

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF  
PHYSICAL THERAPIST EDUCATION PROGRAMS** (Revised 11/11/15; 3/4/16; 10/31/17; 12/7/17)

**Standard 1**

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

**REQUIRED ELEMENTS:**

**1A** The mission<sup>1</sup> of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation<sup>2</sup> of physical therapists.

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 therapists.

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

**1B** The program has documented goals<sup>3</sup> that are based on its mission, that reflect contemporary physical therapy education, research 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 practitioners, leaders in the profession);
  - Faculty (e.g., adding to the body of knowledge in physical therapy, achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
  - The program (e.g., contributing to the community, development of alternative curriculum delivery models).
- Describe how the goals reflect the program's stated mission.

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

**1C** The program meets required student achievement measures<sup>4</sup> and its mission and goals as demonstrated by actual program outcomes.

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

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.

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<sup>1</sup> **Mission:** A statement that describes why the physical therapist education program exists, including a description of any unique features of the program. [The mission is distinct from the program's goals, which indicate how the mission is to be achieved.]

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

<sup>3</sup> **Goals:** The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

<sup>4</sup> **Graduate and Student Achievement Measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

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

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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 rates<sup>6</sup> 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 rates<sup>7</sup> 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.
- **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

<sup>6</sup> **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.

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

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Practice and Procedure, accessible at [www.capteonline.org](http://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, provide response to first two bullets 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:** provide response to first two bullets and 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, criteria and prerequisites 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, criteria and prerequisites 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.

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

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

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Evidence of Compliance:

Narrative:

- Describe how the curricular evaluation process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system.
- 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 6M.
- 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 four years and provide the rationale for the change(s).

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

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

Evidence of Compliance:

Narrative:

- Describe the strategic 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.

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

**Standard 3:  
The institution and program operate with integrity.**

**REQUIRED ELEMENTS:**

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

Evidence of 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 PT 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 a regional accrediting agency 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.
- For institutions in countries other than the United States that are not accredited by a US regional accreditation agency:
  - Identify the agency or agencies that provide the authorization for the institution to provide (1) post-secondary education and (2) the professional physical therapy program and indicate the dates such authorization was received. Provide contact information, including address, phone number and email address.
  - State the institution's current accreditation status or provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.
  - Provide evidence that the accrediting agency fulfills functions similar to those of US regional accrediting agencies.
  - If the institution has an accreditation or external review status other than full accreditation of approval, describe the impact, if any, of the current institutional status on the program.

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

**3C** Institutional policies<sup>8</sup> related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including 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.

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<sup>8</sup> **Policy:** A general principle by which a program is guided in its management.



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

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

### 3D Policies and procedures<sup>9</sup> 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 practices<sup>10</sup> that affect the rights, responsibilities, safety, privacy, and dignity of program faculty<sup>11</sup> 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 complaints<sup>12</sup> that fall outside the realm of due process<sup>13</sup>, 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

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

<sup>10</sup> **Practices:** Common actions or activities; customary ways of operation or behavior.

<sup>11</sup> **Program faculty:** All faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty.

<sup>12</sup> **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.

<sup>13</sup> **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.



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**3G** Program specific policies and procedures are compatible with institutional policies and with applicable law.<sup>14</sup>

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.
- 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 accessible<sup>15</sup> 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.<sup>16</sup>

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

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

<sup>15</sup> **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.

<sup>16</sup> This is a USDE requirement.

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

**REQUIRED ELEMENTS:**

**Individual Academic Faculty<sup>17</sup>**

**4A** Each core faculty<sup>18</sup> member, including the program director and clinical education coordinator, has doctoral preparation<sup>19</sup>, contemporary expertise<sup>20</sup> in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in any United States jurisdiction as a PT. For CAPTE accredited programs outside the United States, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in accordance with their country's regulations. (PROVISO: CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree<sup>21</sup> program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)

Evidence of Compliance:

Narrative:

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

Portal Fields: on the Core Faculty Information Page:

- In completing the Qualifications box on this Portal page:
  - Identify each core faculty's doctoral preparation.
    - 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 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);

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<sup>17</sup> **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.

