

PROPOSED SRE CHANGES-CALL FOR COMMENT-JAN 2019

Current SRE	Proposed Changes	Rationale	Frequency of Citations Reaffirmation 5/2016-10/2017 # (%) PT Total Programs 34 PTA Total Programs 52
1A The mission ¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation ² of physical therapists.			PT 0 (0) PTA 0 (0)
1B The program has documented goals ³ that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.	<p>1B The program has documented goals⁴ and expected outcomes.</p> <p>1B1 The program has documented goals and expected outcomes that are based on its mission and reflect contemporary physical</p>	Frequency of citations is high as programs struggle with the connection of goals and outcomes especially when separated in the SREs.	1B PT 1 (2.9) PTA 7 (13.5) 1C5 PT 5 (14.7)

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

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

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

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	<p>therapy education, research and practice.</p> <p>1B2 The program meets expected outcomes that lead to achievement of program goal(s).</p> <p>Evidence of Compliance:</p> <ul style="list-style-type: none"> • In the table for 1B1 provide an analysis of the extent to which the program meets its expected outcomes. • If the program has more than one cohort which includes an expansion, provide an analysis for each cohort. • For Initial Accreditation only: indicate the expected timeframe to collect and analyze the program’s expected outcome data 	<p>Pulling the SREs together and uploading in a table should provide clarity of expectations.</p>	<p>PTA 5 (9.6)</p> <p>1C6</p> <p>PT 3 (8.8)</p> <p>PTA 8 (15.4)</p>
<p>1C The program meets required student achievement measures⁵ and its mission and goals as demonstrated by actual program outcomes.</p> <p>1C1 (PT) Graduation rates⁶ 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</p>			<p>PT 0 (0)</p> <p>PTA 0 (0)</p>

⁵ **Graduate and Student Achievement Measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

⁶ **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.

<p>program to meet the expectation for a two-year graduation rate of at least 80%.</p>			
<p>1C The program meets required student achievement measures⁷ and its mission and goals as demonstrated by actual program outcomes.</p> <p>1C1 (PTA) Graduation rates⁸ are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.</p>			
<p>PT Only 1C2 Ultimate licensure pass rates⁹ 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</p>	<p>PT Only 1C2 Ultimate licensure pass rates¹⁰ are at least 85%<u>90%</u>, 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%<u>90%</u>.</p>	<p>“Each cohort” is bolded to assure that data for each cohort is provided.</p> <p>Rationale for 90% is to provide a reach to achieve a higher quality</p>	<p>PT 0 (0)</p>

⁷ **Graduate and student achievement measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

⁸ **Graduation Rate:** The percentage of students who are matriculated in the first technical course in the program after the add/drop period and who complete the program.

⁹ **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.

¹⁰ **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.

<p>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%.</p>	<p>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 8590%.</p>	<p>of physical therapist education and competency.</p>	
<p>PTA Only 1C2 Ultimate licensure pass rates¹¹ 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%.</p>			<p>PTA 2 (3.8)</p>
<p>1C3 Employment rates¹² 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</p>			<p>PT 0 (0) PTA 2 (3.8)</p>

¹¹ **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.

¹² **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.

	two-year employment rate of at least 90%.			
1C4	Students demonstrate entry-level clinical performance prior to graduation.			PT 0 (0) PTA 9 (17.3)
1C5	The program graduates meet the expected outcomes as defined by the program.	Eliminated—included in 1B		
1C6	The program meets expected outcomes related to its mission and goals.	Eliminated—included in 1B		
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.	2A The program has documented and implemented on-going, formal, and comprehensive assessment processes for 2B Elements that are designed to determine program effectiveness and used to foster program improvement.	Added “2B Elements” for clarification of the expectations related to all program components.	PT 4 (11.8) PTA 18 (34.6)
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.			PT 2 (5.9) PTA 15 (28.8)
2B2	program enrollment appropriately reflects available resources, program outcomes and workforce needs.			PT 2 (5.9) PTA 15 (28.8)

<p>2B3 the collective core, associated and clinical education faculty meet program and curricular needs.</p>			<p>PT 2 (5.9) PTA 13 (25)</p>
<p>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.</p>			<p>PT 4 (11.8) PTA 10 (19.2)</p>
<p>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.</p>			<p>PT 0 (0) PTA 12 (23.1)</p>

<p>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.</p>	<p>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, the appropriate length and placement within the curriculum and if state authorization(s) are secured where needed.</p>	<p>Expectation related to distance education will be added to evidence as required element for distance education is proposed to be eliminated.</p> <p>State authorization is covered in Standard 3 so does not need to be repeated here or included in the curriculum assessment plan.</p>	<p>PT 8 (23.5) PTA 17 (32.7)</p>
<p>PT 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.</p>			<p>PT 3 (8.8)</p>

