



Commission on Accreditation
in Physical Therapy Education

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS**

(Adopted 10/31/2023)

Standard 1: PTA

The program has established achievement measures and program outcomes related to its mission and goals.

Refer to the Glossary for CAPTE’s definition wherever an asterisk(*) follows a term.

Required Elements

- 1A** The mission* 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* of physical therapist assistants.

Evidence of Compliance

Narrative:

- Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
- Describe the congruence of the program’s mission statement with the missions of the institutions and the unit(s).
- Describe the consistency of the program’s mission with the contemporary professional expectations for the preparation of physical therapist assistants.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 1B** The program has documented goals* that are based on its mission and reflect contemporary physical therapist assistant education, research, and practice.

Evidence of Compliance

Narrative:

- Provide student, graduate,* faculty, and program goals that reflect the program’s stated mission and that contribute to the achievement of program outcomes.

Appendices and On-site Material: See Self-Study Report Instructions and Forms



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- 1C** The program meets required achievement measures as determined by the program.
- 1C1** Graduation rates* are at least 60% averaged over two years. If the program admits more than one cohort per year, the two-year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.

Evidence of Compliance

Portal fields:

- Provide graduation data for the most recent two years for which there is full data in the portal section titled Graduation Rate Data for the years identified on the portal (follow Self-Study Report instructions). Identify the number of cohorts admitted each year; data will be required for each cohort.

Narrative:

- Only comment needed is to refer to the Graduation Rate Table.
- If outcomes fall below 60%, provide assessment in Standard 2.
- **For initial accreditation only:** Indicate that there are no graduates and provide the expected time frame to collect and analyze graduate data. Provide the Retention Rate Table (forms packet) as an appendix.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 1C2** Ultimate licensure pass rates* are at least 85%, averaged over two years. **Note:** The Federation of State Boards of Physical Therapy labels this “weighted average ultimate pass rate.” 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 program’s most current licensure pass rate data available through FSBPT:
 - First-time pass rates for all cohorts who have graduated in the past two academic years.
 - Two-year ultimate pass rate based on the following data:
 - Number of graduates who took the exam at least once.
 - Number of graduates who passed the exam after all attempts.
- If program graduates do not routinely take the National Physical Therapy Examination, provide equivalent data.
- If outcomes fall below 85%, provide assessment in Standard 2.
- **For initial accreditation only:** Identify that there are no graduates and provide the expected time frame to collect and analyze graduate data.

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- 1C3** Employment rates,* **as a physical therapist assistant**, 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 as a physical therapist assistant and the number of graduates who were employed within one year of graduation.
- If outcomes fall below 90%, provide assessment in Standard 2.
- **For initial accreditation only:** Indicate that there are no graduates and provide the expected time frame to collect and analyze graduate data.

Appendices and On-site Material: See Self-Study Report Instructions and Forms



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Standard 2: PTA

The program is engaged in effective, ongoing, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

Required Elements

- 2A** The program has a written and ongoing strategic plan* that guides its future development. The strategic planning process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.*

Evidence of Compliance

Narrative:

- Describe and analyze the strategic planning process, including the opportunities for stakeholder participation.
- Analyze 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 three to five years based on the assessment.

For developing programs: The Application for Candidacy must include a written strategic plan.*

For initial accreditation only: The Self-Study Report should provide evidence of strategic plan implementation and analysis to date.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 2B** The program promotes a culture of justice,* equity,* diversity,* inclusivity* (or JEDI), belonging,* and anti-racism.*

Evidence of Compliance

Narrative:

- Describe how the program defines diversity as it relates to the program's mission and goals.
- Describe how the program's mission, goals, and outcomes align with promoting a culture of JEDI, belonging, and anti-racism.



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- Provide two **total** examples of how the program incorporates JEDI, belonging, and anti-racism.
- Describe the data collected, or that will be collected, to determine the extent to which the program promotes a culture of JEDI, belonging, and anti-racism.
- Analyze the data collected, if available, to determine the extent to which the program promotes a culture of JEDI, belonging, and anti-racism.
- Describe the program's opportunities and challenges as they relate to JEDI, belonging, and anti-racism that have been identified through analysis of the data collected.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 2C** The program has documented and implemented ongoing, formal, and comprehensive program assessment processes designed to determine program effectiveness and used to foster program improvements that are aligned with the program mission, goals, and outcomes, and demonstrate contemporary practice.

Evidence of Compliance

Narrative:

- Provide a description of the overall assessment process, which includes, but is not limited to, the areas outlined in Elements 2D1-2D7 and 2E that summarize the information in the program assessment matrix.
- Describe how the program's assessment processes are aligned with the mission and goals of the program and demonstrate contemporary practice.
- Describe the overall opportunities and challenges identified through analysis of cumulative assessment data. If other opportunities and challenges have been identified, describe them, and provide the source of evidence that led to that determination.
- Describe **two** examples of change 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 reassessment to determine if the change resulted in program improvement.

Initial accreditation: The Self-Study Report should provide evidence of strategic plan implementation and analysis to date.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 2D** For each of the following, provide an analysis of data collected and the conclusions drawn to Determine how the program's continuous assessment process meets the program mission, goals, needs, and outcomes.



