Questions Related to the Update Section of the Presentation:
1. Where can individuals find information about the staff openings within CAPTE?
   a. Information about Accreditation staff openings can be found on the APTA website. (Slide 5)
2. Can the Core Faculty Determination Form be emailed to program directors?
   a. CAPTE will email the form to program directors upon request; please reach out to the respective lead specialist. Contact information for the lead specialists can be found on CAPTE's website at http://www.capteonline.org/WhoWeAre/Staff/.
3. Is registration for the Virtual Developing and Self-Study Workshops open yet?
   a. Yes. We sent emails to program directors on August 20, 2020. (Slides 6-9)
4. Please clarify about the virtual three-part webinar workshops — are all three sessions the same, and how long is each session?
   a. The series of three-day webinars is equivalent to the previous in-person workshops offered by CAPTE. Each workshop (DPW, PT SSW, PTA SSW) is delivered in three parts at three distinct scheduled times, and each three-hour session’s content is different. The recorded webinars will also be available in APTA’s Learning Center for those that have registered for the course. (Slides 6-9)
5. If we registered and paid for the ELC 2020 face-to-face workshops, will our money be refunded?
   a. Refunds for those who registered for the face-to-face workshop at ELC 2020 have been issued by APTA's Meeting Services. If you have questions, please email accreditation@apta.org.
6. Will there be any effort by CAPTE in the Annual Accreditation Report or other medium to determine (nationally) the format of instruction of programs due to COVID (e.g., virtual only, face-to-face) this fall?
   a. The 2020 Annual Accreditation Report will not include questions related to change of instruction due to COVID; however, some of this information will be captured in the CAPTE COVID-19 Impact Report Survey.
7. How do we report courses on the Annual Accreditation Report relevant to if they are online or hybrid and what constitutes which?
   a. The directions for the Annual Accreditation Report should help you with this.
8. Is there a trigger or threshold on the AAR for CAPTE actions to budget cuts? I’ve seen 10% for annual and 25% for over three years. What are the consequences?
   a. Those questions are on the Annual Accreditation Report, and the consequences relate to the impact the budget changes are having on the program.
9. On the AAR, do we fill out our normal number of clinical weeks/hours or do we fill out what the students actually did secondary to COVID?
10. Can programs get salary information that is stratified from 25th to 75th percentile? Can we obtain salary information by region?
    a. Data request information can be found on CAPTE’s website at http://www.capteonline.org/AggregateProgramData/. Salary information by region would be defined by states to be included. Please reach out to Tej Chana, senior database specialist (tejchana@apta.org), with questions relevant to data requests.
11. Will this year’s Annual Accreditation Report prepopulate with last year’s answers?
    a. The only responses that will prepopulate in the 2020 Annual Accreditation Report are individual Faculty Data Sheets and the program’s webpage URL. However, all prepopulated data must be checked by the program for accuracy and changed as appropriate.
12. Relevant to annual accreditation fees, could the invoices be sent via email rather than via postal service due to COVID-19?
   a. CAPTE plans to email annual fee invoices this year. Program directors should receive the invoices in early September; the annual fee is due December 1, 2020 and will be considered late if not received by January 1, 2021. (Slide 11)

13. Can annual accreditation fees be paid with a credit card?
   a. The payment options and mailing address will be outlined on the invoice that will be sent to program directors. APTA staff can process payments by credit card during normal business hours (eastern time). This information will be also be outlined on the invoice and the payment instruction memo included with the invoice. (Slide 11)

14. Are there any planned changes to expansion program annual fees?
   a. Annual fees for expansion programs are based on the annual fee for the parent program and would increase accordingly. There is no change for 2021 fees from the 2020 fees. Annual fee increases will occur in 2022.

