

# Physical Therapist Assistant Education Program Accreditation

**IMPORTANT NOTICE:** This document is provided only for the purpose of comparing the 2024 Standards & Elements with the 2016 Standards & Elements. It is NOT to be used to create a Self-study Report (SSR) or Application for Candidacy (AFC). This document does not contain the required narrative evidence, appendices, on-site materials and forms. These are only provided in the SSR & AFC documents.

2016 SREs	Crosswalk information	2024 SREs	Notes/comments
<b>Standard 1</b>			
<p>1A The mission<sup>1</sup> of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation<sup>2</sup> of physical therapist assistants.</p> <p>Evidence of Compliance: Narrative:</p> <p>☐ Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.</p> <p>☐ Describe the congruency of the program's mission statement with the institution and unit(s) missions.</p> <p>☐ Describe the consistency of the program's mission with contemporary professional expectations for the preparation of physical therapist assistants.</p> <p>Appendices &amp; On-site Material: See SSR Instructions &amp; Forms</p>	No change	<p><b>1A</b> The mission<sup>1</sup> of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation<sup>2</sup> of physical therapist assistants.</p> <p>Evidence of Compliance: Narrative:</p> <p>☐ Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.</p> <p>☐ Describe the congruency of the program's mission statement with the institution and unit(s) missions.</p> <p>☐ Describe the consistency of the program's mission with contemporary professional expectations for the preparation of physical therapist assistants.</p> <p>Appendices &amp; On-site Material: See SSR Instructions &amp; Forms</p>	

<p>1B The program has documented goals<sup>3</sup> that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.</p> <p>Evidence of Compliance: Narrative:</p> <p>☐ Provide the goals, including those related to:</p> <ul style="list-style-type: none"> <li>o Students and graduates (e.g., competent clinicians, leaders in the profession);</li> <li>o Faculty (e.g., achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or</li> <li>o The program (e.g., contributing to the community, development of alternative curriculum delivery models).</li> </ul> <p>☐ Describe how the goals reflect the program’s stated mission.</p> <p>Appendices &amp; On-site Material: See SSR Instructions &amp; Forms</p>	<ul style="list-style-type: none"> <li>• In the last part of the sentence the phrase “and that lead to expected program outcomes” was omitted.</li> <li>• In the statement “reflect contemporary physical therapy education and practice” the word <i>research</i> was added before “and practice”.</li> </ul>	<p>1B The program has documented goals* that are based on its mission and reflect contemporary physical therapist assistant education, <b>research</b> and practice.</p> <p>Evidence of compliance: Narrative:</p> <ul style="list-style-type: none"> <li>• Provide student, graduate*, faculty and program goals that reflect the program’s stated mission and that contribute to the achievement of expected program outcomes.</li> </ul> <p>Appendices and on-site material: See SSR instructions and forms.</p>	
<p>1C The program meets required student achievement measures<sup>4</sup> and its mission and goals as demonstrated by actual program outcomes.</p>	<p>No changes</p>	<p><b>1C</b> The program meets required achievement measures as determined by the program.</p> <p><b>1C1</b> Graduation rates* are at least 60% averaged over two</p>	

<p>1C1 Graduation rates<sup>5</sup> are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.</p>		<p>years. If the program admits more than one cohort per year, the two-year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.</p>	
<p>1C2 Ultimate licensure pass rates<sup>6</sup> are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.</p>	<p>A note was added that states “the Federation of State Boards of Physical Therapy (FSBPT) labels this “weighted average ultimate pass rate”.</p> <p>Changes in the evidence added</p>	<p>Ultimate licensure pass rates* are at least 85%, averaged over two years. Note: The Federation of State Boards of Physical Therapy (FSBPT) labels this “weighted average ultimate pass rate.”</p> <p>When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.</p> <p>Evidence of compliance: Narrative:</p> <ul style="list-style-type: none"> <li>● Provide the program’s most current licensure pass rate data available through the FSBPT:</li> <li>● First-time pass rates for all cohorts that have graduated in the past two academic years.</li> </ul>	

		<ul style="list-style-type: none"> <li>• Two-year ultimate pass rate based on the following data:</li> <li>• Number of graduates who took the exam at least once.</li> <li>• Number of graduates who passed the exam after all attempts.</li> <li>• If program graduates do not routinely take the National Physical Therapy Examination (NPTE), provide equivalent data.</li> <li>• If outcomes fall below the standard, provide assessment in Standard 2.</li> <li>• For Initial Accreditation only: Identify that there are no graduates and provide the expected time frame to collect and analyze graduate data.</li> </ul>	
1C3 Employment rates <sup>7</sup> are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.	Added: “as a physical therapist assistant” in the required element wording and in the Evidence of compliance. Also added in the Evidence of compliance: “If outcomes fall below the standard, provide assessment in Standard 2.”	<b>1C3</b> Employment rates*, as a <b>physical therapist assistant</b> , 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%.	