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Initial accreditation: The Self-Study Report should provide evidence of strategic plan implementation and analysis for Elements 2D1-2D7.

2D1 The admissions process, criteria, and prerequisites meet the needs and expectations of the program.

Evidence of Compliance

Narrative:

- Describe the available resources that support the admissions process.
- 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 (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support 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 and On-site Material: See Self-Study Report Instructions and Forms

2D2 Program enrollment appropriately reflects available resources, program outcomes, and local, regional, and national workforce needs.

Evidence of Compliance

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the optimal program enrollment considering resources, program outcomes, and local, regional, and national workforce needs.
- Identify data collected, student achievement and outcomes, and graduate outcomes used to describe conclusions reached, and describe or identify changes made related to program enrollment to address the findings or conclusions.
- If any changes have been made, provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.
- If any student achievement (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process,



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criteria, prerequisites, and student support 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 and On-site Material: See Self-Study Report Instructions and Forms

- 2D3** The collective core,* associated,* and clinical education faculty* possess the expertise to meet program and curricular needs and expected program outcomes.

Evidence of Compliance

Narrative:

- Describe how the collective core faculty is sufficient in composition to allow each individual core faculty to meet all program and curricular needs, aligns with the mission and goals, and demonstrates contemporary practice.
- Describe how the **collective core faculty** assignments achieve the expected program outcomes related to all of the bullets below:
 - Student advising and mentorship.
 - Admissions and recruitment activities.
 - Educational administration.
 - Curriculum development and student assessment.
 - Instructional design.
 - Coordination of the activities of the associated faculty.
 - Coordination of the clinical education program.
 - Shared program and institutional governance.
 - Clinical practice.
 - Evaluation of expected student outcomes.
- Analyze the data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet curricular needs and expected program outcomes.
- Analyze the effectiveness of the faculty-to-student lab ratios in meeting program outcomes.
- Analyze the data collected and the conclusions drawn to determine the extent to which the clinical education faculty meet curricular needs and expected program outcomes.
- If any student achievement (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support 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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2D4 Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

Evidence of Compliance

Narrative:

- Describe the mechanisms used to determine entry-level performance of students during clinical education experiences prior to graduation.
- Provide evidence that each student who completed the program within the last year demonstrated entry-level clinical performance by the end of their last clinical education experience.
 - If applicable, describe mechanisms utilized when CI assessment suggested less than entry-level performance and how the program managed each situation when a student did not meet entry-level clinical performance.
- If any student achievement (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.
- **Initial accreditation:** Indicate that students have not yet completed their last clinical education experience and provide the expected time frame to collect and analyze this data.
- **Note:** The program will be required to provide additional information prior to CAPTE's initial accreditation decision; please refer to Part 8 of CAPTE's Rules of Practice and Procedure, accessible at www.capteonline.org, for detailed information about what must be provided and the timing of the request.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

2D5 Program graduates* (post-degree conferral) meet the expected outcomes as defined by the program.

Evidence of Compliance

Narrative:

- For each goal for program graduates, list the expected outcomes that support the goal.



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- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Analyze data collected from graduates and their employers to determine the extent to which the graduates meet the program's expected graduate outcomes.
- If the program has more than one cohort, provide an analysis for each cohort.
- If any student achievement (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Initial accreditation: Indicate that there are no graduates, provide response to first two bullet points, and provide the expected time frame to collect and analyze graduate data.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 2D6** Program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, administrative support staff and technology support staff, facilities, space, clinical education, equipment, technology, instruction, materials, library and learning resources, and student services.

Evidence of Compliance

Narrative:

- Describe **each** program resource and analyze data collected to determine the extent to which **each** resource is meeting, and will continue to meet, current and projected program needs including:
 - Financial resources.
 - Administrative and technology support staff.
 - Facilities.
 - Clinical education.
 - Equipment.
 - Technology.
 - Instruction materials.
 - Library and learning resources.
 - Student services.



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- If any student achievement (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support 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 and On-site Material: See Self-Study Report Instructions and Forms

- 2D7** 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 (Elements 1C1 and 1C2) or expected program outcomes fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

- 2D8** 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 of experiences for the students are consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education course in the curriculum.



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- 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 and On-site Material: See Self-Study Report Instructions and Forms

- 2D9** 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 and 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 and On-site Material: See Self-Study Report Instructions and Forms

- 2E** 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 dynamic nature of the profession and the health care delivery system. Assessment data is 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 therapist services, peers, or other health care professionals. Clinical education assessment includes, at a minimum, the number and variety of clinical sites and the appropriate length and placement within the curriculum.

Evidence of Compliance

Narrative:

- Identify the stakeholders from whom data is collected, the educational resources used, the method(s) used to collect data, and the timing of the collection.
- Describe how the curriculum assessment process considers the dynamic nature of the profession and the health care delivery system.



