**Commission on Accreditation in Physical Therapy Education**

**AASC Forms Packet (May 2020, June 2020, Jan 2021, Feb 2022, Nov 2022, Feb 2024)**

**Instructions:**

* The Appendix List and the AASC Change Guide with Key February 2024 document delineate required appendices for specific AASCs.
* Required naming conventions are identified in the Appendix List.
* If program wishes to provide additional appendices, add rows, list items and file name of the appendix to the Appendix list.
* **The Appendix list is one of the required appendices.**
* Items marked with an asterisk (\*) indicates items requested multiple times; although they apply to multiple Elements**, you are only providing it once.**
* **Required formats** are provided in this Forms Packet.
* All documents must be in PDF (or equivalent) format **except for the two documents that are identified as Word (or equivalent) documents.**
* If requested policies or information live in a **supporting document** (e.g., Student Handbook, Faculty Handbook, catalog), **separate files with separate policies or information** **are NOT needed**. If applicable, provide the supporting document bookmarked for the requested information. In the narrative, identify the page numbers where the requested policies are found, if applicable.
  + Replace file name in Appendix List with name of supporting document
  + **IMPORTANT:** must be bookmarked to identify required information
* The **Signature Page** can be found on the CAPTE Accreditation Resource Page. Don't wait until are you ready to obtain signatures to check who is pulling into your signature page. While Accreditation staff makes changes as quickly as possible, the updates may not occur when you need them. If necessary, handwrite changes on the form. Electronic signatures placed in a PDF are acceptable.
* Forms in this packet include the following. They are to be provided as PDFs; except where indicated.

|  |  |
| --- | --- |
| **Page number** | **Name of Form** |
| 2 | Appendix List-**Must be Word document** |
| 9 | AASC Summary Chart - **Must be Word document** |
| 11 | Needs Assessment **Note: includes workforce needs** |
| 14 | Program Assessment Matrix |
| 20 | Core Faculty Workload form |
| 21 | Associated Faculty Workload form |
| 22 | CV Format (revised Aug 2022) |
| 24 | Plan of Study Form (previously named Curriculum Summary Form) |
| 25 | Scholarship Form (revised Aug 2022) |
| 27 | 7A Chart – PT Programs |
| 28 | 7B Chart – PT Programs |
| 29 | 7B Chart – PTA Programs |
| 30 | 7C Chart – PT Programs |
| 32 | Budget Form |
| 33 | Additional CE Placements Needed by Course |
| 34 | Letters of Intent (LOI) (AASC): Required for all additionally needed slots Must be dated within one year of required CAPTE submission date; if not, then reconfirmation is required; see instructions. |
| 35 | Contact Information Form: Expansion Site |
| 36 | Contact Information Form: Separation of Parent and Expansion |