<p>PTA 2D The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.</p>			PTA 9 (17.3)
<p>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.</p>	<p>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. State authorization includes approval to offer distance education and/or clinicals in states other than where the program is located with notification to students whether the program will meet the education requirements necessary for students to pursue licensure in the states in which they intend to practice. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.</p> <p>(NOTE: States and institutions that are recognized by SARA meet the conditions related to distance education.)</p>	<p>U. S. Department of Education (ED) regulations affecting state authorization of distance education, issued in December, 2016 that were to take effect on July 1, 2018, addressed with considerable complexity the obligations of institutions to make certain notifications to students enrolling in programs intended to lead to professional licensure. While those rules have now been delayed until 2020 (ED has scheduled additional negotiated rulemaking), the underlying issue of appropriately informing students whether their successful completion of the program in which they are enrolling will enable or qualify them to take professional licensing exams necessary to practice their chosen professional discipline in the location they intend remains.</p>	<p>PT 1 (2.9) PTA 2 (3.8)</p>

		<p>This issue has grown in importance with the expansion of interstate distance education. It is now common for a student living in one state to enroll in a nursing program (for example), offered by an institution from another state, with the intention of becoming a licensed nurse in the state in which the student is located while enrolled in the program – or even a third state. If the program offered by the institution does not satisfy the requirements of the board of nursing in the state in which the student intends to work as a nurse, the student’s goals are thwarted and the institution in whose program the student enrolls is at potential legal and financial risk.</p> <p>Providing appropriate notifications to students is a concern those of us working in postsecondary distance education should all share, for at least three reasons.</p> <ul style="list-style-type: none">• First, it should be a moral obligation for every responsible institution: simply put, it’s the right thing to do. Before beginning study, students should know whether their successful	
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		<p>completion of a particular academic program will meet the education requirements necessary for them to pursue licensure in the state in which they intend to practice. If it won't, they can make other choices.</p> <ul style="list-style-type: none">• Second, while the highly specific language of now-delayed ED rules is not now in place, other, more general expectations about misrepresentation, transparency and notification obligations of ED, accreditors, states and NC-SARA remain in effect¹. [For federal requirements, see especially 34 CFR 668.71 and 668.72(c); 34 CFR 668.43(b) and 34 CFR 602.17(g)(2).]• And lastly, failure to satisfactorily address these issues leaves institutions at significant legal and financial risk	
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		Source: http://www.nc-sara.org/content/notifyin-g-students-about-professional-licensure-issues	
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).	3B The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA). 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).	Until recently, there were only regional accreditors who accredited doctoral degree granting institutions. There is now a national accreditor recognized by CHEA that accredits doctoral degree granting institutions.	PT 0 (0) PTA 0 (0)
3C Institutional policies ¹³ 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.	3C Institutional policies ¹⁴ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including, but not limited to, providing for reduction in teaching load for administrative functions.	It needs to be clear that not just teaching workload policies are included in this SRE as well as variations from institution policies.	PT 8 (23.5) PTA 6 (11.5)
3D Policies and procedures ¹⁵ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.			PT 0 (0) PTA 1 (1.9)

¹³ **Policy:** A general principle by which a program is guided in its management.

¹⁴ **Policy:** A general principle by which a program is guided in its management.

¹⁵ **Procedure:** A description of the methods, activities, or processes used to implement a policy.

<p>3E Policies, procedures, and practices¹⁶ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty¹⁷ and staff are written, disseminated, and applied consistently and equitably. Evidence of Compliance:</p>	<p>3E Policies, procedures, and practices¹⁸ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty,¹⁹ and staff <u>and patients/human subjects</u> are <u>written and</u> applied consistently and equitably.</p>	<p>Change is to be clear that all policies/procedures/practices need to be written. Programs need to be accountable for the rights of patients/human subjects as well as faculty and staff.</p>	<p>PT 0 (0) PTA 0 (0)</p>
<p>3F Policies, procedures, and practices exist for handling complaints²⁰ that fall outside the realm of due process²¹, 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.</p>	<p>3F <u>The program implements, and makes available a complaints policy that includes procedures for how informal and formal complaints may be filed, including a prohibition of retaliation following complaint submission, within the program/institution and also directly to CAPTE. The program maintains a chronological record of such complaints, including how each complaint was resolved.</u></p>	<p>Input from accreditors other than CAPTE state that having a complaint process for those outside due process is unique to CAPTE. In consultation with an accreditation attorney, this change is being proposed. Change was proposed to improve the clarity of how complaints are to be documented.</p>	<p>PT 1 (2.9) PTA 3 (5.8)</p>

¹⁶ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹⁷ **Program faculty:** All faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty.