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- Provide evidence that student achievement (Elements 1C1 and 1C2) is used to assess the curriculum.
- Provide evidence that graduate outcomes (Element 1C3) are used to assess the curriculum.
- Provide evidence that the curricular assessment includes a review of the required elements in Elements 6A through 6G.
- Describe how the clinical education component is assessed, including, at minimum, an assessment of the number and variety of clinical sites and the appropriate length and placement within the curriculum.
- Provide a summary and analysis of the outcomes from the most recent curriculum assessment including clinical education.
- Describe two curricular changes, including to the clinical education process, in response to the summary and analysis made within the last four years.

Appendices and On-site Material: See Self-Study Report Instructions and Forms



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Standard 3: PTA

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution, program, and CAPTE), with demonstrated focus on quality assurance and improvement.

Required Elements

- 3A** The sponsoring institution(s) is authorized under applicable 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 therapist assistant education program.

Evidence of Compliance

Upload evidence of the following:

- Identify the jurisdiction's agency from which the institution has authority to offer the program and award the degree.
- 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.
- If the program utilizes distance education,* indicate that the institution has authorization to provide distance education in other states, where required.

Note: States and institutions that are recognized by the State Authorization Reciprocity Agreement meet the conditions related to distance education* and clinical education experiences.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 3B** The sponsoring institution(s) is accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation.

Evidence of Compliance



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Upload evidence of the following:

- For the degree-granting institution, provide the accrediting agency name and the date that the current institutional accreditation status was granted.
- Provide documentation that the institution is in good standing. If sanctions, warning, probation, show cause, or pending termination have been issued by the accrediting agency, provide a narrative explaining the reasons for the 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 an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation:
 - Identify the agency or agencies that provide the authorization for the institution to provide (1) postsecondary 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 agencies or associations recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation. 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 and On-site Material: See Self-Study Report Instructions and Forms

- 3C** Institutional policies related to academic standards support academic and professional judgments of the physical therapist assistant program faculty. The core faculty* determine student progression through all stages of the program.

Evidence of Compliance

Narrative:

- Provide institutional policies and practices that allow for faculty to employ academic freedom when making decisions.
- Describe how the institution supports the professional judgment of the program faculty regarding academic regulations and professional behavior expectations of students.

Appendices and On-site Material: See Self-Study Report Instructions and Forms



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- 3D** Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, prospective and enrolled students, and the public (i.e., vendors, standardized patients, other visitors).

Evidence of Compliance

Narrative:

- Provide the institution's equal opportunity and nondiscrimination statement(s).
- Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective and enrolled students, and the public. (i.e., vendors, standardized patients, other visitors).

Appendices and On-site Material: See Self-Study Report Instructions and Forms

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

Evidence of Compliance

Narrative:

- Provide institutional and program policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty* and staff.
- Describe how the program policies, procedures, and practices are made available to faculty and staff.
- Provide evidence that the core faculty* workloads are within the defined institutional and program workload policies.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 3F** Program-specific policies and procedures are compatible with institutional policies and with applicable law.

Evidence of Compliance

Narrative:

- Describe how the program policies and procedures are compatible with applicable state, federal laws, and regulations (e.g., Title IX, Health Insurance Portability and Accountability Act of 1996, NC-SARA).
- 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



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related to clinical education, faculty workload policies) and describe how the policies and procedures differ and why.

- Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

Appendices and On-site Material: See Self-Study Report Instructions and Forms

- 3G** Policies, procedures, and practices exist for handling complaints, including a prohibition of retaliation following submission of a complaint. 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, (e.g., complaints from prospective and enrolled students, faculty, staff, clinical education sites, employers of graduates, the general public).
 - This institutional or program policy and procedure should include the prohibition of retaliation.
- Describe how the policies are disseminated and applied consistently and equitably.
- Describe how the policies and procedures for handling complaints are made available to internal and external stakeholders.
- Describe how the stakeholder would file a complaint.
- Provide the URL from the program or institutional website where policies for handling complaints are located.
- Describe how the records of complaints are, or would be, maintained by the program.

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Standard 4: PTA

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

Required Elements

Individual Academic Faculty*

- 4A** Each core faculty* member has a minimum of three years of full-time* (or equivalent) post-licensure clinical experience in physical therapy practice and has contemporary expertise* in assigned teaching areas and demonstrated effectiveness in teaching and evaluation of student learning. In addition, core faculty who are physical therapists or physical therapist assistants hold an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and are in compliance with the state practice act in the jurisdiction where the program is located.

Evidence of Compliance

Narrative:

- Provide a brief statement describing the jurisdictional requirements for faculty engaging in teaching and scholarship in the jurisdiction where the program is located. Include URL, verification or other evidence.
- The only additional response needed in the 4A text box is to refer to the Core Faculty Detail Section for each core faculty member.

Portal fields are on the Core Faculty Information page.