| **Appendix List: Indicate Yes, No or NA (not applicable) in 'Included' column before including as a Word document** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution** |  | **Date** |  |  |  |  |
| **TYPE OF AASC**  **Check ALL that apply** | **\_\_\_\_ Change in delivery format**  **\_\_\_\_ Increase in number of cohorts**  **\_\_\_\_ Increase in class size**  **\_\_\_\_ Additional offering (expansion)**  **\_\_\_\_ Separation** | **Date of implementation** | **Date of graduation for first cohort** |  |  |  |
| **Elements if applicable** | **Required Appendices** | **Required Format** | **Required for** | **Required naming convention provided below. If have additional appendices, add rows** | **Included:**  **Y/N/NA (PROGRAM)** | **Staff Only** |
|  | Signature Page | Yes | All AASCs; print from Portal | Signature Page.pdf |  |  |
| Opening Description | AASC Summary Chart | Yes | All AASCs | AASC Summary Chart.docx  **Must be Word (or equivalent) document** |  |  |
| Needs Assessment | Yes | * Increase in class size * Any additional cohort | Needs Assessment.pdf  **Note: includes workforce needs** |  |  |
| 2A, 2B | Program Assessment Matrix | Yes | * Separation from parent program * Additional cohort that is different * Prior learning assessment * Competency-based education with direct assessment | Assessment Matrix.pdf |  |  |
| 2C | Curriculum Assessment | No | * Separation from parent program * Additional cohort that is different * Prior learning assessment * Competency-based education with direct assessment | Curriculum Assessment.pdf |  |  |
| 3A, 3B | Institutional Approval | No | All AASCs | Approval-Insitution.pdf |  |  |
| 3A, 3B | State Regulator Approval  On agency letterhead | No | All AASCs except increase in class size; if no approval needed statement to that effect from agency | Approval-State Regulator.pdf **OR**  Approval Not Needed-State Regulator.pdf |  |  |
| 3A, 3B | Institutional Accreditor Approval  On agency letterhead | No | All AASCs except increase in class size; if no approval is needed statement to that effect from agency | Approval-Institutional Accreditor.pdf **OR** Approval Not Needed-Institutional Accreditor.pdf |  |  |
| 3C | Policy Location Chart - the policies and procedures related to **faculty roles and workload** OR  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 3E | Policy Location Chart the policies and procedures related to the **rights, responsibilities, safety, privacy and dignity of program faculty and staff** OR  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 3F | Policy Location Chart the policies and procedures related to **handling complaints that fall outside the realm of due process and the prohibition of retaliation following complaint submission**.  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 3H | Policy Location Chart the policies and procedures related to **maintaining compliance with accreditation policies and procedures.**  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 4A, 4D | For any new hires, provide a written contract or letter of agreement (on institutional letterhead) of hire or future hire, signed by both institutional representative and faculty member. Salary may be redacted. | No | All AASCs | New faculty contract.pdf |  |  |
| 4B | Scholarship Form for new core faculty | Yes | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Scholarship-Last Name.pdf  For example: Scholarship-Smith.pdf |  |  |
| 4G, 4I | CV | Yes | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | CV-last name.pdf |  |  |
| 5A | Policy Location Chart the policies and procedures related to **the student recruitment and admission**,  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 5B | Any of the items delineated in this element are only available online, provide a copy of the relevant webpages | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. |  |  |  |
| 5C | Enrollment agreement, if applicable | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Enrollment Agreement.pdf |  |  |
| 5D | The Policy Location Chart the policies and procedures related to **the rights, responsibilities, safety, privacy and dignity of program students.**  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 5E | The Policy Location Chart the policies and procedures related to **student retention, student progression and dismissal.**  If the policies delineated in this element are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf | No | For all AASCs, except separation, respond to each item in the Evidence of Compliance listing.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for both programs. | Policy location chart.pdf OR Other Policies.pdf |  |  |