¹⁸ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹⁹ **Program faculty:** All faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty.

²⁰ **Complaint:** A concern about the program, expressed by students or others with a legitimate relationship to the program such as patients, the subject of which is not among those that are addressed through the institution's formal due processes.

²¹ **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.

<p>3G Program specific policies and procedures are compatible with institutional policies and with applicable law.²²</p>			<p>PT 1 (2.9) PTA 2 (3.8)</p>
<p>3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:</p> <p>3H1 maintenance of accurate information, easily accessible²³ to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;</p> <p>3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;</p> <p>3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;</p> <p>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</p>			<p>PT 0 (0) PTA 1 (1.9)</p>

²² **Applicable law:** Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

²³ **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.

<p>3H5 coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.²⁴</p>			
<p>PT 4A Each core faculty²⁵ member, including the program director and clinical education coordinator, has doctoral preparation²⁶, contemporary expertise²⁷ 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 degree²⁸ program</p>	<p>4A Each core faculty²⁹ member, including the program director and clinical education coordinator, has doctoral preparation³⁰, foundational and contemporary expertise³¹ 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 and the state where the program is located if required by that state's jurisdiction. For CAPTE accredited programs outside the United States, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in accordance with their country's regulations. (PROVISO: CAPTE 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 degree³² program on that</p>	<p>It needs to be clear that foundational expertise is beyond entry level preparation. For example, foundation is more than having taken an anatomy course to teach anatomy.</p> <p>Some states require that faculty be licensed in the state where the program is located.</p>	<p>PT 6 (17.6)</p>

²⁴ This is a USDE requirement.

²⁵ **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.

²⁶ **Doctoral preparation:** Earned doctorate, including the DPT.

²⁷ **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.

²⁸ **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

<p>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.)</p>	<p>date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)</p>		
<p>PTA 4A Each core faculty³³ member, including the program director and clinical education coordinator, has contemporary expertise³⁴ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT/PTA content are actively licensed or regulated in any United</p>	<p>4A Each core faculty³⁵ member, including the program director and clinical education coordinator, has contemporary expertise³⁶ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT/PTA content <u>hold an active, unrestricted license in good standing or regulated</u> in any United States jurisdiction as a PT or PTA <u>and the state where the program is located if</u></p>	<p>The faculty chart was revised to add clarity. The delineation that licenses need to be active and unrestricted is to assure faculty involved in clinical education are licensed without any restrictions to practice.</p> <p>Some states require that</p>	<p>PTA 5 (9.6)</p>

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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³² **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.

³³ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the academic coordinator of clinical education (ACCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and physical therapist assistants and may include others with expertise to meet specific curricular needs. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty may hold tenured, tenure track, or non-tenure track positions.

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States jurisdiction as a PT or PTA.	required by that state's jurisdiction.	faculty be licensed in the state where the program is located.	
<p>PT</p> <p>4B Each core faculty member has a well-defined, ongoing scholarly agenda³⁷ 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.</p>	<p>4B Each core faculty member has a well-defined, ongoing scholarly agenda³⁸ 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. The expectation is that faculty have minimally 5 separate and distinctly unique scholarly products that undergo a formal peer review process (internal or external) in the past 10 years as evidenced by Core Faculty Scholarship Form.</p>	This change is proposed to clarify the scholarship expectations. The word “unique” is intended to prevent people from double and triple counting a single project (poster, presentation, manuscript, etc).	PT 10 (29.4)

³⁷ **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.

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<p>PTA 4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time³⁹ (or equivalent) post-licensure clinical experience in physical therapy.</p>			PTA 2 (3.8)
<p>4C Each core faculty member has a record of institutional or professional service⁴⁰.</p>			PT 0 (0) PTA 0 (0)
<p>4D Each associated⁴¹ faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.</p>			PT 0 (0) PTA 6 (11.5)
<p>PT 4E</p>	<p>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.</p>		PT 3 (8.8)

³⁹ **Full-time:** 35 hours per week.

⁴⁰ **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.

⁴¹ **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.