- In completing the qualifications box on this portal page:
 - For each core faculty member, identify the number of years of full-time (or equivalent), post-licensure clinical experience in physical therapy practice.
 - Describe the individual's effectiveness in **both** teaching and evaluation of student learning.
 - For core faculty who are PTs or PTAs, identify if each holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and are in compliance with the state practiced act in the jurisdiction where the program is located.
 - Identify teaching assignments by prefix, number, and title and indicate content assigned and role in course.
 - Provide evidence of the individual's contemporary expertise specific to assigned teaching content in the PTA program. This evidence **may** include:



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- 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, fellowship).
- Consultation and service related to teaching areas.
- Course materials that reflect the level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings and references, learning experiences).
- Other evidence that demonstrates contemporary expertise, for example:
 - Scholarship (e.g., publications, grant activities, and presentations related to teaching areas).
 - Written evidence of evaluation of course materials 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).
 - Formal mentoring (include description of experiences, time frame, and qualifications of mentor).

Appendices and On-site Material: See Self-Study Report Instructions and Forms

The program director will attest that each core faculty member (by name) is within the guidelines and requirements of the practice act in their jurisdiction.

- 4B** Each core faculty member has a record of institutional and/or professional service* that is consistent with the institution's mission and expectations, and with the program's mission and goals.

Evidence of Compliance

Narrative:

- Describe the institution's mission and expectations as they relate to faculty service.
- Describe the program's mission and goals as they relate to faculty service.
- Describe how each core faculty member's service activities align with and contribute to the institution's mission and expectations and to the program's mission and goals.

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- 4C** Each associated faculty* member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in **both** teaching and evaluation of student learning.



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(Adopted 10/31/2023)

Evidence of Compliance

Narrative:

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

Portal fields are on the Associated Faculty Information page.

- In completing the Qualifications box on this portal page:
 - Describe the individual's effectiveness in **both** teaching and evaluation of student learning.
 - Associated faculty who are PTs or PTAs, hold an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and are in compliance with the practice act in the jurisdiction where the program is located.
 - Identify teaching assignments by prefix, number, and title and indicate content assigned and role in course.
 - 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).
- 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, fellowship).
 - Consultation and service related to teaching areas.
 - Course materials that reflect the level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings and references, learning experiences).
- Other evidence that demonstrates contemporary expertise, for example:
 - Scholarship (e.g., publications, grant activities, and presentations related to teaching areas).
 - Written evidence of evaluation of course materials by a content expert.



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- 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).
- Formal mentoring (include description of experiences, time frame, and qualifications of mentor).

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

Evidence of Compliance

Narrative:

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

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- 4E** 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.
- Provide **two** examples within the past three years of development activities used by the program to address identified needs of associated faculty. (Note: CAPTE does not require that **each** associated faculty member participate in a development activity in the past three years. This requirement pertains to the aggregate of associated faculty.)

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Program Director*

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS

(Adopted 10/31/2023)

- 4F** The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include **all** of the following:
- Holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located.
 - A minimum of a master's degree.
 - 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 within any United States jurisdiction.
 - Experience in classroom, lab, or clinical teaching experience.
 - Experience in administration, management, and leadership. Experiences derived from the clinic are acceptable.
 - Professional development or education in **all** of the following: educational theory and methodology, instructional design, student evaluation, and outcome assessment.

Evidence of Compliance

Narrative:

- Describe how the program director meets **all** of the following qualifications:
 - Holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and in compliance with the state practice act in the jurisdiction where the program is located.
 - A minimum of a master's degree.
 - A minimum of five years, full-time, post licensure experience that includes a minimum of three years of full-time clinical experience.
 - Experience in classroom, lab, or clinical teaching experience.
 - Experience in administration, management, and leadership. Experience derived from the clinic is acceptable.
 - Professional development or education in **all** of the following: educational theory and methodology, instructional design, student evaluation, and outcome assessment.
 - Provide evidence of a minimum of 60 contact hours of professional development or education comprising exclusively and comprehensively the four content areas of: education theory and methodology, instructional design, student evaluation and outcome assessment.

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(Adopted 10/31/2023)

- 4G** The program director provides effective leadership for the program including, responsibility for communication, program assessment and planning, fiscal management, and faculty professional development/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 effectiveness of the mechanisms used by the program director to communicate with external stakeholders (i.e., advisory board, community partners, clinical faculty) involved with the program.
- Describe the responsibility, role, and effectiveness of the program director for assessment and planning.
- Describe how the workload allocates sufficient release time for administrative responsibilities.
- Describe the effectiveness of the program director in promoting a culture of JEDI, belonging,* and anti-racism* as they relate to faculty, staff, students, and other stakeholders.
- Describe the responsibility, role, and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning.
- Describe the responsibility, role, and effectiveness of the program director for faculty professional development/evaluation.
- Describe the process used to assess the program director as an effective leader.
- Provide **two** examples within the last five years of effective leadership, which **may** relate to:
 - A vision for physical therapist assistant education.
 - Understanding of and experience with curriculum content, design, and evaluation.
 - Employing strategies to promote and support professional development.
 - Proven effective interpersonal and conflict management skills.
 - Ability to facilitate change.
 - Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits).
 - Effective experience in short- and long-term planning.
 - Active service on behalf of physical therapist assistant 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.
 - Program accomplishments.