| 6E (PTA); 6G (PT) | Syllabi | Yes | For all AASCs except change in delivery format, if there are changes in this element, respond to each item listed below. If no change, the Program response should be: No change.  If this is an AASC for a change in delivery format, responses for each item in the Evidence of Compliance listing are required. | S-prefix number.pdf; for example  S-PT999.pdf |  |  |
| 7A-7C | PT: 7A, 7B & 7C charts  PTA: 7B chart  Use appropriate 7B chart | Yes | For all AASCs, if there are changes in this element, respond to each item listed below for the areas that have changed. If no change, the Program response should be: No change. | 7A PT Chart.pdf  7B PTA Chart.pdf  7B PT Chart.pdf  7C PT Chart.pdf |  |  |
| 8C | For any AASC necessitating a change in budget provide budget data using the Allocations and Expense statements form. If the AASC is for a separation or additional cohort separate budgets must be provided for the current year through the year of graduation for the first cohort impacted by the change. | Yes | If this is an AASC for change in the delivery format of the curriculum, if there are changes due to the substantive change, respond to each item listed below. If no change, the Program response should be: No change.  If this is an AASC for separation, responses for each item are required for the separating and parent programs.  For all other AASCs, respond to each evidence of compliance item.  If the AASC is for any change that would necessitate a change in budgets respond to each Evidence of Compliance for both programs. | Allocation and Expense Form.pdf  **Note:** allocations refer to monies allocated to the program and not total tuition dollars, unless all tuition dollars are allocated to the program, in which case a statement to that effect must be included**.** |  |  |
| 8D1, 8D2, 8D3 | Room schedule per term for each year of the program that identifies capacity and proposed timing of classes | No | If this is an AASC for change in the delivery format of the curriculum, if there are changes due to the substantive change, respond to each item listed below. If no change, the Program response should be: No change.  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for the separating program. For the parent program, if there are changes, respond to each item listed under the Evidence of Compliance for this Element. If no change, the Parent Program response should be: No change.  If the AASC is for an additional program that is at a different location or offered at a different time than the established program, respond to each Evidence of Compliance item.  For all other AASCS, respond to each item listed in the Evidence of Compliance. | Room Schedule.pdf |  |  |
| Floor plans, including access to electricity and plumbing. | No | Floor plans.pdf |  |  |
| Evidence of contractual access to space | No | Contractual Access to Facility.pdf |  |  |
| 8D4 | Chart that lists equipment and identifies for each item the current number and number needed for each year through full implementation of the program and timeline to acquire, if applicable | No | If this is an AASC for change in the delivery format, increase in class size, or increase in cohorts of the curriculum, if there are changes due to the substantive change, respond to each item listed below. If no change, the Program response should be: No change  If this is an AASC for separation, responses for each item in the Evidence of Compliance listing are required for the separating program. For the parent program, if there are changes, respond to each item listed under the Evidence of Compliance for this Element. If no change, the Parent Program response should be: No change.  If the AASC is for an additional program that is at a different location or offered at a different time than the established program, respond to each Evidence of Compliance item. | Equipment List.pdf |  |  |
| 8F | 1. CE Sites Available form  2. Letters of Intent for any additional needed clinical experiences. Signature dates on LOI must be within one year of required CAPTE submission date  3. CE Student Experiences Chart for most recent graduating class demonstrating type of experiences each student had for each full-time clinical experience. Include name of facility and type(s) of experience (e.g., in-patient, out-patient, acute care, rehabilitation, home care, pediatrics, etc.) For programs with multiple cohorts, provide for each cohort. | Yes (CE Sites available form only) | For all AASCs, respond to each item listed in the Evidence of Compliance. |  |  |  |