<p>PTA 4E</p>	<p>4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.</p>		<p>PTA 15 (28.8)</p>
<p>4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.</p>	<p>4F Regular evaluation occurs and results in a plan to address identified needs of associated faculty and those responsible for working with students in the lab (such as, but not limited to, lab assistants, residents, fellows) who are responsible for 50% or more of the contact hours in any one course AND/OR have significant responsibility in 2 or more courses.</p>	<p>This change clarifies which associated faculty need to be evaluated.</p>	<p>PT 2 (5.9) PTA 12 (23.1)</p>
<p>PT 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:</p> <ul style="list-style-type: none"> • 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 	<p>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. In addition to meeting the qualifications in 4A, the qualifications include all of the following:</p> <ul style="list-style-type: none"> • is a physical therapist who is licensed or holds an active, unrestricted license and is in good standing regulated in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction. as a PT. For CAPTE accredited programs outside the United States, the program director is licensed or regulated as a 	<p>Programs have submitted program directors who meet all of 4G, but not 4A.</p>	<p>PT 0 (0)</p>

<ul style="list-style-type: none"> 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 time⁴² higher education experience, with a minimum of three years of full-time experience in a physical therapist education program. 	<p>PT in accordance with their country's regulations;</p> <ul style="list-style-type: none"> has an earned academic doctoral degree or previous CAPTE exemption (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 higher education experience, with a minimum of three years of full time experience as a core faculty member in a CAPTE accredited entry level physical therapist education program. 		
<p>PTA</p> <p>4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education.</p> <p>These qualifications include all of the following:</p> <ul style="list-style-type: none"> a minimum of a master's degree; holds a current license/certification to practice as a PT or PTA in any United States jurisdiction; 	<p>PTA</p> <p>4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. In addition to meeting the qualifications in 4A, the qualifications also include all of the following:</p> <ul style="list-style-type: none"> a minimum of a master's degree; holds an active, unrestricted license and is in good standing holds an active current active license/certification to 	<p>Provides options for meeting expectation.</p> <p>The post licensure clinical experience needs to be in a US jurisdiction in order to adequately understand the role of the PT/PTA.</p> <p>Programs have submitted program directors who meet all of 4G, but not 4A.</p>	<p>PTA 1 (1.9)</p>

⁴² Full time: 35 hours/week

<ul style="list-style-type: none"> • a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience; • didactic and/or clinical teaching experience; • experience in administration/management; • experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.] 	<p>practice as a PT or PTA in any United States jurisdiction <u>and the state where the program is located if required by that state’s jurisdiction.</u>;</p> <ul style="list-style-type: none"> • a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience <u>within any US jurisdiction</u>; • didactic and/or clinical teaching experience; • experience in administration/management; • <u>a minimum of 3 years of full time didactic experience in educational theory and methodology, instructional design, student evaluation and outcome assessment</u>; • <u>the equivalent of nine semester credits of coursework in educational foundations that include educational theory and methodology, instructional design, student evaluation and outcome assessment or a portfolio reflecting prior faculty leadership success with good student outcomes that would equate to the required 9 credits.</u> • [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.] <p>NOTE: Completion of APTA’s Education Leadership Institute constitutes 9 academic credits.</p>	<p>The delineation that licenses need to be active and unrestricted is to assure faculty involved in clinical education are licensed without any restrictions to practice.</p> <p>Some states require that faculty be licensed in the state where the program is located.</p> <p>The nine credits is required so should be a separate item.</p> <p>A minimum of 3 years of full time didactic assures that the Program Director has foundational teaching experience prior to taking on the role of Program Director.</p> <p>There is a need to consider prior faculty leadership success with good student outcomes that would equate to the required 9 academic credits.</p>	
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<p>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.</p>			<p>PT 1 (2.9) PTA 8 (15.4)</p>
<p>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.</p>	<p>4I The clinical education coordinator is a physical therapist who <u>holds an active, unrestricted</u> is licensed <u>and is in good standing</u> or regulated in any United States jurisdiction as a PT <u>and the state where the program is located if required by that state's jurisdiction</u> <u>and has with</u> a minimum of three years of full-time post-licensure clinical practice. <u>These 3 years must include a minimum of</u> Two two years of clinical practice that must include <u>two</u> years of experience as a CCCE or CI in physical therapy, or <u>and a</u> minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program. <u>These experiences can occur concurrently within the same 3 years of clinical practice.</u> For CAPTE accredited programs outside the United States, the clinical education coordinator is licensed or regulated in accordance with their country's regulations.</p>	<p>The delineation that licenses need to be active and unrestricted is to assure faculty involved in clinical education are licensed without any restrictions to practice.</p> <p>Some states require that faculty be licensed in the state where the program is located.</p> <p>The clarification resolves the issue of “or” as in element and use of “and” in evidence list.</p> <p>The clarification clearly states 2 years of teaching experience can be part of the 3 years of full-time post licensure clinical practice.</p>	<p>PT 1 (2.9) PTA 7 (13.5)</p>

<p>4J The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.</p>			<p>PT 2 (5.9) PTA 8 (15.4)</p>
<p>PT 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.</p>			<p>PT 3 (8.8)</p>
<p>PTA 4K The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to program mission and institutional expectations and assigned program responsibilities.</p>			<p>PTA 3 (5.8)</p>
<p>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</p>			<p>PT 0 (0) PTA 5 (9.6)</p>