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- 4H** The program director has **appropriate** decision-making authority over the financial/budgetary resources 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

Narrative:

- Describe the mechanisms that are in place for participation in shared decision making between the program director and the institution, to ensure that the program director has administrative oversight and appropriate decision-making authority over the financial/budgetary resources related to the program.
- Describe the mechanisms that are in place for the program director to receive feedback from the institution (i.e., chair, dean, provost) regarding the input the program director provides in the shared decision-making process.
- Describe the program director’s role in financial management of the program, including:
 - Input into tuition and fee structures related to the program.
 - Input into financial aid decisions.
 - Input into program expense decisions related to personnel.
 - Input into program expense decisions external to personnel (i.e., equipment, supplies).
 - Input into the size of the program cohort and number of cohorts.
 - The ability to advocate for additional resources where appropriate.

- 4I** The program director is responsible for compliance with accreditation policies and procedures. Program policies, procedures, and practices provide for compliance with the accreditation policies and procedures including:

- **4I1** Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement), and current student achievement measures.
- **4I2** Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.
- **4I3** Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.
- **4I4** 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 postsecondary education.
- **4I5** Coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.

Evidence of Compliance



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Narrative:

- If one or more of these activities have been delegated to include another individual by the program director, identify the individual(s).

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Director of Clinical Education/Academic Coordinator of Clinical Education (DCE/ACCE)*

- 4J** The director of clinical education/academic coordinator of clinical education holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located, and has a minimum of three years of full-time, post-licensure clinical practice. Two years of clinical practice experience must include experience as a site coordinator of clinical education or clinical instructor in physical therapy, or the coordinator must have a minimum of two years of experience in teaching, curriculum development, and administration in a physical therapy education program.

Evidence of Compliance

Narrative:

- Identify the core faculty member(s) who are designated as the DCE/ACCE. If this individual has a different title in your program, describe.
- If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.
- Describe how the DCE/ACCE meets the following qualifications:
- Holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located.
- Has a minimum of three years of full-time (or equivalent) post-licensure clinical practice.
- Has a minimum of two years of clinical practice as an SCCE and/or CI or two years of experience in teaching, curriculum development, and administration in a physical therapy education program.

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- 4K** The director of clinical education/academic coordinator of clinical education is effective in clinical teaching and mentoring and in developing, conducting, and coordinating the clinical education program.

Evidence of Compliance



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Narrative:

- Describe the effectiveness of the DCE/ACCE in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
 - Organizational, interpersonal, problem-solving, and counseling skills.
- Ability to work with clinical education faculty *(SCCEs and CIs) to address the diverse learning needs of the students.
- Describe how the DCE/ACCE fosters a culture that supports JEDI, belonging*, and anti-racism* in the clinical environment.
- Describe the process used to inform students and clinical faculty in the nondiscrimination policies of the program and to monitor compliance with these policies during clinical education experiences.
- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (SCCEs 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 (SCCEs 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.
- Describe the mechanism used to provide clinical teaching and mentoring to clinical faculty.
- Has a workload that allows sufficient release time for administrative responsibilities.

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Collective Academic Faculty

- 4L** The collective core faculty hold primary responsibility (in collaboration with appropriate communities of interest) for initiating, adopting, evaluating, and upholding academic regulations specific to the program and compatible with institutional policies, procedures, and practices. The regulations address:
- Admission requirements.
 - Grading policy.
 - Minimum performance levels, including those relating to professional and ethical behaviors, and student progression through the program.
 - Development, review, and revision of the curriculum with input from other appropriate communities of interest.

Evidence of Compliance



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(Adopted 10/31/2023)

Narrative:

- Describe the process by which academic regulations specific to the program are developed, adopted, and evaluated by the core faculty.
- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.
- Provide two examples within the past five years of communities of interest in curriculum development, review, and revision.
- Must have a minimum of two full-time core faculty. One core faculty member must be a licensed physical therapist.

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

Evidence of Compliance

Narrative:

- Describe the processes used by the core faculty to determine that students are professional, 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 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.
- Describe opportunities in which the PTA student had interactions with a licensed PTA as a role model prior to the PTA student engaging in clinical education.

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Clinical Education Faculty*

- 4N** Clinical education faculty are licensed physical therapists or, if permitted by the state practice act, licensed/certified physical therapist assistants, with a minimum of one year of full-time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of Compliance



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(Adopted 10/31/2023)

Narrative:

- Describe how the program determines that clinical instructors are meeting the expectations of this element including:
 - 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.
 - How these expectations are monitored.
- Identify the assessment tool(s) used during clinical education experiences and describe how CIs are trained in the appropriate use of the tool(s).
- Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.

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Standard 5: PTA

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS

(Adopted 10/31/2023)

The program recruits, admits, and graduates students consistently using equitable program policies, procedures, and practices.

Required Elements

- 5A** The program has written policies, procedures, and practices that are related to student **recruitment and admission** and are based on appropriate and equitable criteria and applicable law and meet the needs of the program.

Evidence of Compliance

Narrative:

- Identify where all program policies, procedures, and practices related to student recruitment and admission are located.
- Describe how program policies, procedures, and practices recruit and admit students that are consistent with the mission and goals of the institution and program.
- Describe how the program supports JEDI, belonging,* and anti-racism* through its recruitment and admissions policies, procedures, and/or practices.
- Describe how the program policies, procedures, and practices maintain planned class size and identify related policies to prevent overenrollment.