15. Should the statement related to 34 CFR be posted on the program’s webpage, and who needs to post it?
   a. Please reach out to your administration and financial aid office to determine what and if a statement needs to be posted on the program’s web page. Program directors were sent an email on August 3, 2020, concerning 34 CFR 668.43 (a)(5)(v). It stated:
      “Code 668.43 is related to institutional eligibility to participate in the Title IV funding program through the U.S. Department of Education’s Federal Student Aid office. Since CAPTE is not a Title IV gate keeper, our contact with the Department of Education had indicated that programs should work with the financial aid office at their institution to ask the Federal Student Aid office questions related to code 668.43 or student financial aid, as they are the experts on these issues. Meanwhile, our Department of Education contact reached out to the Federal Student Aid office and found that code 668.43 is concerned with “educational” requirements for licensure, while the term “curriculum” refers to the content of the program. She indicated that a CAPTE-approved program that enables a student to meet the state licensure or certification requirement meets this regulation. Any state licensure or certification requirements beyond that, such as criminal background checks and professional liability insurance, is not covered by this regulation. After receiving this information from our Department of Education contact, CAPTE reached out to Rich Woolf of the Federation of State Boards of Physical Therapy and APTA’s legal and governmental affairs offices, and we offer the following information:

   With respect to code 668.43 (a)(5)(v), CAPTE-accredited physical therapist and physical therapist assistant programs may consider offering the following information to prospective students:

   The program has determined that its curriculum meets the state educational requirements for licensure or certification in all states, the District of Colombia, Puerto Rico, and the U.S. Virgin Islands secondary to its accreditation by the Commission on Accreditation in Physical Therapy Education, based on the following:

   CAPTE accreditation of a physical therapist or physical therapist assistant program satisfies state educational requirements in all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Thus, students graduating from CAPTE-accredited physical therapist and physical therapist assistant education programs are eligible to take the National Physical
16. What should programs that are developing their Self-Study Reports during COVID-19 do if their institutions will not project budgets for next year?
   a. Please provide the best estimate for the next year’s budget.

17. If a program is up for initial accreditation, who is the preferred contact person at Accreditation?
   a. The preferred Accreditation staff person would be the respective lead PT programs specialist for PT programs and the lead PTA programs specialist for PTA programs.

18. For site visits that have been postponed due to COVID-19, when is the Self-Study Report due?
   a. Programs whose visits have been postponed still need to submit their self-study report 60 days prior to the rescheduled visit date. (Slide 16)

19. If the follow-up on-site visits can be held up to one year after CAPTE’s review and decision for initial and reaffirmation, can a program be reaccredited before the in-person visit occurs?
   a. Yes, the program can be accredited or reaffirmed before the in-person visit. However, all, or almost all, of the components of our visits will occur during the virtual visit. The follow-up on-site visits are taking place as part of the Department of Education regulation for an on-site visit. (Slide 16)

20. For information on visit schedules and moving of visits, what will be the changes for visits for Fall 2022?
   a. Accreditation staff are currently looking into this and will soon be notifying programs if their site visit will be changed and at which CAPTE meeting their program will be reviewed. (Slide 16)

21. If an on-site visit was postponed from October 2020 to May 2021, do we have to submit an AAR in December 2020?
   a. Yes, every program must submit an AAR every year, regardless of postponed visits or where they are in their accreditation cycle.

22. Will on-site visit teams be the same or change for postponed visits?
   a. When possible, Accreditation staff will try to keep the same visit team as was previously assigned. However, we will be scheduling according to the program’s and reviewers’ time zone and therefore may not be able to keep the visit team the same. If one or more of the original visit team members is not available for the newly assigned visit date, a new visit team member will be assigned. (Slide 16)

**Questions related to the COVID-19 Guidance Updates Section of the Presentation:**

23. Since programs have already made changes for clinicals, will they be able to do them for the remainder of the 2020 academic year without submitting an Application for Approval of Substantive Change?
   a. Submission and approval of an Application for Approval of Substantive Change will not be necessary for the temporary changes made to clinical education while CAPTE’s guidance remains in effect. Starting in September 2020, programs will complete a COVID-19 Impact Report Survey online every six months to report temporary changes and their impact on the program. (Slide 19)
24. What type of information will be asked on the CAPTE COVID-19 Impact Report Survey?
   a. The survey will ask questions about the effects of COVID-19 and resulting changes made by the program due to COVID-19 during the six-month period March 1-August 31, 2020. Most of the questions relate to the reporting requirements as outlined in Rule 9.13 of CAPTE’s “Rules of Practice and Procedure.” (Slide 19)

25. Will CAPTE share the aggregate data from the CAPTE COVID-19 Impact Report Survey that programs will be required to complete?
   a. It is CAPTE’s hope to be able to provide program directors with aggregate data from the COVID-19 Impact Report Survey in late December or early January. The survey link will be sent out to programs directors by September 1, 2020, and will be due back by October 1, 2020. (Slide 19)