<p>education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.</p>			
<p>4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.</p>	<p>4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest. The program must ensure that support from outside entities does not compromise the teaching, clinical and research components of the program.</p>	<p>There is a need to assure that there are no outside influences, such as vendors, which might compromise the academic program.</p>	<p>PT 0 (0) PTA 0 (0)</p>
<p>4N The collective core faculty are responsible for assuring that students are safe and ready to progress to clinical education.</p>	<p>4N The collective core faculty are responsible for assuring that students are professional, competent, safe and ready to progress to clinical education.</p>	<p>This change is to clearly describe that the expectation is that core faculty are responsible for assuring the students are professional, competent and safe rather than to describe the process.</p>	<p>PT 0 (0) PTA 14 (26.9)</p>
<p>PT 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.</p>			<p>PT 0 (0)</p>

<p>PTA 40 Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.</p>			PTA 5 (9.6)
<p>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 diversity⁴³ of the student body.</p>			PT 0 (0) PTA 4 (7.7)
<p>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</p>	<p>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, <u>due process (including clinical rotations)</u>, total cost to student, financial aid, the program’s accreditation status, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate,</p>	<p>The proposed change is to assure due process is required and that due process must include clinical experiences.</p>	PT 0 (0) PTA 6 (11.5)

⁴³**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~~).

	institution and program are accurate, comprehensive, current, and provided to students in a timely manner.	comprehensive, current, and provided to students in a timely manner.		
5C	Enrollment agreements ⁴⁴ , 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.			PT 0 (0) PTA 0 (0)
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.			PT 0 (0) PTA 1 (1.9)
5E	Policies, procedures, and practices related to student retention, ⁴⁵ student progression ⁴⁶ 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.	5E Policies, procedures, and practices related to student retention, ⁴⁷ student progression ⁴⁸ through the program 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 student success.	Retention practices need to apply to all students rather than any one specific population.	PT 0 (0) PTA 2 (3.8)

⁴⁴ **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.

⁴⁵ **Retention:** Maintenance of enrollment across multiple terms.

⁴⁶ **Progression:** Ability of students to enroll in subsequent courses based on defined expectations.

⁴⁷ **Retention:** Maintenance of enrollment across multiple terms.

⁴⁸ **Progression:** Ability of students to enroll in subsequent courses based on defined expectations.

<p>6A The comprehensive curriculum plan⁴⁹ is based on: (1) information about the contemporary practice⁵⁰ 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.</p>			<p>PT 1 (2.9) PTA 1 (1.9)</p>
<p>PT 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.</p>			<p>PT 0 (0)</p>

⁴⁹ **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.

⁵⁰ **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.

<p>PTA 6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based⁵¹.</p>			PTA 2 (3.8)
<p>PT 6C The specific prerequisite course work is determined by the program's curriculum plan.</p>			PT 0 (0)
<p>PTA 6C The curriculum plan includes a description of the curriculum model⁵² and the educational principles on which it is built.</p>			PTA 1 (1.9)
<p>PT 6D The curriculum plan includes a description of the curriculum model⁵³ and the educational principles on which it is built.</p>			PT 0 (0)

⁵¹ **Competency based education:** Education processes that focus more on what students learn, rather than where or how long the learning takes place. Instead of evaluating student progress on the amount of time spent in a classroom (using the credit hour, which is the default standard for measuring progress), students receive college credit based on their actual demonstration of skills learned. Competency-based education programs are often designed to allow students to learn and progress at their own pace.

⁵² **Curriculum model:** A general description of the organization of the technical curriculum content.

⁵³ **Curriculum model:** A general description of the organization of the professional curriculum content that can be: systems based, guide based, problem-based, case-based or hybrid which is a combination of models. Curriculum model is not related to the delivery format of the curriculum (ie whether face to face or online).

<p>PTA 6D PT 6E</p> <p>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 systems⁵⁴, 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 integrated⁵⁵ and full-time⁵⁶ terminal experiences.</p>	<p>6E</p> <p>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, 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 integrated⁵⁷ and full-time⁵⁸ terminal experiences.</p> <p>Full time is considered to be an average of 30 hours each week for the duration of the clinical course.</p>	<p>There is a need to better define integrated so that programs do not place integrated right before terminal experiences with only a seminar in-between.</p> <p>Full time definition provides flexibility for weeks with holidays and/or weather emergencies.</p>	<p>PT 1 (2.9) PTA 4 (7.7)</p>
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⁵⁴ **Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems, [GI, GU](#).

⁵⁵ **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 occur before the final didactic course work is completed-](#)

⁵⁶ **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...

⁵⁷ **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.

