

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS** (revised 11/11/15; revised 1/21/16; 3/4/16;
12/7/17)

Standard 1

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

REQUIRED ELEMENTS:

1A The mission¹ 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 preparation² of physical therapist assistants.

Evidence of 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 therapist assistants.

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

1B The program has documented goals³ that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.

Evidence of Compliance:

Narrative:

- Provide the goals, including those related to:
 - Students and graduates (e.g., competent clinicians, leaders in the profession);
 - Faculty (e.g., 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.

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

1C The program meets required student achievement measures⁴ and its mission and goals as demonstrated by actual program outcomes.

1C1 Graduation rates⁵ are at least 60%, 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 60%. 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 60%.

Evidence of Compliance:

Portal Fields:

- Provide graduation data for the most recent two years for which there is full data in the section entitled *Graduation Rate Data for the years identified on the Portal*. Use the Graduation Rate Table (forms packet) to collect the graduation data. Identify the number of cohorts admitted each year; data will be required for each cohort.

¹ **Mission:** A statement that describes why the physical therapist assistant 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.]

² **Contemporary preparation:** Reflects the minimum skills required for entry-level preparation of the physical therapist assistant and the needs of the area workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice.

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 assistant 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.

⁴ **Graduate and student achievement measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

⁵ **Graduation Rate:** The percentage of students who are matriculated in the first technical course in the program after the add/drop period and who complete the program.

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Narrative:

- Identify the 2-year graduation rate calculated by the data entered into the Graduation Rate Data Section on the Portal.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data. Provide the Retention Rate Table (forms packet) as an appendix.

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

1C2 Ultimate licensure pass rates⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. 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%.

Evidence of Compliance:

Narrative:

- Provide the most current licensure pass rate data available through the Federation of State Board of Physical Therapy (FSBPT); provide the data per cohort if more than one cohort is accepted in an academic year; provide:
 - First time pass rates for each cohort for the past two academic years.
 - Two-year ultimate pass rate based on the following data for each cohort:
 - Number of graduates per cohort who took the examination at least once;
 - Number of graduates per cohort who passed the exam after all attempts;
- ** NOTE:** if licensure pass rates for graduates in the last academic year have not yet stabilized, provide the data for the past three years and the two-year rate for the cohorts for which the data has stabilized.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
 - If program graduates do not routinely take the FSBPT exam, provide equivalent data.
 - **For Initial Accreditation only:** identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

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

1C3 Employment rates⁷ 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%.

Evidence of Compliance:

Narrative:

- Provide the two-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment and the number of graduates employed within one year of graduation.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

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

1C4 Students demonstrate entry-level clinical performance prior to graduation.

Evidence of Compliance:

Narrative:

- Describe the mechanisms used to determine entry-level performance of students prior to graduation.
- Provide evidence that each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience.

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.

⁷ **Employment rate:** The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist assistant within 1 year following graduation.

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- **For Initial Accreditation only:** indicate that students have not yet completed their last clinical experience and provide the expected timeframe to collect and analyze this data. Note: the program will be required to provide additional information prior to CAPTE's initial accreditation decision; please refer to Part 8 of CAPTE's Rules of Practice and Procedure, accessible at www.capteonline.org, for detailed information about what must be provided and the timing of the request.

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

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

Evidence of Compliance:

Narrative:

- For each goal related to program graduates 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 the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the graduates meet the program's expected graduate student outcomes.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

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

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

Evidence of Compliance:

Narrative:

- 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 the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the program meets its expected outcomes related to its mission and goals.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** indicate the expected timeframe to collect and analyze the program's expected outcome data.

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

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 assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Evidence of Compliance:

Narrative:

- Provide a description of the overall assessment process that summarizes the information in the program assessment matrix.
- Describe the overall strengths and weaknesses identified through analysis of cumulative assessment data. If other strengths and weakness have been identified, describe them and provide the source of evidence that led to that determination.
- Describe two examples of changes resulting from the assessment process within the last four years. For each example, describe the rationale for the change and describe the process, timeline and results (if available) of re-assessment to determine if the change resulted in program improvement.