26. Are programs required to comply with CAPTE COVID-19 guidance documents in order to remain accredited? Information from the Town Hall Meeting implied that it was optional.
   a. It is up to each individual program to decide whether or not to follow the guidance offered by CAPTE in its COVID-19 Guidance Documents. The April 14, 2020, --CAPTE Guidance Document (revised 4/15/2020) stated the following:
      “CAPTE appreciates that there are unique circumstances for each program and for their individual students. Since our education community cannot anticipate every situation in these rapidly changing times, CAPTE would have difficulty providing specific direction for individual circumstances in a broad way. The guidance CAPTE provides is meant to assist programs in their decision-making processes during this crisis.

CAPTE does trust that programs will make the right decisions for their programs and students, even if guidance is not explicitly stated in recent correspondence. It is the collective responsibility [of programs and CAPTE] to ensure public protection and student success for graduating students who demonstrate entry-level competence across the continuum of care.”

   It also indicated the following relevant to clinical education:
   “For students who are actively enrolled in a program where the school chooses to follow the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing that is in effect, those guidance exceptions will carry through until graduation, unless the program chooses to return to their pre-COVID-19 policies and procedures for those students.” (Slide 22)

27. When will CAPTE inform programs if distance learning is extended beyond fall 2020?
   a. CAPTE is recognized by the Department of Education (DOE) and the Council for Higher Education Accreditation and must comply with their respective standards. Currently, the DOE has not provided any guidance relevant to distance education beyond December 31, 2020. Please refer to the May 18, 2020 (Revised May 26, 2020), CAPTE Guidance Document for details. If CAPTE learns that the Department of Education extends its allowance for distance learning into the Spring 2021 semester, then CAPTE will extend that same guidance to accredited PT and PTA programs.

28. Can the distance education portion of the COVID-19 guidance from CAPTE be delivered through graduation of any student that started the program under the guidance?
   a. No, utilization of distance education is not extended through graduation of any student who started the program under the guidance. The latest CAPTE distance learning guidance is covered in the May 18, 2020 (Revised May 26, 2020), Guidance Document. As indicated earlier, CAPTE must follow the guidance of the Department of Education and is closely
monitoring for any additional guidance from there. CAPTE will review and modify its
guidance and processes as deemed appropriate should the Department of Education
provide further information. If any changes are made, they will be emailed to program
directors and posted on CAPTE’s website. The same Guidance Document indicated the
following:
“For students who are actively enrolled in a program in which the school is following the
CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing,
those guidance exceptions will carry through until graduation, unless the program chooses
to return to its preCOVID-19 policies and procedures for those students. Programs are
expected to maintain appropriate documentation that supports their decisions and
outcomes. Permanent program changes must follow the procedures for reporting and
approval of program changes as outlined in Part 9 of CAPTE’s Rules of Practice and
Procedure.” (Slide 20)

29. Will COVID 19 guidance regarding the use of distance education stay in place as long as it is an issue
in any area of the country?
   a. This will be based upon allowances made by the Department of Education. (Slide 20)

30. Does CAPTE have a limitation on the number of pass/fail or satisfactory/unsatisfactory courses that
will be allowed?
   a. No. The April 14, 2020 (revised 4/15/2020), CAPTE Guidance Document states the following:
      “The decision to change the format of course grades as a temporary or permanent change
      in response to COVID-19 is a program’s decision. The following required elements relate to
      grading policies: 3G, 4L, 5B, and 6G (PT) and 6E (PTA). However, none specifically say a
      program cannot change the format for determining course grades. Programs would need to
      ensure that they remain in compliance with those required elements. Policy changes do not
      need to be reported, but the program should maintain a record of the policy changes as
      noted above.”

31. If programs are looking at reducing cohort applicants or cohort size, is CAPTE considering moratoria
   on opening new programs given the state of clinical internship and lack of sites?
   a. In consultation with legal counsel, it was indicated that moratoria on new programs could
      be viewed as restraint of trade. Thus, CAPTE is not considering them for new programs or
      Applications for Approval of Substantive Change for an increase in cohort size at this time.