<p>PTA 6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.</p>			PTA 15 (28.8)
<p>PT 6F The didactic and clinical curriculum includes interprofessional education⁵⁹; 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.</p>			PT 0 (0)
<p>PTA 6F The curriculum plan includes learning objectives⁶⁰ stated in behavioral terms that reflect the breadth and depth⁶¹ of the course content and describe the level of student performance expected.</p>	<p>6F The curriculum includes learning objectives for the program courses are stated in measurable behavioral terms in the cognitive, psychomotor, and affective domains and are of sufficient breadth and depth to achieve the level of expected student performance.</p>	<p>It was often found that objectives in some learning domains were missing, such as the affective domain. This proposed change will clarify that objectives are required in all learning domains.</p>	PTA 11 (21.2)

⁵⁸ **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.

⁵⁹ **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)

⁶⁰ **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.

⁶¹ **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).

<p>PTA 6G The curriculum plan includes a variety of effective instructional methods⁶² 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.</p>	<p>6G The curriculum plan includes a variety of effective instructional methods⁶³ selected to maximize learning. Instructional methods are chosen based on the learning objectives, the needs of the learners, and the defined expected student outcomes.</p>	<p>The language in the original Required Element “nature of content” was not clear. Clarifying that the instructional methods are directly tied to the learning objectives provide clarity to what is expected.</p>	<p>PTA 0 (0)</p>
<p>PT 6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.</p>			<p>PT 0 (0)</p>
<p>PT 6H The curriculum plan includes learning objectives⁶⁴ stated in behavioral terms that reflect the breadth and depth⁶⁵ of the course content and describe the level of student performance expected.</p>	<p>6H The curriculum includes learning objectives for the program courses that are stated in measurable behavioral terms across the cognitive, psychomotor and affective domains and are of sufficient breadth and depth to achieve the level of expected student performance.</p>	<p>It was often found that objectives in some learning domains were missing, such as the affective domain. Additionally, many unmeasurable objectives would be cited by programs. This proposed change will clarify that objectives are required in all learning domains.</p>	<p>PT 0 (0)</p>

⁶² **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of entry-level competence.

⁶³ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

⁶⁴ **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.

⁶⁵ **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).

<p>PTA</p> <p>6H The curriculum plan includes a variety of effective tests and measures⁶⁶ and evaluation processes⁶⁷ 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.</p>	<p>6H The curriculum plan includes a variety of effective tests and measures⁶⁸ and evaluation processes⁶⁹ 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.</p>		PTA 9 (17.3)
<p>PT</p> <p>6I The curriculum plan includes a variety of effective instructional methods⁷⁰ 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.</p>	<p>6I The curriculum plan includes a variety of effective instructional methods⁷¹ selected to maximize learning. Instructional methods and learning activities are chosen based on the learning objectives, the needs of the learners, and the defined expected student outcomes.</p>	The language in the original Required Element “nature of content” was not clear. Clarifying that the instructional methods are directly tied to the learning objectives provide clarity to what is expected.	PT 0 (0)

⁶⁶ **Tests and measures:** procedures used to obtain data on student achievement of expected learning outcomes.

⁶⁷ **Evaluation processes:** Techniques used to determine the extent to which test data relate to overall student performance.

⁶⁸ **Tests and measures:** procedures used to obtain data on student achievement of expected learning outcomes.

⁶⁹ **Evaluation processes:** Techniques used to determine the extent to which test data relate to overall student performance.

⁷⁰ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

⁷¹ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

<p>PTA</p> <p>61 If the curriculum plan includes courses offered by distance education⁷² methods, the program provides evidence⁷³ that:</p> <p>611 faculty teaching by distance are effective in the provision of distance education;</p> <p>612 the rigor⁷⁴ of the distance education courses is equivalent to that of site-based courses;</p> <p>613 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;</p> <p>614 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;</p>	<p>PTA</p> <p>61 If the curriculum plan includes courses offered by distance education⁷⁵ methods, the program provides evidence⁷⁶ that:</p> <p>611 faculty teaching by distance are effective in the provision of distance education;</p> <p>612 the rigor⁷⁷ of the distance education courses is equivalent to that of site-based courses;</p> <p>613 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;</p> <p>614 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;</p> <p>615 there is a mechanism for maintaining</p>	<p>This was a USDE emphasis, but is no longer. Various distance education emphases will be placed in respected Required Element lists of evidence.</p>	<p>PTA 0 (0)</p>
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⁷² **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.

⁷³ Assessment of the quality of distance education is required by USDE.

⁷⁴ **Rigor:** Expectations for student assignments, engagement in the course and performance.