Appendices & On-site Material: See SSR 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 and criteria meet the needs and expectations of the program.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the admission process and criteria meet the needs and expectations of the program.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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

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

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the optimum program enrollment considering resources, program outcomes and workforce needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet program and curricular needs.
- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective clinical education faculty meet program and curricular needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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

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 Compliance:

Narrative:

- Provide an analysis of the data collected and the conclusions drawn to determine the extent to which 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 (academic, counseling, health, disability, and financial aid services).
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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

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 Compliance:

Narrative:

- Provide an analysis of the information collected and the conclusions drawn 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.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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- 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 physical therapist assistants 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 Compliance:

Narrative:

- Describe how the curricular evaluation process considers the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system.
- Provide evidence that student achievement and graduate outcomes are used to assess the curriculum.
- Provide evidence that the curricular assessment includes a review of the required elements in Elements 6A through 6L.
- Describe how the clinical education component is assessed, including at minimum, the assessment of the number and variety of clinical sites and the appropriate length and placement within the curriculum.
- Identify the stakeholders from whom data is collected, the method(s) used to collect data, and the timing of the collection.
- Provide a summary of the outcome from the most recent curricular evaluation, including clinical education. Provide the identified strengths and weaknesses.
- Describe any curricular changes, including to clinical education, made within the last 4 years and provide the rationale for the change(s).

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

- 2D** The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe the short and long term planning process, including the opportunities for core faculty participation.
- 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.

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**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 Compliance:

Narrative:

- Identify the state agency from which the institution has authority to operate as an institution of higher education.
- Identify the state agency from which the institution has authority to offer the PTA program and to award the degree, if different from above.
- 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.

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

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 Compliance:

Narrative:

- State the agency that accredits the institution.
- Provide the date that the current institutional accreditation status was granted.
- If the institution has an accreditation status other than full accreditation, explain the reasons for the institutional accreditation status and the impact on the program.
- If in a collaborative arrangement, provide the above for the degree-granting institution.

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

3C Institutional policies⁸ 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 technical aspects of the physical therapist assistant program, including providing for reduction in teaching load for administrative functions.

Evidence of 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.
- Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist assistant 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 Self-study Report, assessment activities)
 - Requirements for 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

⁸ Policy: A general principle by which a program is guided in its management.

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- The unique needs of physical therapist assistant education, similar to those of other technical 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 SSR Instructions & Forms

3D Policies and procedures⁹ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Evidence of 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 SSR Instructions & Forms

3E Policies, procedures, and practices¹⁰ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty¹¹ and staff are written, disseminated, and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Provide an example of how policies are applied equitably.

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

3F Policies, procedures, and practices exist for handling complaints¹² that fall outside the realm of due process¹³, 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 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 and enrolled students, clinical education sites, employers of graduates, the general public).
- Describe how the records of complaints are, or would be, maintained by the program.

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

3G Program specific policies and procedures are compatible with institutional policies and with applicable law.¹⁴

Evidence of 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.

⁹ **Procedure:** A description of the methods, activities, or processes used to implement a policy.

¹⁰ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹¹ **Program faculty:** All faculty involved with the PTA program, including the Program Director, Core Faculty, Associated Faculty, and Clinical Education Faculty.

¹² **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.

¹³ **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.

¹⁴ **Applicable law:** Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

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- 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 SSR Instructions & Forms

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

- 3H1** maintenance of accurate information, easily accessible¹⁵ 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.¹⁶

Evidence of Compliance:

Narrative:

- Identify who is responsible for maintaining compliance with accreditation policies and procedures.
- Provide recent examples that demonstrate adherence to established policies and procedure.

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

¹⁵ **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.

¹⁶ This is a USDE requirement.