1C4, 1C5, 1C6	Eliminated from the 2024 SREs	Wording (entry level practice, goals/missions, and outcome	
		achievement) included in other required elements like 1B	
2016 SREs	Crosswalk information	2024 SREs	
<b>Standard 2</b>			
2A The program has documented and implemented on-going, formal, and comprehensive program assessment processes that are designed to determine program effectiveness and used to foster program improvement	Wording/Topic changed –Old 2A wording similar to new 2C and new 2A similar to old 2D	<b>2A</b> 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 healthcare environment, and the nature of contemporary physical therapy practice*.	

<p>2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:</p> <p>2B1 the admissions process and criteria meet the needs and expectations of the program.</p> <p>2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs.</p> <p>2B3 the collective core, associated and clinical education faculty meet program and curricular needs.</p>	<p>Wording/Topic changed</p>	<p><b>2B</b> The program promotes a culture of justice*, equity*, diversity*, inclusivity* (JEDI), belonging* and anti-racism*</p>	
<p>2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.</p> <p>2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.</p>			

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

<p>2D The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.</p>	<p>Changed – old wording similar to new 2A New wording brings concepts similar to old 1C4-6 and adds 2B1-5 back in with updated language. The new language also adds many of the components formerly seen in Standard 8 (now eliminated).</p>	<p><b>2D</b> 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.</p> <p><b>2D1</b> The admissions process, criteria, and prerequisites meet the needs and expectations of the program.</p> <p><b>2D2</b> Program enrollment appropriately reflects available resources, program outcomes, and local, regional, and national workforce needs.</p> <p><b>2D3</b> The collective core*, associated* and clinical education faculty* possess the expertise to meet program and curricular needs and expected program outcomes.</p> <p><b>2D4</b> Students demonstrate entry-level clinical</p>	
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		<p>performance during clinical education experiences prior to graduation.</p> <p><b>2D5</b> Program graduates* (post-degree conferral) meet the expected outcomes as defined by the program.</p> <p><b>2D6</b> 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.</p> <p><b>2D7</b> Program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.</p>	
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No 2E in the old SREs.... similar to the wording in the old 2C		<b>2E</b> 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.	
2016 SREs	Crosswalk information	2024 SREs	
<b>Standard 3</b>			

3A The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.	Minor wording change to include physical therapist assistant education program	<b>3A</b> 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.	
3B The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).	No change	<b>3B</b> 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.	
3C Institutional policies <sup>9</sup> related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including, but not limited to, providing for reduction in teaching load for administrative functions.	Wording changes to include “The core faculty determine student progression through all stages of the program”.	<b>3C</b> 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.	

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).	Minimal changes to wording. “and the public” with description was moved to the narrative below the required element.	<b>3D</b> Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.	
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.	No changes	<b>3E</b> 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.	
3F Policies, procedures, and practices exist for handling complaints <sup>13</sup> that fall outside the realm of due process <sup>14</sup> , including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.	Topic changed. The topic of old 3F moved to new 3G. The new 3F was previously covered in the old 3G.	<b>3F</b> Program specific policies and procedures are compatible with institutional policies and with applicable law.	

3G Program specific policies and procedures are compatible with institutional policies and with applicable law.	3F and 3G were exchanged in the new and old SREs	<b>3G</b> Policies, procedures, and practices exist for handling complaints including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.	
3H Program policies, procedures, and practices provide for	No 3H in the new SREs	There is no 3H required element in the new SREs...most items were moved to the new 4I	

<p>compliance with accreditation policies and procedures including:</p> <p>3H1 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;</p> <p>3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;</p> <p>3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;</p> <p>3H4 timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and</p> <p>3H5 coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance</p>			
2016 SREs	Crosswalk information	2024 SREs	
<b>Standard 4</b>			

4A Each core faculty member, including the program director and clinical education coordinator, has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT content hold an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction.	No change	<b>4A</b> Each core faculty* member has a minimum of three years of full-time* (or equivalent) post-licensure clinical experience in physical therapy practice, 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 (PTs) or Physical Therapist Assistants (PTAs) hold an active, unrestricted 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.	
4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time (or equivalent) post-licensure clinical experience in physical therapy.	Change in topic – old 4B eliminated. New 4B = old 4C.	<b>4B</b> 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.	
4C Each core faculty member has a record of institutional or professional service	New 4C = old 4D Old 4C = new 4B	<b>4C</b> Each associated faculty* member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in <b>both</b> teaching and evaluation of student learning.	

4D Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.	New 4D = old 4E Old 4D = new 4C	<b>4D</b> 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.	
4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.	New 4E = old 4F Old 4E = new 4D	<b>4E</b> Evaluation of associated faculty* occurs and results in a plan to address identified needs.	