<sup>18</sup> **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the director of clinical education (DCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty.

<sup>19</sup> **Doctoral preparation:** Earned doctorate, including the DPT.

<sup>20</sup> **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.

<sup>21</sup> **Academic doctoral degree:** A PhD or other doctoral degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial scholarly achievement. Definition adapted from IPED definition found at <http://nces.ed.gov/ipeds/glossary/?charindex=D>; last accessed 1/12/15.

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- 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

**4B** Each core faculty member has a well-defined, ongoing scholarly agenda<sup>22</sup> that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Evidence of Compliance:

Narrative:

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

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

**4C** Each core faculty member has a record of institutional or professional service<sup>23</sup>.

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 associated<sup>24</sup> 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;

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<sup>22</sup> **Scholarly agenda:** A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues.

<sup>23</sup> **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.

<sup>24</sup> **Associated Faculty:** Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides or in other units of the institution, but who have primary responsibilities in programs other than the professional program.

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- 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

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

Evidence of Compliance:

Narrative:

- Describe the faculty evaluation process, including how it addresses teaching, service, scholarship 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 Director<sup>25</sup>

- 4G** The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:
- is a physical therapist who is licensed or regulated in any United States jurisdiction as a PT. For CAPTE accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations;
  - has an earned academic doctoral degree (program directors who have been determined by CAPTE as of January 1, 2016 to meet the 2006 Evaluative Criteria expectations without an academic doctoral degree may seek an exemption from this expectation);
  - holds the rank of associate professor, professor, clinical associate professor, or clinical professor;
  - has a minimum of six years of full time<sup>26</sup> higher education experience, with a minimum of three years of full-time experience in a physical therapist education program.

<sup>25</sup> **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program's academic administrator: Dean, Chair, Director, Coordinator, etc.

<sup>26</sup> **Full time:** 35 hours/week

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Evidence of Compliance:

Narrative:

- Describe how the program director meets the following qualifications:
  - is a physical therapist;
  - holds a current license to practice as a PT 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;
  - has an earned academic doctoral degree;
  - has the rank of associate professor, professor, clinical associate professor, or clinical professor; and
  - has a minimum of six years of full time higher education experience, with a minimum of three years of full-time experience in a physical therapist education program.
- If the program director does not have an earned academic doctoral degree, but has been determined by CAPTE to meet the 2006 Evaluative Criteria, 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.

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 professional 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 strategic planning;
  - Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
  - Effective management of human and fiscal resources;
  - Commitment to lifelong learning;
  - Active role in institutional governance; and
  - Program accomplishments.

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

## Clinical Education Coordinator<sup>27</sup>

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

Evidence of Compliance:

<sup>27</sup> **Clinical Education Coordinator:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, and monitoring of the clinical education component of the curriculum. The clinical education coordinator(s) is/are the faculty member(s) of record for the clinical education courses. NOTE: the term is intentionally generic; programs are free to use any appropriate title.

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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;
  - Current license to practice **as a PT 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 program.

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

**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 with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations and assigned program responsibilities.

Evidence of Compliance:

Narrative:

- Describe the institutional expectations for doctoral preparation of faculty.
- Indicate the percentage of core faculty who hold an academic doctoral degree. If less than 50% of the core faculty hold an academic doctoral degree, provide the plan and timeline to meet this expectation.
- 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.



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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:

- 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 Faculty**<sup>28</sup>

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

Evidence of 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.

<sup>28</sup>**Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the secondary supervision of other professionals, where permitted by law.



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- 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

**Standard 5**

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

**REQUIRED ELEMENTS:**

**5A** Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity<sup>29</sup> 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;
  - Information about the curriculum;

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<sup>29</sup>**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 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 agreements<sup>30</sup>, 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,<sup>31</sup> student progression<sup>32</sup> 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.

<sup>30</sup> **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.

<sup>31</sup> **Retention:** Maintenance of enrollment across multiple terms.

<sup>32</sup> **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 plan<sup>33</sup> is based on: (1) information about the contemporary practice<sup>34</sup> 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 therapy professional education, and to educational theory.