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**Standard 4:
The program faculty are qualified for their roles and effective in carrying out their
responsibilities.**

REQUIRED ELEMENTS:

Individual Academic Faculty¹⁷

4A Each core faculty¹⁸ member, including the program director and clinical education coordinator, has contemporary expertise¹⁹ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT/PTA content are licensed or regulated in any United States jurisdiction as a PT or PTA.

Evidence of 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:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - For core faculty who are PTs/PTAs and are teaching clinical PT content, identify if each holds a current license to practice as a PT or PTA in any United States 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; and
 - Provide 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);
 - 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 SSR Instructions & Forms

¹⁷ **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.

¹⁸ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the academic coordinator of clinical education (ACCE) and other faculty who report to the program director. 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 physical therapist assistants and may include others with expertise to meet specific curricular needs. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty may hold tenured, tenure track, or non-tenure track positions.

¹⁹ **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.

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4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time²⁰ (or equivalent) post-licensure clinical experience in physical therapy.

Evidence of Compliance:

Narrative:

- For each core faculty member, identify the number of years of full time (or equivalent), post-licensure clinical experience in physical therapy.

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

4C Each core faculty member has a record of institutional or professional service²¹.

Evidence of Compliance:

Narrative:

- Describe the program's and/or the institution's expectations related to service accomplishments for core faculty.
- Briefly summarize core faculty members' service activities.

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

4D Each associated²² faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

Evidence of Compliance:

Narrative:

- For each associated faculty who is responsible for 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 responsible for 50% or more of the course, 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.

Portal Fields: on the Associated Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
 - Provide 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; 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 SSR Instructions & Forms

²⁰ **Full-time:** 35 hours per week.

²¹ **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.

²² **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 program resides or in other units of the institution, but who have primary responsibilities in programs other than the PTA program.

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- 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, 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 Compliance:

Narrative:

- Describe the faculty evaluation process, including how it addresses teaching, service and any additional responsibilities.
- Provide a recent (within past five years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

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

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

Evidence of Compliance:

Narrative:

- Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.
- Describe and provide examples of development activities used by the program to address identified needs of associated faculty.

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

Program Director²³

- 4G** The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:

- a minimum of a master's degree;
- holds a current license/certification to practice as a PT or PTA in any United States jurisdiction;
- a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience;
- didactic and/or clinical teaching experience;
- experience in administration/management;
- experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.]

Evidence of Compliance:

Narrative:

- Describe how the program director meets the following qualifications:
 - is a physical therapist or physical therapist assistant;
 - holds a current license to practice as a PT or PTA in any United States 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 a master's degree;
 - a minimum of five years, full-time, post licensure experience that includes a minimum of 3 years of full-time clinical experience;
 - didactic and/or clinical teaching experience;
 - experience in administration/management; and
 - experience in educational theory and methodology, instructional design, student evaluation and outcome assessment; including the equivalent of nine academic credits of coursework in educational foundations. NOTE: if the program director does not have nine academic credits of coursework in educational foundations, and the program wishes to seek an exemption, provide a rationale for the equivalency of the program director's qualifications to meet the intent of this expectation.

²³ **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the physical therapist assistant education program's academic administrator: Chair, Director, Coordinator, etc.

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NOTE: Completion of APTA's Education Leadership Institute constitutes 9 academic credits.

Appendices & On-site Material: See SSR 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 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 responsibility, authority and effectiveness of the program director for assessment and planning.
- Describe the responsibility, authority and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning.
- Describe the responsibility, authority and effectiveness of the program director for faculty evaluation.
- Describe the process used to assess the program director as an effective leader.
- Provide evidence of effective leadership which might relate to:
 - A vision for physical therapist assistant education;
 - Understanding of and experience with curriculum content, design, and evaluation;
 - Employing strategies to promote and support professional development;
 - 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 short and long term 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;
 - Active role in institutional governance; and
 - Program accomplishments.

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

Clinical Education Coordinator²⁴

- 4I** The clinical education coordinator is a physical therapist or physical therapist assistant who **is licensed or regulated in any United States jurisdiction as a PT or PTA** and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice experience 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 PT or PTA program.