4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.	<p>New 4F = old 4G Old 4F = new 4E</p> <ul style="list-style-type: none"> <li>*change in narrative of 4F: Professional development or education in ALL of the following: educational theory and methodology, instructional design,</li> </ul>	<b>4F</b> The Program Director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education.	
	<p>student evaluation, and outcome assessment. Provide evidence of a minimum of 60 contact hours of professional development or education that includes SOME contact hours in all of the four content areas.</p>		
4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education.	<p>New 4G = old 4H Old 4H = new 4F</p>	<b>4G</b> The Program Director provides effective leadership for the program including, responsibility for communication, program assessment and planning, fiscal management, and faculty professional development/evaluation.	

4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.	New 4H = new language related to decision-making authority for PD in financial/budgetary resources Old 4H = New 4G	<b>4H</b> The Program Director has <u>appropriate</u> 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.	
4I The clinical education coordinator is a physical therapist or physical therapist assistant who	New 4I = all the requirements of the PD related to leadership of the	<b>4I</b> The Program Director is responsible for compliance with	

<p>holds an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice experience must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a PT or PTA program.</p>	<p>program similar to wording in the old 3H. Old 4I = new 4J</p>	<p>accreditation policies and procedures including:</p> <p><b>411</b> 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.</p> <p><b>412</b> Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.</p> <p><b>413</b> Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.</p> <p><b>414</b> 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; and</p> <p><b>415</b> Coming into compliance with accreditation Standards and</p>	
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Required Elements within two

		years of being determined to be out of compliance.	
4J The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.	New 4J = old 4I Old 4J = new 4K	<b>4J</b> The Director of Clinical Education/Academic Coordinator of Clinical Education (DCE/ACCE) holds an active, unrestricted 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 (SCCE) or Clinical Instructor (CI) 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.	
4K The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to	New 4K = old 4J Old 4K eliminated	<b>4K</b> 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.	

program mission and institutional expectations and assigned program responsibilities.			
4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.	4L = minimal change	<p><b>4L</b> 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:</p> <ul style="list-style-type: none"> <li>• Admission requirements.</li> <li>• Grading policy.</li> <li>• Minimum performance levels, including those relating to professional and ethical behaviors, and student progression through the program.</li> <li>• Development, review, and revision of the curriculum with input from other appropriate communities of interest.</li> </ul>	

4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.	Old 4M eliminated – topic covered in 2D3 evidence of compliance narrative New 4M = old 4N	<b>4M</b> The collective core faculty are responsible for assuring that students are professional, competent, and safe and ready to progress to clinical education.	
4N The collective core faculty are responsible for assuring that students are professional, competent, and safe and ready to progress to clinical education.	New 4N = old 4O Old 4N = new 4M	<b>4N</b> 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.	
4O Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience and are effective role models and clinical teachers.	Old 4O = new 4N	No new 4O	
2016 SREs	Crosswalk information	2024 SREs	
<b>Standard 5</b>			

5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity of the student body.	Language change = same topic	<b>5A</b> The program has written policies, procedures, and practices that are related to student <b>recruitment and admission</b> and are based on appropriate and equitable criteria and applicable law and meet the needs of the program.	
5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.	Language change = same topic	<b>5B</b> 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.	



5C 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.	Old 5C = new 5E New 5C = old 5D	<b>5C</b> 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.	
5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.	New 5D = old 5E Old 5D = new 5C	<b>5D</b> The program has written program 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.	
5E Policies, procedures, and practices related to student retention, student progression and dismissal through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.	New 5E = old 5C Old 5E = new 5D	<b>5E</b> 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.	
2016 SREs	Crosswalk information	2024 SREs	
<b>Standard 6</b>			

<p>6A The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.</p>	<p>Changed added to new 6A =</p> <ol style="list-style-type: none"> <li>1. Completed in a <u>minimum</u> of four semesters or 64 academic weeks.</li> <li>2. Includes a <u>minimum</u> of 520 total clinical hours composed of both integrated* and fulltime* 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.</li> </ol>	<p>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</p>	
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		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 fulltime* 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.	
6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based.	No changes	<b>6B</b> 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.	
6C The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.	Old 6C and 6D combined into the required element and evidence of compliance in the new 6C	<b>6C</b> 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.	

