continued implementation of the program, including the timeline to acquire the additional items.
* Describe access to equipment being borrowed, rented or used off-site; describe the contingency plan should borrowed, rented or off-site equipment not be available.
* Describe how the equipment and materials available are sufficient to meet the needs of students according to the maximum planned class size.
* Describe the process used to ensure that equipment is in safe working order, sufficient in number and reflective of contemporary PT practice.

Appendices & On-site Material: See AFC Instructions & Forms

 **8D5** Technology resources meet the needs of the program.

Evidence of Progress Towards Compliance:

Narrative:

* + Describe the instructional technology available for the first year of the program.
	+ Describe how the program will use technology for instructional and other purposes in the first year of the program and when the program is fully implemented.
	+ Provide a plan for the acquisition of technology through the full implementation of the program.

Appendices & On-site Material: See AFC Instructions & Forms

 **8D6** Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.

Evidence of Progress Towards Compliance:

Narrative:

* Identify the amount and type of space and equipment needed to meet the needs of each core faculty member during the first year of the program.
* Identify additional research space and equipment planned for core faculty.
* Provide documentation of plans for occupancy of the research space as the core faculty are hired through the full implementation of the program.

Appendices & On-site Material: See AFC Instructions & Forms

**8E** The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.

Evidence of Progress Towards Compliance:

Narrative:

* Describe the adequacy of the library resources, including the technological resources, and related learning resource centers available to the program faculty and students.
* Describe the accessibility of library resources and related learning resource centers to program faculty and students.
* If the educational program has its own facility for books, periodicals, instructional, and audiovisual materials, describe how the facility and materials are in an environment that is conducive to their intended purpose and accessible to students and academic faculty when needed.

Appendices & On-site Material: See AFC Instructions & Forms

**8F** The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.

Evidence of Progress Towards Compliance:

Narrative:

* + Confirm that, at a minimum, there are sufficient clinical placements for 150% of the planned class size that will be appropriate for the first full-time clinical education experience and any part-time experiences that precede it. For example, if the planned class size is 40, the program is expected to have fully executed written agreements with enough facilities and site-specific Letters of Intent to ensure 60 full-time clinical experiences in practice areas that support the first year of the program. At a minimum, this must include the first full-time clinical experience and any part-time experiences that precede it.
	+ Describe the program’s expectations for the type of experience(s) appropriate for the first full-time clinical education experience and any part-time clinical experiences that may precede it.
	+ Provide a summary of the number and array of clinical experiences that are expected to be available from the clinical facilities with which fully executed contracts and Letters of Intent (LOI) exist.
	+ Describe how the program has assessed if the clinical experiences available will meet program needs
	+ Describe the clinical education experiences that will be required for each student by the end of the program.
	+ Provide a summary of the number and array of clinical experiences the program expects will be needed for each clinical education course in order to meet the expectations of Element 6L1-6L5 and the expectations of the program – when the program is fully implemented.
	+ Provide a detailed plan for obtaining sufficient additional clinical sites/placements to ensure all students meet the expectations of Element 6L1-6L5 and the expectations of the program.
	+ Describe the planned annual process and timeline to determine the availability of clinical experiences for the upcoming academic year.
	+ Describe how the program plans to monitor that each student has the required experiences.
	+ Describe how the program plans to monitor the adequacy of the number and variety of clinical education sites for the number of enrolled students.

Appendices & On-site Material: See AFC Instructions & Forms

**8G** There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Evidence of Progress Towards Compliance:

Narrative:

* + Describe the provisions of the clinical education contracts used by the program.
	+ If not delineated in the response to the previous bulleted item, describe how the agreements address: the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site; and the procedures to be followed in reviewing, revising, and terminating the agreement.
	+ Describe the process that will be used to ensure that there are current written agreements between the institution and the clinical education sites.

Appendices & On-site Material: See AFC Instructions & Forms

**8H** Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

Evidence of Progress Towards Compliance:

Narrative:

* + Describe the academic, counseling, health, disability, and financial aid services that will be available to program students, including the accessibility of these services for the physical therapy students. **NOTE:** Accessibility of these services for students taking distance education courses is requested in 6K8.

Appendices & On-site Material: See AFC Instructions & Forms

1. **Mission**: A statement that describes why the physical therapist education program exists, including a description of any unique features of the program. [The mission is distinct from the program’s goals, which indicate how the mission is to be achieved.] [↑](#footnote-ref-1)
2. **Contemporary preparation**: Reflects the minimum skills required for entry-level preparation of the physical therapist and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice. [↑](#footnote-ref-2)
3. **Goals**: The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc. [↑](#footnote-ref-3)
4. **Graduate and Student Achievement Measures:**  The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate). [↑](#footnote-ref-4)
5. **Graduation Rate**: The percentage of students who are matriculated in the first course in the professional program after the drop/add period and who complete the program. [↑](#footnote-ref-5)
6. **Licensure pass rate**: The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation. [↑](#footnote-ref-6)
7. **Employment rate**: The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist within 1 year following graduation. [↑](#footnote-ref-7)
8. **Distance Education:** An educational activity characterized by separation of the faculty member from the student by either distance or time or both.  For the purposes of these standards, the following definitions also pertain:

	* Distance Education course:  a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) interaction between the student and the faculty member(s).
	* Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses. [↑](#footnote-ref-8)
9. **Policy**: A general principle by which a program is guided in its management. [↑](#footnote-ref-9)
10. **Procedure**: A description of the methods, activities, or processes used to implement a policy. [↑](#footnote-ref-10)
11. **Practices**: Common actions or activities; customary ways of operation or behavior. [↑](#footnote-ref-11)
12. **Program faculty: A**ll faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty. [↑](#footnote-ref-12)
13. **Complaint**: A concern about the program, expressed by students or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution’s formal due processes. [↑](#footnote-ref-13)
14. **Due process**: Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard. [↑](#footnote-ref-14)
15. **Applicable law**: Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.) [↑](#footnote-ref-15)
16. **Easily accessible**: Can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage. [↑](#footnote-ref-16)
17. This is a USDE requirement. [↑](#footnote-ref-17)
18. **Academic faculty**: Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty. [↑](#footnote-ref-18)
19. **Core faculty**: Those individuals appointed to and employed primarily in the program, including the program director, the director of clinical education (DCE) and other faculty who report to the program director. If not appointed to and employed primarily in the DPT Program, the majority of the individual’s work at the institution must involve the DPT Program. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. [↑](#footnote-ref-19)
20. **Doctoral preparation**: Earned doctorate, including the DPT. [↑](#footnote-ref-20)
21. **Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise. [↑](#footnote-ref-21)
22. **Academic doctoral degree:** A PhD or other doctoral degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial scholarly achievement. Definition adapted from IPED definition found at <http://nces.ed.gov/ipeds/glossary/?charindex=D>; last accessed 1/12/15. [↑](#footnote-ref-22)
23. **Scholarly agenda**: A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues. [↑](#footnote-ref-23)
24. **Service**: Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations. [↑](#footnote-ref-24)
25. **Associated Faculty**: Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides or in other units of the institution, but who have primary responsibilities in programs other than the professional program. [↑](#footnote-ref-25)
26. **Program director**: The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program’s academic administrator: Dean, Chair, Director, Coordinator, etc. [↑](#footnote-ref-26)
27. **Full time**: 35 hours/week [↑](#footnote-ref-27)
28. **Clinical Education Coordinator**: The core faculty member(s) responsible for the planning, coordination, facilitation, administration, and monitoring of the clinical education component of the curriculum. The clinical education coordinator(s) is/are the faculty member(s) of record for the clinical education courses. NOTE: the term is intentionally generic; programs are free to use any appropriate title. [↑](#footnote-ref-28)
29. **Clinical education faculty**: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the secondary supervision of other professionals, where permitted by law. [↑](#footnote-ref-29)
30. **Diversity:** Includes group/social differences (e.g., race, ethnicity, socioeconomic status, gender, sexual orientation, country of origin, as well as cultural, political, religious, or other affiliations) and individual differences (e.g., age, mental/physical ability, personality, learning styles, and life experiences). [↑](#footnote-ref-30)
31. **Enrollment agreements**: Formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship. [↑](#footnote-ref-31)
32. **Retention**: Maintenance of enrollment across multiple terms. [↑](#footnote-ref-32)
33. **Progression**: Ability of students to enroll in subsequent courses based on defined expectations. [↑](#footnote-ref-33)
34. **Curriculum plan**: A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners’ previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc. [↑](#footnote-ref-34)
35. **Contemporary practice**: Delivery of physical therapy services as documented in current literature, including the *Guide to Physical Therapist Practice*, the Standards of Practice, and the Code of Ethics. [↑](#footnote-ref-35)
36. **Curriculum model**: A general description of the organization of the professional curriculum content. [↑](#footnote-ref-36)
37. **Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems. [↑](#footnote-ref-37)
38. **Integrated clinical education**: Clinical education experiences that occur before the completion of the didactic component of the curriculum. Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting. Integrated clinical experiences must be satisfied prior to the start of any terminal clinical experiences. [↑](#footnote-ref-38)
39. **Full time terminal clinical education**: Extended full-time experience that occurs at the end of the professional curriculum but may be followed by didactic activity that does not require additional clinical experiences. Full-time is considered to be an average of 35 hours each week for the duration of the clinical education course. [↑](#footnote-ref-39)
40. **Interprofessional Education:** Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002) [↑](#footnote-ref-40)
41. **Objectives**: Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable) across all learning domains. [↑](#footnote-ref-41)
42. **Breadth and depth**: Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning). [↑](#footnote-ref-42)
43. **Instructional methods**: Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence. [↑](#footnote-ref-43)
44. **Tests and measures:** Procedures used to obtain data on student achievement of expected learning outcomes. [↑](#footnote-ref-44)
45. **Evaluation processes:** Methods and activities to determine the extent to which student test data relate to overall student performance. [↑](#footnote-ref-45)
46. Assessment of the quality of distance education is required by USDE. [↑](#footnote-ref-46)
47. **Rigor**: Expectations for student assignments, engagement in the course and performance. [↑](#footnote-ref-47)
48. **Clinical education experiences:**  That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. [↑](#footnote-ref-48)
49. **Interprofessional practice:** “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010). [↑](#footnote-ref-49)
50. **6 semesters:** As of 2014, the average length of professional programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent. [↑](#footnote-ref-50)
51. **Systems Review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses. [↑](#footnote-ref-51)
52. **Test and Measures:** The list is adapted from the *Guide to Physical Therapist Practice (2014).* [↑](#footnote-ref-52)
53. **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014).* [↑](#footnote-ref-53)
54. As **defined** by the U.S. National Library of Medicine, **health informatics** is the interdisciplinary study of the design, development, adoption, and application of IT-based innovations in healthcare services delivery, management, and planning. Medical**Informatics**, physician, **Health** IT.Jan 7, 2014 [↑](#footnote-ref-54)