Evidence of 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.
- Describe how the clinical education coordinator meets the following qualifications:
 - Is a physical therapist or physical therapist assistant;
 - **Current license to practice as a PT or PTA in any United States 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; 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 or PTA program.

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

²⁴ **Clinical Education Coordinator:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, monitoring, and assessment 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.

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

Evidence of Compliance:

Narrative:

- Describe the process to assess the effectiveness of the clinical education coordinator(s).
- Describe the effectiveness of the clinical education coordinator(s) in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
 - Organizational, interpersonal, problem-solving and counseling skills; and
 - Ability to work with clinical education faculty (CCCEs and CIs) to address the diverse needs of the students.
- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
 - Describe how the clinical education faculty are informed of their responsibilities.
- Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
- Describe the process used to monitor that the academic regulations are upheld.
- Describe the methods used to assign students to clinical education experiences.
- Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.
- Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

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

Collective Academic Faculty

4K The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to program mission and institutional expectations and assigned program responsibilities.

Evidence of Compliance:

Narrative:

- Describe the institutional expectations for the academic preparation of faculty.
- Describe the blend of clinical specialization of the core and associated faculty in the program.
- Describe the effectiveness of the blend to meet program goals and expected outcomes as related to program mission and institutional expectations and to meet assigned program responsibilities.

Appendices & On-site Material: See SSR 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 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 used to verify that the academic regulations are upheld.
- Describe the process that would be used to address violations of academic regulations. Provide examples, if available.

Appendices & On-site Material: See SSR 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 Compliance:

Narrative:

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- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.
 - Provide examples of community of interest involvement in curriculum development, review and revision.
- Appendices & On-site Material: See SSR Instructions & Forms

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

Evidence of Compliance:

Narrative:

- Describe how the core faculty determine in which skills students are expected to be competent and safe.
- Describe the processes used by the core faculty to determine students are competent and safe in the skills identified by the 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 are not placed in the clinical setting without being determined to be competent and safe.
- Describe the criteria upon which the determination is made that each student is ready to engage in clinical education.
- **Describe what happens if a student is found to not be safe and ready to progress to clinical education.**
- Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

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

Clinical Education Faculty²⁵

4O Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, 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 Compliance:

Narrative:

- Describe how the program determines that clinical instructors are meeting 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 are monitored.
- Summarize the qualifications of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year (e.g., years of experience, specialist certification, or other characteristics expected by the program).
- Describe the program's expectations for clinical teaching effectiveness of the CIs.
- If not using the CPI Web, identify how CIs are trained in completing the tool to assess student performance.
- Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.
- Summarize the teaching effectiveness, including the ability to assess and document student performance, of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year.

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

²⁵ **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 assistant students must be a physical therapist or a physical therapist assistant; however this does not preclude a physical therapist assistant student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the supervision of other professionals, where permitted by law.

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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 diversity²⁶ of the student body.

Evidence of Compliance:

Narrative:

- Provide the planned class size and the rationale for it.
- Describe procedures for recruitment of students.
- Describe the admissions criteria for the program, including any special considerations used by the program.
- Describe the admission procedures.
- Describe procedures to maintain planned class size. Identify related policies to prevent over enrollment.
- Describe how the program ensures that the admission procedures are applied equitably, including how prospective students' rights are protected.
- 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 SSR 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 Compliance:

Narrative:

- Describe how the following information is provided to prospective and enrolled students:
 - 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, pass rates on licensing examinations;
 - Costs of the program (including tuition, fees, and refund policies);
 - Financial aid; and
 - Enrollment agreement, if used.
- Describe how the following information is communicated to enrolled students, including:
 - Process for filing complaint with CAPTE;
 - Job/career opportunities;
 - Availability of student services;
 - Health and professional liability insurance requirements;

²⁶**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).

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- 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 SSR Instructions & Forms

5C Enrollment agreements²⁷, 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 Compliance:

Narrative:

- Identify whether enrollment agreements are 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 SSR 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 Compliance:

Narrative:

- Describe how policies and procedures that affect students are disseminated to students and program faculty.
- Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.