<p>6D The curriculum plan includes a series of organized, sequential, and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems<sup>35</sup>, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated<sup>36</sup> and full-time terminal<sup>37</sup> experiences.</p>	<p>New 6D = old 6E Old 6D combined with 6C into new 6C</p>	<p><b>6D</b> The curriculum includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.</p>	
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6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	New 6E = old 6J3 and 7D7 Old 6E = new 6D	<b>6E</b> The didactic and clinical curriculum includes intraprofessional (PT/PTA) and interprofessional (PTA with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intraprofessional and interprofessional competencies including, but not limited to, values/ethics,	
		communication, professional roles and responsibilities, and teamwork.	
6F The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.	New 6F = old 6I Old 6F = new 6C evidence of compliance narrative	<b>6F</b> If the curriculum includes courses offered by distance education* methods, the program provides the following evidence:	

6G The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	New 6G = old 6J Old 6G = new 6C evidence of compliance narrative	<b>6G</b> The clinical education component of the curriculum includes clinical education experiences for each student that encompass, health and wellness, prevention, management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care; in practice settings representative of those where physical therapy is practiced.	
6H The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to	Old 6H = new 6C evidence of compliance narrative	No 6H – standard 6 ends at 6G	
learning objectives and includes expectations for safe practice during clinical education experiences.			
6I If the curriculum plan includes courses offered by distance education methods, the program provides evidence	Old 6I covered in new 6F	No new 6I	

6J The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to	Old 6J covered in new 2D	No new 6J	
6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters or 80 academic weeks or 104 calendar weeks, including 520-720 hours of clinical education.	Old 6K covered in new 6A	No new 6K	
6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.	Old 6L covered in new 6A	No new 6L	
2016 SREs	Crosswalk information	2024 SREs	
<b>Standard 7</b>			

<p>7A The physical therapist assistant program curriculum requires a complement of academic general education coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education coursework by the institution or program.</p>	<p>New 7A breaks down into components of old 7A in 7A1, as well as new component subjects of movement science, body system interactions, pain and pain experiences, and psychosocial aspects of health and disability.</p>	<p>7A The physical therapist assistant curriculum includes content and learning experiences in general and technical education necessary for entry-level practice. Topics covered include:</p> <p>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.</p> <p>7A2 A complement of technical courses appropriate to the degree offered that includes body system interactions, health and surgical conditions across the lifespan, movement sciences, pain and pain experiences, and psychosocial aspects of health and disability.</p>	
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<p>7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.</p>	<p>Old 7B covers the body systems and conditions across the lifespan that is now seen in the new 7A. New 7B includes a breakdown which includes ethics and values, professional development, services, leadership, etc. This includes 7B1 that refers to APTA documents on ethics and values, 7B2 that covers legislative/political concerns, community collaboration and health disparity concerns. 7B3 covers practice within federal and state requirements.</p>	<p>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 healthcare environment.</p> <p>7B1 Practice in a manner consistent with the <i>Standards of Ethical Conduct (APTA) and APTA Core Values for the Physical Therapist and Physical Therapist Assistant</i></p> <p>7B2 Provide learning experiences to develop service and leadership skills and abilities that address the following:</p> <ul style="list-style-type: none"> <li>a. Legislative and political advocacy</li> <li>b. Community collaboration</li> <li>c. Healthcare disparity</li> </ul> <p>7B3 Practice within the legal framework of one's jurisdiction(s) and relevant federal and state requirements.</p>	
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7C The technical education component of the curriculum includes content and learning experiences that prepares the	New 7C broken down into specifics in 7C1-3 covering evidence based practice,	7C The physical therapist assistant technical curriculum provides learning experiences in lifelong	
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<p>student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.</p>	<p>communication, and healthcare disparities as it relates to PT.</p>	<p>learning, education, and healthcare disparities* in the ever-changing health care environment.</p> <p>7C1 Provide learning experiences in contemporary physical therapy knowledge and practice including:</p> <ul style="list-style-type: none"> <li>• Evidence-informed practice*</li> <li>• Interpretation of statistical evidence</li> <li>• Clinical reasoning and decision-making</li> </ul> <p>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 healthcare professionals.</p> <p>7C3 Provide learning experiences that advance the students understanding of healthcare disparities* in relation to physical therapy</p> <p>Recognize and adjust personal behavior to optimize inclusive and equitable patient care and patient care environments</p>	
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7D Courses within the curriculum include content designed to prepare program students to: 7D1-7D31	New 7D has reduced the number of specific course content from 31 to 13 areas of content.	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. 7D1-7D13	
<b>Standard 8</b>			
8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members	Now found in 2D3, 4L and 4M	There is no standard 8 in the new SREs	

dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.			
8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.	Now 2D6		
8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.	Now 2D6		

<p>8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.</p> <p>8D1 Classroom and laboratory environments are supportive of effective teaching and learning.</p> <p>8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.</p> <p>8D3 Students have access to laboratory space outside of</p>	<p>In both 2D6 and also mentioned in 4G as part of PD responsibilities</p>		
<p>scheduled class time for practice of clinical skills.</p> <p>8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.</p> <p>8D5 Technology resources meet the needs of the program.</p>			
<p>8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.</p>	<p>Now in 2D6</p>		

8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.	Now in 2E		
8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the	Now addressed in 5E		
institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.			
8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.	Addressed for distance education in 6F; prospective and enrolled students in 5B		