~~⁷⁵ **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.~~

~~⁷⁶ Assessment of the quality of distance education is required by USDE.~~

~~⁷⁷ **Rigor:** Expectations for student assignments, engagement in the course and performance.~~

<p>615 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;</p> <p>616 there is a mechanism for maintaining student privacy as appropriate;</p> <p>617 students have been informed of any additional fees related to distance education; and</p>	<p>test security and integrity when testing occurs at a distance;</p> <p>616 there is a mechanism for maintaining student privacy as appropriate;</p> <p>617 students have been informed of any additional fees related to distance education; and</p>		
<p>PT</p> <p>6J The curriculum plan includes a variety of effective tests and measures⁷⁸ and evaluation processes⁷⁹ 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.</p>	<p>6J The curriculum plan includes a variety of effective tests and measures⁸⁰ and evaluation processes⁸¹ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.</p>	<p>Clarifies that is the actual curriculum rather than a plan that is to be assessed.</p>	<p>PT 0 (0)</p>

⁷⁸ **Tests and measures:** Procedures used to obtain data on student achievement of expected learning outcomes.

⁷⁹ **Evaluation processes:** Methods and activities to determine the extent to which student test data relate to overall student performance.

⁸⁰ **Tests and measures:** Procedures used to obtain data on student achievement of expected learning outcomes.

⁸¹ **Evaluation processes:** Methods and activities to determine the extent to which student test data relate to overall student performance.

<p>PTA 6J The curriculum plan includes clinical education experiences⁸² for each student that encompass, but are not limited to:</p> <p>6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;</p>	<p>PTA 6J The curriculum plan includes clinical education experiences⁸³ for each student that encompass, but are not limited to:</p>	<p>Clarifies that is the actual curriculum rather than a plan that is to be assessed.</p>	<p>PTA 3 (5.8)</p>
<p>6J2 practice in settings representative of those in which physical therapy is commonly practiced;</p>			<p>PTA 1 (1.9)</p>
<p>6J3 involvement in interprofessional practice⁸⁴</p>			<p>PTA 5 (9.6)</p>
<p>6J4 participation as a member of the PT and PTA team; and</p>			<p>PTA 2 (3.8)</p>
<p>6J5 other experiences that lead to the achievement of the program’s defined expected student outcomes.</p>	<p>6J5 Eliminated as included with 1B1 (PTA)</p>		<p>PTA 4 (7.7)</p>

⁸² **Clinical education experiences:** That aspect of the technical curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

⁸³ **Clinical education experiences:** That aspect of the technical curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

⁸⁴ **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).

<p>PT 6K If the curriculum plan includes courses offered by distance education⁸⁵ methods, the program provides evidence⁸⁶ that:</p> <p>6K1 faculty teaching by distance are effective in the provision of distance education;</p> <p>6K2 the rigor⁸⁷ of the distance education courses is equivalent to that of site-based courses;</p> <p>6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;</p> <p>6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;</p>	<p>PT 6K If the curriculum plan includes courses offered by distance education⁸⁸ methods, the program provides evidence⁸⁹ that:</p> <p>6K1 faculty teaching by distance are effective in the provision of distance education;</p> <p>6K2 the rigor⁹⁰ of the distance education courses is equivalent to that of site-based courses;</p> <p>6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;</p> <p>6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;</p> <p>6K5 there is a mechanism for maintaining</p>	<p>This was a USDE emphasis, but is no longer. Various distance education emphasis will be placed in respected Required Element lists of evidence.</p>	<p>PT 2 (5.9) 1 (2.9)</p>
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⁸⁵ **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.

⁸⁶ Assessment of the quality of distance education is required by USDE.

⁸⁷ **Rigor:** Expectations for student assignments, engagement in the course and performance.

~~⁸⁸ **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.~~

~~⁸⁹ Assessment of the quality of distance education is required by USDE.~~

~~⁹⁰ **Rigor:** Expectations for student assignments, engagement in the course and performance.~~

<p>6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;</p> <p>6K6 there is a mechanism for maintaining student privacy as appropriate;</p> <p>6K7 students have been informed of any additional fees related to distance education; and</p> <p>6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.</p>	<p>test security and integrity when testing occurs at a distance;</p> <p>6K6 there is a mechanism for maintaining student privacy as appropriate;</p> <p>6K7 students have been informed of any additional fees related to distance education; and</p> <p>6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.</p>		
<p>PTA</p> <p>6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters or 80 academic weeks or 104 calendar weeks, including 520-720 hours of clinical education.</p>	<p><u>6K The curriculum for the PTA program includes 520-720 hours of clinical education.</u></p>	<p>Length of program is an institutional decision. Many states are adopting state-wide curriculum which mandate length of program.</p>	<p>PTA 5 (9.6)</p>

<p>PT</p> <p>6L The curriculum plan includes clinical education experiences⁹¹ for each student that encompass, but are not limited to:</p> <p>6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;</p>			PT 1 (2.9)
<p>6L2 practice in settings representative of those in which physical therapy is commonly practiced;</p>			PT 0 (0)
<p>6L3 involvement in interprofessional practice⁹²</p>			PT 1 (2.9)
<p>6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and</p>			PT 0 (0)
<p>6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.</p>	<p>6L5 Eliminated as included with 1B1 (PT)</p>		PT 0 (0)

⁹¹ **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.