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- 5B** Prospective and enrolled students are provided with relevant information about the institution and program. 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 and when 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.



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- Grading policies.
- Technical standards or essential functions, if used.
- Acceptance and matriculation rates.
- Student outcomes including, but not limited to, the most current two-year data available for graduation rates, employment rates, and first-time and ultimate pass rates on licensing examinations.
- Costs of the program including tuition, institutional fees, programs fees, course fees, clinical education, and refund policies.
- Student Financial Fact Sheet.
- Information and/or resources related to student debt.
- Availability of financial aid.
- Enrollment agreement, if used.
- Process for filing a complaint with CAPTE.
- Job/career opportunities.
- Availability of student services.
- Health and professional liability insurance requirements.
- Information about the curriculum.
- Information about the clinical education program requirements, including travel expectations to clinical sites.
- Required health information.
- Potential for other clinical education requirements, such as drug testing and criminal background checks.
- Access to and responsibility for the cost of emergency services during off-campus educational experiences.

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- 5C** The program has written program policies, procedures, and practices that address the rights, responsibilities, safety, privacy, and dignity of program students and are applied consistently and equitably as students progress through the program.

Evidence of Compliance

Narrative:

- Identify where all program policies, procedures, and practices that address the rights, responsibilities, safety, privacy, and dignity of the students are located.
- Describe how program policies and procedures that affect students are disseminated to students and program faculty.
- Describe how the program supports JEDI, belonging,* and anti-racism* through its program policies, procedures, and/or practices that address the rights, responsibilities, safety, privacy, and dignity of program students.



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- 5D** The program has written policies, procedures, and practices that address remediation and dismissal while optimizing student success and retention. Remediation, retention, and dismissal policies, procedures, and practices are based on appropriate and equitable criteria and applicable law.

Evidence of Compliance

Narrative:

- Identify where all program policies, procedures, and practices related to student remediation, retention, and dismissal are located.
- Describe the mechanism by which students receive regular reports of academic and clinical performance and progress.
- Describe the program policies, procedures, and practices that relate to remediation, retention, and dismissal when unsafe practices are identified and/or knowledge, skills, and/or abilities are deficient.
- Describe how the program supports JEDI, belonging,* and anti-racism* through its program policies, procedures, and practices related to remediation, retention, and dismissal.
- Describe the resources available to support and optimize student success for those students that require remediation and/or are at risk of dismissal.

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- 5E** Enrollment agreements,* 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.
 - 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.



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- Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:
 - 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 not limited to, the most current two-year data available for graduation rates, employment rates, and first-time and ultimate pass rates on licensing examinations.
 - Costs of the program including tuition, institutional fees, programs fees, course fees, clinical education, and refund policies.
 - Student Financial Fact Sheet.
 - Information and/or resources related to student debt.
 - Availability of financial aid.
 - Enrollment agreement, if used.
 - Process for filing a complaint with CAPTE.
 - Job/career opportunities.
 - Availability of student services.
 - Health and professional liability insurance requirements.
 - Information about the curriculum.
 - Information about the clinical education program requirements, including travel expectations to clinical sites.
 - Required health information.
 - Potential for other clinical education requirements, such as drug testing and criminal background checks.
 - Access to and responsibility for the cost of emergency services during off-campus educational experiences.

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(Adopted 10/31/2023)

Standard 6: PTA

The program has a comprehensive curriculum plan.

Required Elements

- 6A** The comprehensive curriculum includes the didactic and clinical education components of the curriculum. It 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 the delivery of health care services, to physical therapy education, and to educational theory; and the mission of the program.

The curriculum includes all general education, prerequisites, didactic, and clinical components of the PTA program. The entire curriculum is:

- Completed in a minimum of four semesters **or** 64 academic weeks.
- Includes a minimum of 520 total clinical hours composed of both integrated* and full-time* experiences. This must include a minimum of 12 weeks of full-time clinical education, based on a minimum of 32 hours/week. Of the required 12 full-time weeks, a minimum of six weeks are consecutive and placed as a terminal clinical experience.

Upon satisfactory completion of the physical therapist assistant education program the associate degree is awarded by an affiliating college.

Evidence of Compliance

Narrative:

- Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapist assistant education, and to educational theory and the mission of the program.
- Identify the length of the program in semesters (or equivalent) and in academic weeks.
- State the degree granted.

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



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Evidence of Compliance

Narrative:

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

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- 6C** The curriculum is 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.
- A. The curriculum is based on an educational philosophy that translates into learning experiences.
 - B. The learning objectives are stated in behavioral terms that reflect the breadth and depth of the course content, including the expected level of student performance.
 - C. The instructional methods are based on the nature of the content, the needs of the learners, and the defined expected student outcomes.
 - D. The learning experiences lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness.
 - E. The curriculum includes health care disparities, social determinants of health,* and JEDI, belonging,* and anti-racism.*
 - F. Assessment of student learning processes determine whether students achieve the learning objectives, occur on a regular basis, include the cognitive, psychomotor, and affective domains as related to learning objectives and include expectations for safe practice during all activities.
 - G. The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum.