32. How will CAPTE view employment, retention, and licensure pass rates given the effects of COVID-19?
   a. Once CAPTE has the data from the first COVID-19 Impact Report Survey and the quarterly
      reports provided by the Federation of State Boards of Physical Therapy, we will have a
      better idea of the effects of COVID-19 on employment, retention, and licensure pass rates.
      This information will also be reported in each program's 2020 Annual Accreditation Report,
      which will provide CAPTE with additional information of the effects of COVID-19. CAPTE will
      provide information relevant to these rates as appropriate.

33. How do we report declining employment rates properly?
   a. This information would be reported via the program’s Annual Accreditation Report each
      year, using the employment definition provided.

34. Will all students currently enrolled or starting before the COVID guidance is removed be allowed to
   follow CAPTE COVID guidance regarding the minimal amount of time spent in clinical education
   experiences?
   a. Yes, programs, if they wish, can follow the COVID-19 guidance related to clinical education
      for students currently enrolled or starting before the guidance is removed. As stated in slide
26. Clinical education guidance exceptions will carry through until graduation of these cohorts. (Slides 22-24)

35. What if the structure of clinical education has to be changed (i.e., # of weeks) and we expect those changes to persist into the next academic year due to trickle-down effects of COVID-19? Would this require an Application for Approval of Substantive Change, or can it be reported in the COVID-19 Impact Report Survey?
   a. The COVID-19 guidance will remain in effect for however long the pandemic is impacting programs and allowed by the Department of Education. CAPTE will provide notice when the guidance ends with sufficient time to allow programs to adjust. CAPTE has indicated that changes made to curriculum sequences and clinical education hours for a given cohort can remain in place through graduation of the cohort(s) affected. Please refer to CAPTE’s COVID-19 Guidance Documents for additional details/information. (Slide 25)

36. Can simulations for inpatient experiences with mock patients and outside help from clinicians be used for required clinical education hours? Or are simulations allowed only to assess if students are prepared to graduate with the appropriate skills, or to supplement breadth and depth and not toward the minimum clinical education time required?
   a. The addendum in the April 14, 2020 (revised April 15, 2020), CAPTE COVID-19 Guidance Document indicates that it is up to core faculty to determine what, if any, alternative learning experiences will be used. The intent was to provide core faculty with options, should they wish to use them, if students were unable to complete clinical education experiences during the pandemic. It is not meant to routinely substitute for clinical education. (Slide 23)

37. If we are using simulated clinical cases in labs, is it on a one-to-one hour calculation?
   a. Determination of the equivalency is up to the program and institution; CAPTE would expect that program and institutional policies are followed. We suggest that items such as these be reviewed and approved by administration prior to implementation. (Slide 23)

38. Does what program core faculty deem to meet an acute care requirement also meet CAPTE’s requirement?
   a. As outlined in CAPTE’s various COVID-19 Guidance Documents, CAPTE is trusting program core faculty to make decisions that are in the best interests of the program’s students and the public. Core faculty are responsible for ensuring public protection and for graduating students who demonstrate entry-level competence across the continuum of care. CAPTE appreciates that there are unique circumstances for individual students. When a student in their last year/12 months of the program does not meet each of the CAPTE expectations outlined in the CAPTE Guidance Documents, the program is responsible for developing an equivalent plan that, when successfully completed, demonstrates that the student met entry-level expectations. An equivalent plan may include the use of student experiences and skills gained during the student’s time in the program. (Slides 22-25)

39. If our program outcomes require students to have final clinicals in outpatient and inpatient, can we modify this policy temporarily due to COVID-19 for the students in the final 12 months of the program, as long as we determine alternative means of meeting breadth and depth?
   a. As outlined in various CAPTE COVID-19 Guidance Documents, program policies can be temporarily changed to address the impact of the pandemic. Please refer to the various Guidance Documents for additional information or contact the appropriate lead specialist to get your questions answered. (Slides 22-25)
40. Please clarify the number of clinical weeks required for DPT students while under COVID guidelines for PT programs—is it 30 weeks for students not in final year of program and 28 weeks for students in final year?
   a. CAPTE’s COVID-19 guidance allows PT programs to require fewer than the minimum number of full-time weeks that are delineated in the Standards and Required Elements. For students within the final 12 months of the program (or the last year of the program), 28 weeks of full-time clinical experiences is required for PT programs. For students that have not yet entered into the last 12 months/last year of the program, PT programs can, if they wish, require only the minimum time delineated in the Standards and Required Elements (30 weeks of full-time clinical experiences). (Slides 22 - 24)