This form summarizes information in the AASC; if the AASC is approved, the form will be used in follow-up Compliance Reports. **Provide as a Word document.**

| **AASC SUMMARY FORM (May 2020, Jan 2021)** | | | | | | | | | | | | | | | | | | | | **Do Not Write In This Column** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution** |  | | | | | | | | | | | | | | | | | | |  | | | |
| **Program** |  | | | | | | | | | | | | | | | | | | |  | | | |
| **ONLY for program at a different location than established program, identify contact person who will be located on the expansion site 100% of the time. This typically would not be the program director.** | **Name & degrees/credentials:** | | | |  | | | | | | | | | | | | | | |  | | | |
| **Title:** | | | |  | | | | | | | | | | | | | | |
| **Email:** | | | |  | | | | | | | | | | | | | | |
| **Phone:** | | | |  | | | | | | | | | | | | | | |
| **Complete Physical Address:** | | | |  | | | | | | | | | | | | | | |
| **Start Date of 1st Cohort (MM/YY)** | |  | | | | | **Expected Graduation Date of 1st Cohort (MM/YY)** | | | | | |  | | | | | | |  | | | |
| **Number of cohorts/year** | |  | | | | | **Planned Class Size** | | | | | |  | | | | | | |  | | | |
| **Number of Students Actually Enrolled/cohort** | | | | (no response needed at the time of AASC submission) | | | | | | | | | | | | | | | |  | | | |
| **Student Achievement** | **2-year Graduation Rate** | | | | | **Years** | | |  | | | | | **Rate** | | | % | | |  |  |  |  |
| **2-year Licensure Exam Pass Rate** | | | | | **Years** | | |  | | | | | **Rate** | | | % | | |  |  |  |  |
| **2-year Employment Rate** | | | | | **Years** | | |  | | | | | **Rate** | | | % | | |  |  |  |  |
| **Sufficient Number of Faculty** | **Number & FTE of core faculty 1st year of curriculum** | | | | | **Number** | | |  | | | | | | | | | | |  | | | |
| **FTE** | | |  | | | | | | | | | | |
| **Number & FTE of associated faculty involved in 50% or > of a course: 1st year** | | | | | **Number** | | |  | | | | | | | | | | |  | | | |
| **FTE** | | |  | | | | | | | | | | |  | | | |
| **Number & FTE of new positions: 2nd year** | | | | | **Core #** | | |  | | | | | **Core FTE** | | | | |  |  | | | |
| **Associated #** | | |  | | | | | **Associated FTE** | | | | |  |  | | | |
| **Number & FTE of core faculty with full implementation** | | | | | **Core #** | | |  | | | | | **Core FTE** | | | | |  |  | | | |
| **Number & FTE of associated faculty with full implementation** | | | | | **Associated #** | | |  | | | | | **Associated FTE** | | | | |  |  | | | |
| **New faculty lines with full implementation** | | | | |  | | | | | | | | | | | | | |  | | | |
| **Administrative / Secretarial Support** | **Number 1st year** | | | | |  | | | | | **Number full implementation** | | | | | | | |  |  | | | |
| **FTE 1st year** | | | | |  | | | | | **FTE full implementation** | | | | | | | |  |  | | | |
| **Classroom & Labs** |  | | | | | | | | | | | | | | | | | | |  | | | |
| **Office space** |  | | | | | | | | | | | | | | | | | | |  | | | |
| **Operating Expenses** |  | | **1st year** | | | | | | | **2nd year** | | | | | | **3rd year, if applicable** | | | |  | | | |
| **Total Salary, excluding benefits** | |  | | | | | | |  | | | | | |  | | | |  | | | |
| **Faculty development** | |  | | | | | | |  | | | | | |  | | | |  | | | |
| **Clinical education** | |  | | | | | | |  | | | | | |  | | | |  | | | |
| **Operational** | |  | | | | | | |  | | | | | |  | | | |  | | | |
| **Equipment** | |  | | | | | | |  | | | | | |  | | | |  | | | |
| **Other** | |  | | | | | | |  | | | | | |  | | | |  | | | |
| **Clinical Education** | **Number of clinical experiences each student does** | | | | | | | | | **Integrated** | |  | | | | | | | |  | | | |
| **Full time** | |  | | | | | | | |  | | | |
| **Number of additional placements needed** | | | | | | | **Year 1** | |  | | | | | | | | | |  | | | |
| **Year 2** | |  | | | | | | | | | |  | | | |
| **Year 3** | |  | | | | | | | | | |  | | | |
| **Clinical Education Coordinator 1st year** | | | | | | | **Number** | |  | | | | | **FTE** | | |  | |  | | | |
| **Clinical Education Coordinator with full implementation** | | | | | | | **Number** | |  | | | | | **FTE** | | |  | |  | | | |

**CONDUCTING AND WRITING A NEEDS ASSESSMENT**

The Commission on Accreditation in Physical Therapy Education (CAPTE) expects the institutions that are considering offering a PT/PTA program or expanding a currently accredited program\* to conduct a needs assessment that carefully considers the need for a new program/expansion in light of resources as well as local and regional employment needs.

A needs assessment should examine the program’s/expansion’s ability to deliver effective PT/PTA education based on (1) program resources, (2) the need for the program/expansion at the local and regional levels, and (3) the institutional structure that assures a commitment to its responsibilities as defined in CAPTE’s Standards and Required Elements for Accreditation.

The results of the needs assessment must provide evidence that the local and regional resources can support the program/expansion. This evidence must include current workforce needs as well as 2 years out and 5 years out.

A needs assessment is written to help an institution/program determine if it should offer the program/expansion. The needs assessment must indicate how the process was conducted, provide a summary of the outcomes/results, a description of how these were analyzed and how the analysis supports the need for a new program/expansion.

**WHEN SHOULD IT BE CONDUCTED?**

Ideally a needs assessment should be conducted at least one year before a program submits the AFC/AASC. The needs assessment should be used to verify that there is a local and/or regional need for the program/expansion. Waiting to determine need for the program/expansion until well into program planning is too late. The final needs assessment will be submitted with the Notification of Intent to Seek Accreditation.