Evidence of Compliance

Narrative:

- Describe the educational philosophy of the curriculum.
- Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.
- Describe how course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.



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- Describe the instructional methods and learning experiences that facilitate student achievement of the objectives.
- Describe how the learning experiences lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness.
- Describe how the curriculum provides learning opportunities regarding health care disparities, social determinants of health, and JEDI, belonging,* and anti-racism.*
- Describe the formative and summative evaluation mechanisms that measure student achievement of objectives.
- Describe how the clinical experiences and didactic curriculum are organized, sequenced, and integrated.

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- 6D** The curriculum includes course syllabuses that are comprehensive and inclusive of all CAPTE expectations.

Evidence of Compliance

Narrative:

- Only response needed is to refer the reader to the course syllabus.

Note: Each syllabus **must** include at least the following:

- Title and number.
- Description.
- Department offering course.
- Credit hours.*
- Instructor(s).
- Contact hours (lecture and laboratory).
- Course prerequisites.
- Course objectives.
- Schedule, outline of content, and assigned instructor for each class and lab.
- Description of learning activities (case studies, videos, presentations, group work, assignments etc.).
- Mode of delivery (in person, hybrid, synchronous, asynchronous, etc.).
 - Describe the substantive and regular interaction that occurs with each mode of delivery.
- Methods of student evaluation/grading.
- Learning resources (textbooks, e-books, etc.).

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



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- 6E** The didactic and clinical curriculum includes intra-professional* (PT/PTA) and interprofessional (PTA with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intra-professional* and interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

Evidence of Compliance

Narrative:

- For **intra-professional** education (didactic and clinical), describe the intentional learning activities that:
 - Involve students, faculty and/or PT/PTA clinicians.
 - Address the effectiveness of the learning activities in preparing students and graduates for team-based PT/PTA collaborative care.
 - Include the responsibilities and legal aspects of the direction and supervision of physical therapist assistants.
- For **interprofessional*** education (didactic and clinical) describe the intentional learning activities that address:
 - Values and ethics.
 - Communication.
 - Professional roles and responsibilities.
 - Teamwork.

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- 6F** If the curriculum includes courses offered by distance education* methods, the program provides the following evidence.

Evidence of Compliance

Narrative:

- Describe the use of distance education* methods in the curriculum, if any. If no distance education methods are used, state as such.
- Provide evidence that faculty teaching by distance are effective in the provision of distance education.
- Describe how the program ensures substantive, regular, monitored, planned interactions between students and faculty.



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- Describe the mechanism(s) used to confirm student identity during course activities and when testing occurs at a distance.
- Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.
- Describe how distance education* students have access to academic, health, counseling, disability, and financial aid services.

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- 6G** The clinical education component of the curriculum includes clinical education experiences for each student that encompass, health and wellness, prevention, management of patients and clients with diseases and conditions representative of those commonly seen in practice across the life span and the continuum of care; in practice settings representative of those where physical therapy is practiced.

Evidence of Compliance

Narrative:

- 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.
- Describe the expectations for management of all aspects of patient and client services as appropriate to the specific clinical experience across the life span and continuum of care.

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STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS

(Adopted 10/31/2023)

Standard 7: PTA

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

Required Elements

- 7A** The physical therapist assistant curriculum includes content and learning experiences in general and technical education necessary for entry-level practice. Topics covered include:
- **7A1** A complement of **academic general education** coursework appropriate to the degree offered that includes communication, 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 education coursework by the institution or program.

Evidence of Compliance

Narrative:

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

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- 7A2** A complement of **technical courses** appropriate to the degree offered that includes body system interactions, health, and surgical conditions across the life span, movement sciences, pain and pain experiences, and psychosocial aspects of health and disability.
- Anatomy, physiology, pathology, and cellular/tissue health throughout the life span for the included body systems:
 - Cardiovascular.
 - Endocrine and metabolic.

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- Gastrointestinal.
- Genital and reproductive.
- Hematologic.
- Hepatic and biliary.
- Immune.
- Integumentary.
- Lymphatic.
- Musculoskeletal.
- Neurological.
- Pulmonary.
- Renal and urologic systems.
- Body System Interactions.
- Health and surgical conditions seen in physical therapy.
- Exercise science.
- Biomechanics.
- Kinesiology.
- Neuroscience.
- Motor control and motor learning.
- Diagnostic imaging.
- Pain and pain experiences.
- Psychosocial aspects of health and disability.
- Pharmacology.

Evidence of Compliance

Narrative:

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

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- 7B** The physical therapist assistant technical curriculum includes content and learning experiences in ethics and values, professional development and responsibilities, service, leadership, lifelong learning, along with teaching and learning within an ever-changing health care environment.
- 7B1** Practice in a manner consistent with the Standards of Ethical Conduct (APTA) and APTA Core Values for the Physical Therapist and Physical Therapist Assistant.
- 7B2** Provide learning experiences to develop service and leadership skills and abilities that address the following:



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- a. Legislative and political advocacy.
- b. Community collaboration.
- c. Health care disparity.