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

5E Policies, procedures, and practices related to student retention,²⁸ student progression²⁹ 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 Compliance:

Narrative:

- Describe the mechanism by which students receive regular reports of academic performance and progress.

²⁷ **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.

²⁸ **Retention:** Maintenance of enrollment across multiple terms.

²⁹ **Progression:** Ability of students to enroll in subsequent courses based on defined expectations.

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- Describe the mechanism by which students receive regular reports of their clinical performance and progress, including the minimal expectations of the program for frequency of these reports.
- Describe the resources 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 support a diverse student body.

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

**Standard 6:
The program has a comprehensive curriculum plan.**

REQUIRED ELEMENTS:

- 6A** The comprehensive curriculum plan³⁰ is based on: (1) information about the contemporary practice³¹ 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 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 therapist assistant education, and to educational theory.
- Indicate whether the program is expected to utilize a state-mandated curriculum plan.

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

- 6B** The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based³².

Evidence of Compliance:

Narrative:

- Identify the general education and basic science courses required for the degree and explain how they prepare the student for the technical courses, or competencies if the program is competency based.

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

- 6C** The curriculum plan includes a description of the curriculum model³³ and the educational principles on which it is built.

Evidence of Compliance:

Narrative:

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

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

- 6D** 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 systems³⁴, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness.

³⁰**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.

³¹**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.

³²**Competency based education:** Education processes that focus more on what students learn, rather than where or how long the learning takes place. Instead of evaluating student progress on the amount of time spent in a classroom (using the credit hour, which is the default standard for measuring progress), students receive college credit based on their actual demonstration of skills learned. Competency-based education programs are often designed to allow students to learn and progress at their own pace.

³³**Curriculum model:** A general description of the organization of the technical curriculum content.

³⁴**Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems.

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The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated³⁵ and full-time terminal³⁶ experiences.

Evidence of Compliance:

Narrative:

- Describe how the courses are organized, sequenced, and integrated, including 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 prepare students to provide care to individuals with 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 & On-site Material: See SSR Instructions & Forms

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

Evidence of Compliance:

Narrative:

- Only response needed is to refer the reader to the course syllabi that are accessed from the WinZip file.

Note: for Initial Accreditation ONLY: provide the curriculum and syllabi for the charter class as CAPTE must make an accreditation decision based on their curriculum. If curricular changes have occurred since the program started, provide a summary of the changes and the rationale for the changes in Element 2C. Contact Accreditation Staff to discuss how to provide syllabi for current curriculum.

- **NOTE:** Each syllabus must include at least the following:
 - title and number;
 - description;
 - department offering course;
 - credit hours;
 - instructor(s);
 - clock hours (lecture and laboratory) and schedule;
 - course prerequisites;
 - course objectives;
 - outline of content and assigned instructor;
 - description of teaching methods and learning experiences;
 - methods of student evaluation/grading; and
 - textbook and other learning resources.

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

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.

6F The curriculum plan includes learning objectives³⁷ stated in behavioral terms that reflect the breadth and depth³⁸ of the course content and describe the level of student performance expected.

³⁵ **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.

³⁶ **Full time terminal clinical education:** Extended full-time experience that occurs at the end of the technical curriculum but may be followed by didactic activity that does not require additional clinical experiences.

³⁷ **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.

³⁸ **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

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Evidence of 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 & On-site Material: See SSR Instructions & Forms

6G The curriculum plan includes a variety of effective instructional methods³⁹ 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 Compliance:

Narrative:

- Describe the variety of instructional methods and learning experiences used 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 SSR Instructions & Forms

6H The curriculum plan includes a variety of effective tests and measures⁴⁰ and evaluation processes⁴¹ 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 Compliance:

Narrative:

- Describe the variety of evaluation mechanisms, including formative and summative, 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 ensures 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) used to assess student performance during clinical education experiences.
- Describe how the program ensures that students have achieved the objectives stated for each clinical education experience.