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

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

Evidence of Compliance:

Narrative:

- If the program requires a baccalaureate degree prior to admission, a statement to that effect is the only response required.
- If the program does not require a baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of course work, including upper division courses in at least one content area that is the equivalent of a minor at the institution.

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

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

Evidence of Compliance:

Narrative:

- Identify the prerequisite course work and describe the rationale for inclusion of each specific prerequisite course, including the knowledge and skills that students are expected to possess upon entrance into the professional program.
- Analyze the adequacy of the prerequisite course work to prepare students to be successful in the professional program.

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

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<sup>33</sup> **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.

<sup>34</sup> **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.

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**6D** The curriculum plan includes a description of the curriculum model<sup>35</sup> 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

**6E** The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems<sup>36</sup>, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated<sup>37</sup> and full-time<sup>38</sup> terminal 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.
- **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. Summarize curricular changes, including rationale for changes, in Element 2C.

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

**6F** The didactic and clinical curriculum includes interprofessional education<sup>39</sup>; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this element will become effective January 1, 2018.

Narrative:

- Describe learning activities that involve students, faculty and/or practitioners from other health care professions.
- Describe the effectiveness of the learning activities in preparing students and graduates for team-based collaborative care.

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

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<sup>35</sup> **Curriculum model:** A general description of the organization of the professional curriculum content.

<sup>36</sup> **Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems.

<sup>37</sup> **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.**

<sup>38</sup> **Full time terminal clinical education:** Extended full-time experience that occurs at the end of the professional curriculum but may be followed by didactic activity that does not require additional clinical experiences.

<sup>39</sup> **Interprofessional Education:** Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002)

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**6G** 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.

**6H** The curriculum plan includes learning objectives<sup>40</sup> stated in behavioral terms that reflect the breadth and depth<sup>41</sup> of the course content and describe the level of student performance expected.

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

**6I** The curriculum plan includes a variety of effective instructional methods<sup>42</sup> 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

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<sup>40</sup> **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.

<sup>41</sup> **Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

<sup>42</sup> **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

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**6J** The curriculum plan includes a variety of effective tests and measures<sup>43</sup> and evaluation processes<sup>44</sup> 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

**6K** If the curriculum plan includes courses offered by distance education<sup>45</sup> methods, the program provides evidence<sup>46</sup> that:

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 6K1 through Element 6K8.

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

**6K1** 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.

**6K2** the rigor<sup>47</sup> 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

**6K3** 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.

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<sup>43</sup> **Tests and measures:** Procedures used to obtain data on student achievement of expected learning outcomes.

<sup>44</sup> **Evaluation processes:** Methods and activities to determine the extent to which student test data relate to overall student performance.

<sup>45</sup> **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.

<sup>46</sup> Assessment of the quality of distance education is required by USDE.

<sup>47</sup> **Rigor:** Expectations for student assignments, engagement in the course and performance.



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

**6K4** 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

**6K5** 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

**6K6** 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

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

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

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

Evidence of 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

**6L** The curriculum plan includes clinical education experiences<sup>48</sup> for each student that encompass, but are not limited to:

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

Evidence of Compliance:

Narrative:

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<sup>48</sup> **Clinical education experiences:** That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

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- 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

**6L2** 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

**6L3** involvement in interprofessional practice<sup>49</sup>

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

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

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for direction and supervision of physical therapist assistants and other physical therapy personnel during clinical experiences.
- Provide evidence the students have an opportunity for direction and supervision of PTAs or other physical therapy personnel.

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

**6L5** 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

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

Evidence of Compliance:

Narrative:

- Identify the length of the program in semesters (or equivalent) and in semester credit hours (or equivalent).
- Identify the number of weeks of full time clinical education.

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<sup>49</sup> **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).

<sup>50</sup> **6 semesters:** As of 2014, the average length of professional programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent.

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- If program is offered part-time, provide evidence that the credits and contact hours are the same as for the full-time programs.

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

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

Evidence of Compliance:

Narrative:

- State the degree granted.

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

**Standard 7**

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

**REQUIRED ELEMENTS:**

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

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated biological and physical sciences content areas is included in the professional curriculum. Do not include prerequisite courses.