41. If DPT students are starting full-time internships in August 2020 and graduate in May 2021, would they be considered in their last year of the program? In other words, would they fall under the 28 weeks of full-time clinical education?
   a. Yes. The April 14, 2020 (revised 4/15/2020), CAPTE Guidance Document stated the following:
      “For students who are actively enrolled in a program where the school chooses to follow the CAPTE COVID-19 guidance on clinical education experiences and curriculum sequencing that is in effect, those guidance exceptions will carry through until graduation, unless the program chooses to return to their pre-COVID-19 policies and procedures for those students.”

   CAPTE would also like to clarify that students who enter their final year/12 months of a program before CAPTE terminates its COVID-19 guidance on clinical education experiences and curriculum sequencing will be allowed to follow the CAPTE guidance, provided the program chooses to follow it. (Slides 22 & 23)

42. Our college administration is considering holding off on admission for the new fall cohort of our program due to lack of CE sites. What will this require if it proceeds?
   a. Per CAPTE Rules (found at capteonline.org), Part 9, Procedures for Reporting and Approval of Program Changes, programs are required to notify CAPTE within one week of the decision to not admit a cohort of students. Reporting requirements are listed in § 9.4 (c)(1). Notification must occur outside of other reporting requirements (e.g., Self-study Report, Annual Accreditation Report; Compliance Report) and should be sent to accreditation@apta.org. Cohorts can only be suspended for up to two years.

43. Can you please clarify the clinical hours for PTA students? Is the 440 (usual 520) full-time hours or do integrated clinicals count toward the total 440 hours?
   a. PTA clinical education hours include integrated and terminal experiences for PTA students. As new students enter the PTA program, a plan for the clinical education program should be developed for the new cohort. CAPTE expects the plan, at a minimum, would be 520 hours for new cohorts. In addition, it is expected that each student will meet the required depth and breadth of placements as required by the program’s policies and Elements 6L1 and 6L2 of the Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs (SRE). If COVID-19 continues as this new cohort enters their final 12 months of the program, CAPTE expects a minimum of 440 hours to be completed and expects students have had clinical education experiences in the management of patients with diseases and conditions commonly seen in practice across the lifespan (SRE 6J2) and in settings representative of those in which PT is commonly practiced (SRE 6J1). Students must have achieved entry-level in one of their terminal experiences as assessed by the program’s clinical assessment tool(s) or other tools that are used by the program. (Slides 22 - 24)
44. If a PTA student reaches entry-level during a 3x/week clinical education experience and meets the 440 hours, will they be able to graduate?
   a. It is unclear from the question if the 3x/week clinical education experience is a terminal or integrated experience. As outlined in CAPTE's various guidance documents, PTA students are expected to achieve entry-level during a terminal clinical experience. (Slides 22-24)

45. If our PTA program has no long-term care facilities, and few acute care or hospital sites, that will take students due to COVID-19 can we use other learning experiences to meet the depth and breadth requirements outlined in the SREs?
   a. CAPTE's COVID-19 Guidance Documents provide guidance for situations such as this. What you described is a good example of developing alternative learning experiences to meet the depth and breadth requirements for students in their last year/12 months of the program. (Slide 23)

46. Our PTA curriculum contains clinical experiences in the fall and then again in the spring. Must we still send students out both semesters, or can we do the full 440 hours in the final spring semester? Also, can you please clarify the expectation of integrated clinical experiences for PTA programs?
   a. While Element 6D in the PTA Standards and Required Elements delineates the expectation for both integrated and terminal clinical education experiences, during the pandemic CAPTE's Rules of Practice and Procedure, specifically §9.13, allow curriculum sequence changes to be made without CAPTE approval.

   CAPTE encourages programs to consider changes that would ensure student readiness for clinical education and facilitate timely progress through the program. The availability of clinical sites, the ability to return to on-campus classes, and unknown factors that are not within the program's control may temporarily increase the number of terms needed to complete the program. Programs may need to move integrated experiences to another term in the curriculum plan, perhaps at the end of all courses. Programs still need to meet the minimum clinical hours, programmatic clinical requirements and expectations of 6J1-5 to determine entry level achievement. (Slides 22-24)

47. For PTA programs, do the clinical education hour requirements include both full-time and part-time clinical hours?
   a. For PTA programs, part-time clinical education hours are permitted for integrated clinical experiences. However, full-time clinical education hours are required for terminal clinical experiences. All hours (both part-time and full-time) count toward the total clinical education hours required for PTA programs.