**WHO SHOULD BE INVOLVED IN THE PROCESS?**

A variety of participants from within the institution, program and externally should be included in the needs assessment process. The following categories may be effective participants:

* Representatives from institution administration and support service offices (e.g., registrar, admissions, library, instructional technology, financial aid, and student services)
* Finance office representatives
* Faculty and staff
* Representatives from the office of institutional research
* Practicing PTs/PTAs from the area
* Officers of area health systems
* Representatives of local and national health care organizations and hospital systems
* Consumers of health care

**WHAT SHOULD BE INCLUDED IN THE WRITTEN REPORT?**

The required written components of the needs assessment include:

* Local (less than state) data that includes, but not limited to, current vacancies and proposed vacancies 2 and 5 years out
* Regional (could be more than state) data that includes, but not limited to, current vacancies and proposed vacancies 2 and 5 years out
* National data on current workforce needs and proposed need 2 and 5 years out
* Survey and analysis of local, regional and national health care organizations and hospital systems
* Data of current graduate numbers from local and regional existing and developing programs
* Demographics of local and regional area that impact PT practice
* Foreseeable and possible challenges to starting and sustaining the program, as well as strategies to address these challenges

**DOCUMENT FORMAT**

There is no specific format for the organization of a needs assessment report. Typically, the report includes a table of contents addressing the areas of the study and appendices supporting the body of the report.

A classic needs assessment document often includes the following components:

1. *Title Page*: List the name and location of the program, planned start date, date of report submission, primary author.
2. *Table of Contents*: Include the page location of all major headings and subheadings.
3. *Introduction*: Include the following:
   * Period of time devoted to the process
   * How the process was conducted
   * Who was involved in the study process
4. *Participants*: Include a list of individuals and/or groups that participated in the study process.
5. *Body of the Needs Assessment*: Address the topical areas of the study. This is often done by using the subheadings as identified in the bulleted list included in this document under “WHAT SHOULD BE INCLUDED.” The report should include a separate, thorough and detailed narrative for each topic.

H. *Summary*: End with a summary of outcomes/results that demonstrates a need for the program/expansion.

**HOW LONG SHOULD THE DOCUMENT BE?**

A needs assessment is not a lengthy discourse on the profession, nor is it an outline summary of titles without substantive content. If written concisely, the document without its appendices can often be completed in fewer than 20 pages.

**Program Assessment Matrix: Required Form (April 2015)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Required Element** |  | |
| **2B1** | **Admissions process meet the needs and expectations of the program** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B1** | **Admissions criteria and prerequisites meet the needs and expectations of the program** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B2** | **Program enrollment appropriately reflects available resources, program outcomes and workforce needs** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B3** | **Collective core faculty meet program and curricular needs.** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B3** | **Associated faculty meet program and curricular needs.** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B3** | **Clinical education faculty meet program and curricular needs.** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B4** | **Program resources: financial resources** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B4** | **Program resources: staff (administrative/secretarial & technical support)** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B4** | **Program resources: space** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B4** | **Program resources: equipment, technology & materials** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B4** | **Program resources: library and learning resources** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B4** | **Program resources: student services (academic, counseling, health, disability, and financial aid services)** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B5** | **Program policies and procedures, as well as relevant institutional policies and procedures meet program needs** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **2B5** | **Analysis of the extent to which program practices adhere to policies and procedures** | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
| **Additional rows provided if program wants to report on the assessment of other areas. Delete if not using.** | | | |
|  |  | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
|  |  | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
|  |  | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
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| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |
|  |  | **Individual responsible for coordinating this assessment component:** | **Timeline:** |
| **Sources of Information &/or Tools Used to Collect Data:** | |
| **Summary of Data Collected:** | |

**CURRICULUM VITAE (Required Form) (August 2022)**

Name

Name of Institution

Education: post high school, from most recent to earliest

Degree

Institution

Major

Date awarded (month/year) or anticipated to be awarded

Licensure Information:

State and Registration Number:

Certifications (eg, ABPTS):