7B3 Practice within the legal framework of one's jurisdiction(s) and relevant federal and state requirements.

Evidence of Compliance for Elements 7B1-7B3

Narrative:

- Describe where and how the physical therapist assistant technical curriculum includes content and learning experiences in ethics, values, responsibilities, service, and leadership in the ever-changing health care environment.

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7C The physical therapist assistant technical curriculum provides learning experiences in lifelong learning, education, and health care disparities* in the ever-changing health care environment.

7C1 Provide learning experiences in contemporary physical therapy knowledge and practice including:

- Evidence-informed practice.*
- Interpretation of statistical evidence.
- Clinical reasoning and decision making.

7C2 Provide teaching and learning experiences to improve skills and abilities to educate and communicate in a manner that meets the needs of the patient, caregivers, and other health care professionals.

7C3 Provide learning experiences that advance the students understanding of health care disparities* in relation to physical therapy.

- Recognize and adjust personal behavior to optimize inclusive and equitable patient care and patient care environments.

Evidence of Compliance

Narrative:

- Describe where and how the physical therapist assistant technical curriculum includes content and learning experiences in lifelong learning, teaching and learning, and health care disparities* in the ever-changing health care environment.



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- 7D** The physical therapist assistant technical curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for entry-level physical therapy practice in collaboration with, and under the direction and supervision of a physical therapist in the provision of physical therapy services in the ever-changing health care environment.

Evidence of Compliance

Narrative:

- Identify the sources that inform the decision-making process to determine curricular content as a whole, such as professional resources and organizations, stakeholder feedback, and networking.
- For each of the following 7D elements:
 - Describe where the content is presented in the curriculum and provide example(s) and 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 **two to five** examples of course objectives that demonstrate the progression to the highest expected level of student performance, including course **prefix and number, course name, objective number, and the full wording of the objective**. Include objectives from clinical education courses, if applicable.
 - Describe outcomes data that may include qualitative and/or quantitative evidence, which demonstrates the level of actual student achievement for each practice expectation 7D1-7D13.

For initial accreditation only, describe the planned outcome and how the program will determine the actual level of student achievement for each practice expectation.

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Patient and Client Management

- 7D1** Demonstrate appropriate clinical decisions and actions throughout the implementation of the plan of care established by the physical therapist:
- a. Obtain and review current information from physical therapy documentation, health records, patients and clients, caregivers, and family members related to general health status, consults, prior and current level of function before carrying out the physical therapy plan of care.

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- b. Recognize situations that require further clarification, supervision, or action by the supervising physical therapist.
- c. Determine when an intervention is inappropriate based on the review of current information and patient presentation.
- d. Select interventions as determined by the supervising physical therapist, that are based on clinical data, to achieve goals and intended outcomes.
- e. Modify, adjust, and discontinue interventions based on the patient response and clinical data in collaboration with the supervising physical therapist.
- f. Contribute to the discontinuation of the episode of care and follow-up planning as directed by the supervising physical therapist.
- g. Describe a patient's or client's impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Functioning, Disability and Health (ICF).

Test and Measures

7D2 Select and perform components of data collection using appropriate tests and measures to measure and monitor patient responses before, during, and following physical therapy interventions in the following:

- a. Cardiovascular system.
- b. Pulmonary system.
- c. Neurological system.
- d. Musculoskeletal system.
- e. Integumentary and lymphatic systems.
- f. Growth and human development.
- g. Pain and pain experiences.
- h. Psychosocial aspects.
- i. Mental health aspects.

Interventions

7D3 Select and perform physical therapy interventions for each of the following as identified in the plan of care established by the physical therapist to achieve patient and client goals and outcomes:

- a. Cardiovascular conditions (these should be a-h).
- b. Pulmonary conditions.
- c. Neurological conditions.
- d. Musculoskeletal conditions.
- e. Integumentary and lymphatic conditions.
- f. Metabolic conditions.
- g. Growth and human development.



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h. Pain and pain experiences.

Delivery of Physical Therapy Services

- 7D4** Complete documentation that follows guidelines and documentation formats required by the legal framework of one's jurisdiction, the practice setting, and other regulatory agencies.
- 7D5** Respond effectively to environmental emergencies that may occur in the clinical setting.
- 7D6** Educate others, using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. Incorporate cultural humility* and social determinants of health* when providing patient and/or caregiver education.

Health Care Activities

- 7D7** Participate in efforts to ensure patient and health care provider safety.
- 7D8** Participate in patient-centered interprofessional collaborative care.
- 7D9** Participate in performance improvement/quality assurance activities.

Community Health

- 7D10** Provide services and/or educational resources informed by cultural humility that address primary,* secondary,* and tertiary* prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D11** Provide physical therapy services that address:
 - JEDI, belonging,* and anti-racism.*
 - Health care disparities* and social determinants of health.*

Practice Management

- 7D12** Participate in organizational planning and operation of the physical therapy service as appropriate.
- 7D13** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.