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

6I If the curriculum plan includes courses offered by distance education⁴² methods, the program provides evidence⁴³ that:

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).

³⁹ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of entry-level competence.

⁴⁰ **Tests and measures:** procedures used to obtain data on student achievement of expected learning outcomes.

⁴¹ **Evaluation processes:** Techniques used to determine the extent to which test data relate to overall student performance.

⁴² **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.

⁴³ Assessment of the quality of distance education is required by USDE.

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Evidence of Compliance:

Narrative:

- Describe the use of distance education methods in the curriculum, if any. If no distance education methods are used, state that for each Element 611 through Element 618.

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

611 faculty teaching by distance are effective in the provision of distance education;

Evidence of Compliance:

Narrative:

- Provide evidence that faculty teaching by distance are effective in the provision of distance education.

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

612 the rigor⁴⁴ of the distance education courses is equivalent to that of site-based courses;

Evidence of Compliance:

Narrative:

- Describe how the program ensures the rigor of the distance education courses.

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

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

Evidence of Compliance:

Narrative:

- Describe how the program ensures student performance in distance education courses meets the expectations described in course syllabi.

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

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

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to determine student identity during course activities and when testing occurs at a distance.

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

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

Evidence of Compliance:

Narrative:

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

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

616 there is a mechanism for maintaining student privacy as appropriate;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments).

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

617 students have been informed of any additional fees related to distance education; and

⁴⁴ **Rigor:** Expectations for student assignments, engagement in the course and performance.

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Evidence of 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 & On-site Material: See SSR Instructions & Forms

6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

Evidence of Compliance:

Narrative:

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

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

6J The curriculum plan includes clinical education experiences⁴⁵ for each student that encompass, but are not limited to:

6J1 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 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 monitors that each student has the required experiences.
- Describe the range of experiences other than those required that students have had.

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

6J2 practice in settings representative of those in which physical therapy is commonly practiced;

Evidence of Compliance:

Narrative:

- Describe the range of practice settings available.
- Describe the clinical education practice settings in which students are required to participate.
- Describe how the program monitors that each student has the required experiences.

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

6J3 involvement in interprofessional practice⁴⁶

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for involvement in interprofessional practice during clinical experiences.
- Provide evidence that students have opportunities for interprofessional practice.

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

6J4 participation as a member of the PT and PTA team; and

⁴⁵ **Clinical education experiences:** That aspect of the technical 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.

⁴⁶ **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).

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Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for participation as a member of the PT/PTA team during clinical experiences.
- Provide evidence that students have opportunities to participate as a member of the PT/PTA team during clinical experiences.

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

6J5 other experiences that lead to the achievement of the program's defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the program's expectation for other clinical education experiences that lead to the achievement of the program's expected student outcomes.
- Provide evidence that the students have these experiences.

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

6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters **or** 80 academic weeks **or** 104 calendar weeks, including 520-720 hours of clinical education.

Evidence of Compliance:

Narrative:

- Describe how the curriculum for the PTA program, including all general education, all pre-requisites and all technical education courses required for the degree, can be completed in no more than 5 semesters **or** 80 academic weeks **or** 104 calendar weeks.
- Identify the total number of contact hours allocated for clinical education.
- If the program is offered part-time, provide evidence that the credits and contact hours are the same as for full-time programs.

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

6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.

Evidence of Compliance:

Narrative:

- State the degree granted.

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

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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 assistant program curriculum requires a complement of academic general education⁴⁷ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education⁴⁸ coursework by the institution or program.

Evidence of Compliance:

Narrative:

- Describe where and how written communication, and biological, physical, behavioral and social sciences are included in the PTA curriculum. Note that the required academic general education coursework does not need to be a unique, individual course. The coursework can be contained within other courses. For example, physics coursework might be contained in a PTA kinesiology course.

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

- 7B** The physical therapist assistant program 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; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.