Employment and Positions Held: from most recent to earliest

Title/position

Faculty rank, if applicable

Tenure status or other institutional status, if applicable

Institution

City and State

Duration (from – to -)

Peer Reviewed Publications: from the most recent to the earliest (include those accepted for publication but not yet published, but indicate as such).Include papers in journals, A-V materials published, monographs, chapters in books, and books; **provide full bibliographic citation.**

Peer Reviewed Scientific and Professional Presentations: From the most recent to the earliest

Presenter(s)

Title

Occasion

Date

Funded/In Review Grant Activity:

Authorship/participation

Amount of funding awarded

Nature of project

Date and source

Current/Active Research Activity:

Authorship

Nature

Funding (external, grant, internal)

Membership in Scientific/Professional Organizations:

Organization

Duration (from – to -)

Position, if applicable

Consultative and Advisory Positions Held:

Title or nature

Agency

Duration (from – to -)

Community Service:

Title or nature

Agency

Duration (from – to --)

Services to the University/College/School on Committees/Councils/Commissions:

University-wide

Dates

Memberships & chairmanships, if applicable

School

Dates

Memberships & chairmanships, if applicable

Department

Dates

Memberships & chairmanships, if applicable

Honors and Awards:

Title or nature

Awarding agency

Date

Continuing Education Attended: list ONLY courses taken **within the last five (5) years** that **specifically** **relate** to responsibilities in the entry-level program.

Current Teaching Responsibilities in the Entry-Level Program for Academic Year of Site Visit: (in sequence, by term; do **NOT** include courses taught at other institutions!) and include the type and role associated with each course.

FACULTY SCHOLARSHIP FORM (Required Form) (Aug 2022)

Provide selected activities during past ten (10) year period

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Core Faculty Name and Credentials:**  **Date Form Completed:**  **Date of Hire:**  **Total years as a core faculty member in any PT program:** | | | | |
| **Principal Topics of Scholarly Inquiry** |  | | | |
| **Peer Reviewed Scholarly Accomplishments Completed During the Past 10 years.**  **Cite scholarly accomplishments that have been disseminated in a peer-reviewed format. Provide complete bibliographic citations for all publications or presentations. For other types of accomplishments, provide a brief description that includes the dissemination format and peer review process.**  **Guidance:**  **1. Platform presentation or poster or abstract from one study or scholarly accomplishment = 1 product.**  **2. Two or more platform presentations and/or posters and/or abstracts from one study or scholarly accomplishment = 1 product.**  **3. One manuscript and one platform presentation and/or poster and/or abstract from one study or scholarly accomplishment = 2 products.**  **Use only abbreviations that would be widely known.** |  | | | |
| **Specific Measurable Scholarship Goals**  **These goals should minimally reflect 2 accomplishments that will be disseminated in a peer review format over the next 4 years.**  **Number each goal** |  | | | |
| **Ongoing/Planned Scholarly Activities Related To Above Goals**  **For each of the above goals, list the related ongoing or planned scholarly activities including the project title, your role in the project, target dissemination source and estimated timeline for dissemination.**  **Add rows as necessary**  **1 Target Source – Specific target sources for dissemination should be provided; e.g., manuscript – PTJ, JOSPT; Platform – CSM, NEXT. “Manuscript in professional journal” or “presentation at a professional meeting” is not specific.**  **2 Target Timeline – Specific target timeline; e.g., year - 2026** | **Related Goal #(s)** | **Project Title** | **Role in Project** | **Target Source1 and Timeline2 for Dissemination** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Narrative**  **Scholarly accomplishments are expected to relate to the principal topics of scholarly inquiry, scholarship goals and scholarly activities. All accomplishments should meet the definition of scholarship as defined in the Self-study Report and the Position Paper.**  **If these relationships are not obvious, provide a narrative description.** |  | | | |

**7A Chart: PT ONLY**

| **7A PT CONTENT CHART (Required) (Nov 2015)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 5 examples of course objectives demonstrating the highest expected level; Include: Course Prefix & #, Objective #, Wording of Objective** |
| Anatomy |  |
| Physiology |  |
| Genetics |  |
| Exercise Science |  |
| Biomechanics |  |
| Kinesiology |  |
| Neuroscience |  |
| Pathology |  |
| Pharmacology |  |
| Diagnostic Imaging |  |
| Histology |  |
| Nutrition |  |
| Psychosocial aspects of health & disability |  |