48. Do part-time clinical education weeks only count for PTA program or for PT programs as well?
   a. Part-time clinical education weeks only count for PTA programs. This is because the PTA Standards and Required Elements do not specify full-time clinical education hours in Element 6K. However, Element 6M in the PT Standards and Required Elements specify a minimum number of full-time weeks and therefore part-time clinical education experiences are not included in this requirement.

49. The rules currently prohibit Applications for Approval of Substantive Change while the program is in the reaccreditation cycle. Will CAPTE allow for any flexibility in that timing restriction during the coming year secondary to COVID-19?
   a. Programs should reach out to their respective lead specialist to discuss the nature and timing of any Application for Approval of Sustentative Change requests they are interested in submitting.
50. For students who were unable to graduate on time due to clinical closure but completed within two months of their normally scheduled graduation date, may we count them with the original cohort instead of the 150% cohort?
   a. Programs will need to follow the graduation rate calculation instructions in the 2020 Annual Accreditation Report. Based on the instructions, if they graduate in 100% or 150% of the time, this will have no effect on the program’s graduation rate. The graduation rate formula is: number of students who graduated on time plus number of students who graduated within 101%-150% of program length divided by number of new students admitted minus the number who did not complete for reasons other than academic or clinical deficit.

51. Is there a CAPTE statement to support programs who are approaching their respective administrators about offering hands-on lab experiences in cases where the university closes down? Can programs convert lab experiences to completely virtual on a temporary basis or is hands-on lab required for lab-based courses? If so, what percentage of hands on is required?
   a. CAPTE published this statement in the March 16, 2020 COVID-19 Guidance Document: “Under Standard and Required Element 4N, the collective core faculty of a program are responsible for ensuring that students are safe and ready to progress to clinical education. The program is not prohibited from exploring a variety of ways to develop skills and assess for competence, including psychomotor skills, for all required curriculum content (Standard 7). CAPTE believes that core faculty are in the best position to make decisions about student competence, including psychomotor skill demonstration, and the Commission trusts that performance assessments used by programs will be effective in assessing student readiness and safety.”

   CAPTE does not have requirements for the percentage of lab experiences taught or tested in a hands-on format. The skills taught and tested via an online format are up to the program.

52. I am considering suggesting to our college administration a change in format of clin ed schedules, pushing to later over current integrated. Will this require a request to CAPTE?
   a. It will need to be reported as part of the COVID-19 Impact Survey; the first survey will be done September 2020. During COVID, §9.13 in CAPTE’s Rules of Practice and Procedure allows programs to make temporary changes to the curriculum sequence without prior approval.

53. Will CAPTE require that programs post-COVID-19 come up with plans to return to pre-COVID levels, if indeed they faced severe budget cuts because of COVID?
   a. Once COVID-19 is resolved, CAPTE will determine post COVID-19 program requirements and the appropriate time frame in which they will be required to be addressed.

Additional Questions & Answers:

54. What is the status of individuals being identified as core faculty at two DPT institutions?
   a. A CAPTE task force is reviewing how core faculty is defined in the hopes of providing clarity to this and several other issues. As soon as their work is completed and approved by the commission, the information will be provided to programs.

55. Can we count as a core faculty member a PT faculty member who was promoted to a dean position but is still considered tenured faculty in the program?
   a. Yes, if the dean participates in the program as a core faculty member, i.e., has involvement in the program duties that are the responsibility of the core faculty as delineated in the PT Standards and Required Elements and meets the definition of core faculty found in the PT SREs. If you have questions or concerns about specific situations, please reach out to the lead PT programs specialist.
56. How long does a PTA program have to replace a core faculty member after they retire?
   a. Element 8A requires PTA programs to have two full-time faculty dedicated to the program, one of which must be a PT. Programs have two years to come into compliance with all Elements in the Standards and Required Elements for PT/PTA Programs. A Warning for pending probation is issued at 12 months, informing the program that probation will be issued at 18 months if the program remains out of compliance. Please refer to CAPTE’s Rules of Practice and Procedures, Part 8, for additional information.