⁹² **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).

<p>PTA 6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.</p>			PTA 0 (0)
<p>PT 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 semesters⁹³ or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.</p>	<p>6M The series of courses included in the professional curriculum is completed (including clinical education) in no less than 6 semesters⁹⁴ or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.</p>	<p>Credit hours are variable and length is more related to number of semesters as opposed to credits.</p> <p>This revision would allow for further innovation in physical therapy education.</p> <p>As FYI, Pharmacy and Nursing use only semesters to define length of program.</p>	PT 2 (5.9)
<p>PT 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,</p>			PT 1 (2.9)

⁹³6 semesters: As of 2014, the average length of professional programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent.

⁹⁴6 semesters: [As of 2014, the average length of professional programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent.](#)

<p>kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.</p>			
<p>PTA 7A The physical therapist assistant program curriculum requires a complement of academic general education⁹⁵ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education⁹⁶ coursework by the institution or program.</p>			<p>PTA 0 (0)</p>
<p>PT 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.</p>			<p>PT 0 (0)</p>

⁹⁵ **Academic general education.** Academic general education courses place an emphasis on principles and theory not associated with a particular occupation or profession. Academic general education courses are those in written and oral communication; quantitative principles; natural and physical sciences; social and behavioral sciences; and humanities and fine arts that are designed to develop essential academic skills for enhanced and continued learning.

⁹⁶ **Applied general education:** Applied general education courses rely on technical course content to teach or demonstrate, what should be broader examination of concepts and ideas in a “true” general education course. Examples of applied general education might include: Pharmacology for the PTA (rather than Introduction to Pharmacology) or Applied Physics for the PTA (instead of Introduction or General Physics I).

<p>PTA 7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.</p>			PTA 5 (9.6)
<p>PT 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.</p>			PT 1 (2.9)
<p>PTA 7C The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level</p>			PTA 1 (1.9)

<p>physical therapist assistant under the direction and supervision of the physical therapist.</p>			
<p>PT 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:</p>			
<p>7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:</p> <ul style="list-style-type: none"> 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 	<p>7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:</p> <ul style="list-style-type: none"> 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) 	<p>The question is whether it is now time to add dry needling to the required curriculum.</p>	

<p>mobilization/manipulation thrust and nonthrust techniques)</p> <p>g. Motor Function Training (balance, gait, etc.)</p> <p>h. Patient/Client education</p> <p>i. Therapeutic Exercise</p>	<p>g. Motor Function Training (balance, gait, etc.)</p> <p>h. Patient/Client education</p> <p>i. Therapeutic Exercise</p> <p>j. Dry Needling</p> <p>k.</p>		
<p>PTA 7D Courses within the curriculum include content designed to prepare program students to:</p>			
<p>PT 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.</p>			PT 8 (23.5)
<p>PTA 8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and</p>			PTA 5 (9.6)

<p>service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.</p>			
<p>8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.</p>			<p>PT 6 (17.6) PTA 2 (3.8)</p>
<p>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.</p>			<p>PT 2 (5.9) PTA 0 (0.0)</p>
<p>8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity</p>			<p>PT 1 (2.9) PTA 0 (0)</p>

<p>to meet program goals related to teaching, scholarship and service.</p> <p>8D1 Classroom and laboratory environments are supportive of effective teaching and learning.</p>			
<p>8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.</p>			<p>PT 0 (0) PTA 0 (0)</p>
<p>8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.</p>			<p>PT 0 (0) PTA 0 (0)</p>
<p>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.</p>			<p>PT 0 (0) PTA 1 (1.9)</p>
<p>8D5 Technology resources meet the needs of the program.</p>			<p>PT 2 (5.9) PTA 0 (0)</p>

<p>PT 8D6 Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.</p>			PT 0 (0)
<p>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.</p>			PT 0 (0) PTA 0 (0)
<p>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.</p>			PT 0 (0) PTA 1 (1.9)
<p>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.s</p>			PT 0 (0) PTA 6 (11.5)

8H Academic services, counseling services, health services, disability services, technology services and financial aid services are available to program students.			PT 0 (0) PTA 0 (0)
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Questions contact accreditation@apta.org.