**7B Chart: PT Version**

| **7B PT CONTENT CHART (Required) (April 2015)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 5 examples of course objectives demonstrating the highest expected level; Include: Course Prefix & #, Objective #, Wording of Objective** |
| Communication |  |
| Ethics & Values |  |
| Management |  |
| Finance |  |
| Teaching & Learning |  |
| Law |  |
| Clinical Reasoning |  |
| Evidenced-Based Practice |  |
| Applied Statistics |  |

**7B Chart: PTA Version**

| **7B PTA CONTENT CHART (Required) (April 2015)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 5 examples of course objectives demonstrating the highest expected level; Include: Course Prefix & #, Objective #, Wording of Objective** |
| Cardiovascular Systems |  |
| Endocrine & Metabolic Systems |  |
| Gastrointestinal System |  |
| Genital & Reproductive Systems |  |
| Hematologic system |  |
| Hepatic & Biliary Systems |  |
| Immune System |  |
| Integumentary  System |  |
| Lymphatic System |  |
| Musculoskeletal  System |  |
| Nervous System |  |
| Respiratory System |  |
| Renal & Urologic systems |  |
| Common Medical & Surgical Conditions |  |

**7C Chart: PT ONLY**

| **7C PT CONTENT CHART (Required) (April 2015)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 5 examples of course objectives demonstrating the highest expected level; Include: Course Prefix & #, Objective #, Wording of Objective** |
| Cardiovascular Systems |  |
| Endocrine & Metabolic Systems |  |
| Gastrointestinal System |  |
| Genital & Reproductive Systems |  |
| Hematologic system |  |
| Hepatic & Biliary Systems |  |
| Immune System |  |
| Integumentary  System |  |
| Lymphatic System |  |
| Musculoskeletal  System |  |
| Nervous System |  |
| Respiratory System |  |
| Renal & Urologic systems |  |
| System Interactions |  |
| Differential Diagnosis |  |
| Common Medical & Surgical Conditions |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET FORM: ALLOCATIONS AND EXPENSES**  **For Full Implementation of a Program** | | | | |
| **CATEGORY** | **CURRENT** | **PROPOSED** | **PROPOSED** | **PROPOSED** |
| **Identify AY Year:** |  |  |  |  |
| **Total Enrollment** |  |  |  |  |
| **INCOME (Allocation to Program – Would Never Be Zero)** | | | | |
| **Source:**  **Source:**  **Source:**  **Source:** | $  $  $  $ | $  $  $  $ | $  $  $  $ | $  $  $  $ |
| **TOTAL INCOME (Allocation) $:** | **$** | **$** | **$** | **$** |
| **OPERATING EXPENSES** | | | | |
| **SALARY EXPENSES, excluding benefits**  Core Faculty  Associated Faculty  Staff | Core FTEs:\_\_  Assoc FTEs:\_\_  Staff FTEs:\_\_  $  $  $ | Core FTEs:\_\_  Assoc FTEs:\_\_  Staff FTEs:\_\_  $  $  $ | Core FTEs:\_\_  Assoc FTEs:\_\_  Staff FTEs:\_\_  $  $  $ | Core FTEs:\_\_  Assoc FTEs:\_\_  Staff FTEs:\_\_  $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **FACULTY DEVELOPMENT**  Faculty Development | $ | $ | $ | $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **CLINICAL EDUCATION**  Clinical Faculty Development  Travel to Clinical sites  Other | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **OPERATIONAL**  Supplies  Communication (Phone, mail, etc.)  Reproduction  (Xeroxing, slides, photo, etc.) | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **EQUIPMENT**  Repairs  Acquisition  Rental | $  $  $ |  |  |  |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **OTHER (Specify)**  1.  2. | $  $ | $  $ | $  $ | $  $ |
| **TOTAL $** |  |  |  |  |
| **TOTAL OPERATING EXPENSES** | **$** | **$** | **$** | **$** |