Evidence of Compliance:

Narrative:

- Describe where and how the clinical sciences content areas listed in the element are included in the PTA curriculum. Note that there is no requirement for discrete courses in each of these content areas.

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

- 7C** The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.

Evidence of Compliance:

Narrative:

- List the objectives that demonstrate how the curriculum prepares graduates to work under the direction and supervision of a physical therapist who directs and supervises the physical therapist assistant to perform selected interventions and the data collection techniques to carry out selected interventions.

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

⁴⁷ **Academic general education.** Academic general education courses place an emphasis on principles and theory not associated with a particular occupation or profession. Academic general education courses are those in written and oral communication; quantitative principles; natural and physical sciences; social and behavioral sciences; and humanities and fine arts that are designed to develop essential academic skills for enhanced and continued learning.

⁴⁸ **Applied general education:** Applied general education courses rely on technical course content to teach or demonstrate, what should be broader examination of concepts and ideas in a “true” general education course. Examples of applied general education might include: Pharmacology for the PTA (rather than Introduction to Pharmacology) or Applied Physics for the PTA (instead of Introduction or General Physics I).

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7D Courses within the curriculum include content designed to prepare program students to:

Evidence of Compliance:

Narrative:

- For each of the following elements:
 - Describe 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);
 - Provide 3-5 examples of course objectives that show the **highest** expected level of 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; and
 - Provide evidence that didactic introduction to content precedes all expectations for clinical performance; and
 - Describe outcome data, where available, that demonstrates the level of actual student achievement. **For Initial Accreditation ONLY**, describe how the program will determine the actual level of student achievement, including planned outcome data.
 - **For Initial Accreditation ONLY:** if curricular changes have occurred since the program started, provide the requested information based on the curriculum experienced by the charter class. Contact Accreditation Staff to discuss what additional information should be provided for the current curriculum.
- If the program teaches content beyond what is addressed in Elements 7D1-7D31, 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.

Note Starting with Self-study Reports submitted after June 30, 2016:

Responses to 7D23a-i and 7D24 a-n are to address each narrative bullet item for each intervention or test and measure identified. For example, response for 7D23c-Biophysical Agents is to address each narrative bullet for biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction, and light therapies listed. If applicable, refer the reader to previous element rather than duplicating a response. **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 provided that the chart is formatting in a manner that facilitates review.**

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

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** Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.
- 7D5** Perform duties in a manner consistent with APTA's *Values Based Behaviors for the Physical Therapist Assistant*.
- 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.

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- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.
- 7D9** Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.
- 7D10** Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.
- 7D11** Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14** Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Patient/Client Management

- 7D15** Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).
- 7D16** Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.

Plan of Care

- 7D17** Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.
- 7D18** Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.
- 7D19** Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.
- 7D20** Report any changes in patient/client status or progress to the supervising physical therapist.
- 7D21** Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.
- 7D22** Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.

Intervention⁴⁹

- 7D23** Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:
- a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization
 - b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices
 - c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies
 - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
 - e. Manual Therapy Techniques: passive range of motion and therapeutic massage
 - f. Motor Function Training (balance, gait, etc.)
 - g. Patient/Client Education
 - h. Therapeutic Exercise
 - i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal

Test and Measures⁵⁰

- 7D24** Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:
- a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)
 - b. Anthropometrical Characteristics: measurements of height, weight, length and girth
 - c. Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)
 - d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment

⁴⁹ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice* (2014).

⁵⁰ **Test and Measures:** Categories are adapted from the *Guide to Physical Therapist Practice* (2014).

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- e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility
 - f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue
 - g. Joint Integrity and Mobility: detect normal and abnormal joint movement
 - h. Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone
 - i. Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions
 - j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations
 - k. Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities
 - l. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device
 - m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others
 - n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics
- 7D25** Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.
- 7D26** Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.

Participation in Health Care Environment

- 7D27** Contribute to efforts to increase patient and healthcare provider safety.
- 7D28** Participate in the provision of patient-centered interprofessional collaborative care.
- 7D29** Participate in performance improvement activities (quality assurance).