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

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

Evidence of Compliance:

Narrative:

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

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

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

Evidence of Compliance:

Narrative:

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

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

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

Evidence of 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 a maximum of 5 examples of course objectives that demonstrate the highest expected level of student performance, include course **prefix and number, course name, objective number and the full wording of the objective**. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives; and

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- 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 7D1-7D43, identify the content, where and how it is taught and the highest expected performance level. If being taught to competency, identify how and where competency is tested.

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

### Professional Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Practice in a manner consistent with the APTA *Code of Ethics*.
- 7D5** Practice in a manner consistent with the APTA *Core Values*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
- 7D9** Access and critically analyze scientific literature.
- 7D10** Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
- 7D11** Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14** Advocate for the profession and the healthcare needs of society through legislative and political processes.
- 7D15** Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

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Patient/Client Management

Screening

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

Examination, Evaluation and Diagnosis

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

**7D18** Perform systems review<sup>51</sup>.

**7D19** Select, and competently administer tests and measures<sup>52</sup> appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:

- a. Aerobic Capacity/Endurance
- b. Anthropometric Characteristics
- c. Assistive Technology
- d. Balance
- e. Circulation (Arterial, Venous, Lymphatic)
- f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
- g. Cranial and Peripheral Nerve Integrity
- h. Environmental Factors
- i. Gait
- j. Integumentary Integrity
- k. Joint Integrity and Mobility
- l. Mental Functions
- m. Mobility (including Locomotion)
- n. Motor Function
- o. Muscle Performance (including Strength, Power, Endurance, and Length)
- p. Neuromotor Development and Sensory Processing
- q. Pain
- r. Posture
- s. Range of Motion
- t. Reflex Integrity
- u. Sensory Integrity
- v. Skeletal Integrity
- w. Ventilation and Respiration or Gas Exchange

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

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

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

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<sup>51</sup> **Systems Review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

<sup>52</sup> **Test and Measures:** The list is adapted from the *Guide to Physical Therapist Practice (2014)*.

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Prognosis and Plan of Care

- 7D23** Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
- 7D24** Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.
- 7D25** Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.
- 7D26** Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention<sup>53</sup>

- 7D27** Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
- a. Airway Clearance Techniques
  - b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
  - c. Biophysical Agents
  - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
  - e. Integumentary Repair and Protection
  - f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
  - g. Motor Function Training (balance, gait, etc.)
  - h. Patient/Client education
  - i. Therapeutic Exercise

Management of Care Delivery

- 7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- 7D29** Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.
- 7D30** Monitor and adjust the plan of care in response to patient/client status.
- 7D31** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.
- 7D32** Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

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<sup>53</sup> **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014)*.



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- 7D33** Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35** Provide care through direct access.
- 7D36** Participate in the case management process.

Participation in Health Care Environment

- 7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38** Participate in activities for ongoing assessment and improvement of quality services.
- 7D39** Participate in patient-centered interprofessional collaborative practice.
- 7D40** Use health informatics<sup>54</sup> in the health care environment.
- 7D41** Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

- 7D42** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
- 7D43** Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

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<sup>54</sup> As defined by the U.S. National Library of Medicine, **health informatics** is the interdisciplinary study of the design, development, adoption, and application of IT-based innovations in healthcare services delivery, management, and planning. **Medical Informatics**, physician, **Health IT**. Jan 7, 2014

**Standard 8**

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

**REQUIRED ELEMENTS:**

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

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.
- Identify the core faculty:student ratio<sup>55</sup> 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;
  - scholarship;
  - program administration;
  - administration of the clinical education program;
  - institutional and program committee and governance activities;
  - student advising;
  - any expectations related to student recruitment and admissions process; and
  - other institutional and program responsibilities.

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/administrative 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

**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.

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<sup>55</sup> **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 professional phase of the program (regardless of the number of cohorts).

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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, scholarship 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.

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

**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.
- 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.

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

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

Evidence of Compliance:

Narrative:

- Describe the scholarship equipment and space needs of each core faculty member.
- Describe the scholarship equipment and space to which core faculty have access.

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

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

Evidence of 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 students for their roles and responsibilities as physical therapists.

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 6K8.