Practice Management

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7D30 Describe aspects of organizational planning and operation of the physical therapy service.

7D31 Describe accurate and timely information for billing and payment purposes.

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 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. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.

Evidence of Compliance:

Portal Fields:

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

Narrative:

- Describe how the program determines the number of core faculty needed to accomplish all program activities delineated in the element.
- Describe the core faculty resources for the program.
- Provide evidence that the program employs at least two full-time core faculty members with the equivalent of 2 FTE dedicated⁵¹ to the PTA program. Provide evidence that one of the full-time core faculty members is a physical therapist.
- Identify the core faculty:student ratio⁵² and the average faculty:student lab ratio.
- Provide evidence that the core faculty workloads are within the defined workload policies.
- Describe how the faculty teaching and workloads for the program faculty are adequate to meet the program needs with regard to:
 - teaching, including coordination of associated faculty;
 - 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.

Appendices & On-site Material: See SSR 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 Compliance:

Narrative:

- Describe the secretarial/secretarial and technical support available to the program, including the secretarial/administrative support available for the clinical education program.

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

⁵¹ **Dedicated faculty:** Faculty members for whom the majority of their instructional and/or administrative work and contact hours are allocated to the PTA. While the Commission does not want to discourage individuals from seeking opportunities for growth and advancement within their institutions, the primary responsibility of core faculty must be to the needs of the program and its students.

⁵² **Core Faculty:Student ratio:** When determining this value, use (1) the number of full-time and part-time core faculty positions allocated to the program (regardless of the number of cohorts) and (2) the total number of students enrolled in the technical phase of the program (regardless of the number of cohorts).

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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 Compliance:

Portal Fields:

- Provide three years of allocations and expense data in the Portal section entitled *Income Statement*. Data must be provided for the academic year of the visit, the previous academic year and projected data for the next academic year. The form, Allocations and Expense Statements, can be used to collect the required data.

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 are used.
- Describe the process used to determine short- and long-term budgetary needs that are tied to the strategic planning process.

Appendices & On-site Material: See SSR 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 and service.

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

Evidence of Compliance:

Narrative:

- Describe the classroom and laboratory space consistently used by the program.
- Describe other classroom and laboratory space used by the program in the past two years, if different than that described in response to the first bullet.
- Describe how the space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.

Appendices & On-site Material: See SSR 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 Compliance:

Narrative:

- Describe the space available to the program for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

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

Evidence of Compliance:

Narrative:

- Identify the opportunities students have for access to laboratories for practice outside of scheduled class times.

Appendices & On-site Material: See SSR 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 Compliance:

Narrative:

- Provide a general description of the equipment and materials available for the support of the program, including equipment and supplies loaned by vendors or by facilities other than the institution.
- Describe the process used to ensure that equipment is in safe working order sufficient in number and reflective of contemporary PT practice.

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- Describe access to equipment being borrowed/loaned or used off-site; describe the contingency plan should borrowed/loaned equipment not be available for remediation and testing.
- Appendices & On-site Material: See SSR Instructions & Forms

8D5 Technology resources meet the needs of the program.

Evidence of Compliance:

Narrative:

- Describe how the program uses technology for instructional and other purposes.
- Describe how the available instructional technology meets the needs of the program.

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 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 SSR Instructions & Forms

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

Evidence of Compliance:

Narrative:

- Describe the process used by the program to determine that the clinical education sites offer experiences for the students consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education courses in the curriculum.
- Describe how the program ensures a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

Appendices & On-site Material: See SSR 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 Compliance:

Narrative:

- Briefly describe the provisions of the clinical education contracts used by the program.
- Describe how the program maintains the currency of written agreements with clinical education sites.
- Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

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

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

Evidence of Compliance:

Narrative:

- Briefly describe the academic, counseling, health, disability, and financial aid services available to program students.

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

Note: Accessibility of these services for students taking distance education courses is requested in 618.