**ADDITIONAL CLINICAL EDUCATION PLACEMENTS NEEDED**

**BY COURSE**

**BASED ON CURRENT CONTRACTUAL ACCESS (Required Form) (November 2015)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Students Numbers** | | | |
|  | **Year 1** | **Year 2** | **Year 3, if applicable** | **Year 4, if applicable** |
| **# Students currently in program** |  |  |  |  |
| **# of students in program at full implementation of proposal** |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clin Ed Course**  (Prefix & # & Name)  **Add rows as needed** | **Year in Program (e.g., 1, 2, 3)** | **Term in Program(e.g., 1, 2, 3, 4,)** | **F=Full time**  **P=Part time** | **Type(s) of Experience**  (if different types of experiences can meet the needs of the clin ed course, list separately and provide data for next 3 columns for each type of experience) | **# Experiences**  **Needed**  **(for all programs)** | **# Experiences Currently Known To Be Available to the Program** | **# of Additional Placements Needed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**REQUIRED FORMAT: LETTER OF INTENT (LOI) TO SUPPORT PROGRAM CHANGE** (Jan 2021)

***Instructions: Complete the following chart and cut/paste it on the letterhead of the clinical facility. The LOI must be on the letterhead of the clinical facility.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of PT/PTA Educational Program** | | |  | | | |
| **Name of Clinical Facility** | | |  | | | |
| **Street** | | |  | | | |
| **City, State** | | |  | | | |
| **Phone #** | | |  | | | |
| **Email Address** | | |  | | | |
| Is a current, signed contract in place? | | | | | | **Yes / No** |
| Our facility has previously provided clinical education experiences to this program | | | | | | **Yes / No** |
| It is understood that the PT/PTA educational program is seeking to increase its student numbers and therefore, will be needing additional clinical placements. Based on the review of the intended curriculum, it appears that students will be adequately prepared to engage in the clinical experiences we have to offer. Barring any significant unforeseen circumstances, we are prepared to offer the following clinical experiences. | | | | | | **Yes / No** |
| In agreeing to the clinical education placements listed below, we acknowledge that these placements will: | | | | | |  |
| * Decrease the number of placements available to other programs we currently offer slots to | | | | | | **Yes / No** |
| * Not impact relationships with other educational programs as we are not currently contracted to capacity | | | | | | **Yes / No** |
| * Have no effect on site capacity as we are a new clinical education provider | | | | | | **Yes / No** |
| **Clin Ed Course (list all)** | **# of students** | **Type of Experience** | | | **Mm/yyyy of experience** | |
|  |  |  | | |  | |
|  |  |  | | |  | |
|  |  |  | | |  | |
| This letter only represents the intent to provide clinical education experiences and does not constitute a legal or binding agreement for contractual access. In addition, it does not preclude the necessity for the program to determine availability of clinical experiences in keeping with requests made by education programs annually on March 1st, which is the typical timing of such requests.  NOTE: AASC LOIs are to be signed by the CCCE. If clinical site is more than 60 miles/1 hour away from the CCCE, a PT or PTA who could be a CI at the site must ALSO sign the AASC LOI. | | | | | | |
| **CCCE Signature** | |  | | | | |
| **CCCE Print Name & Title** | |  | | | | |
| **DATE** | |  | | | | |
| **CI Signature (if needed)** | |  | | | | |
| **CI Print Name & Title (if needed)** | |  | | | | |
| **DATE** | |  | | | | |
| **LOI Reconfirmation Section** | | | | | | |
| **This section is to be completed if the LOI Section above is dated more than one year before the required CAPTE submission date.** NOTE: AASC LOIs are to be signed by the CCCE. If clinical site is more than 60 miles/1 hour away from the CCCE, a PT or PTA who could be a CI at the site must ALSO sign the AASC LOI. | | | | | | |
| By signing below, I/we are reconfirming the information above OR have made appropriate changes. | | | | | | |
| **CCCE Signature** | | | | **DATE** | | |
| **CCCE Print Name & Title** | | | |  | | |
| **DATE** | | | |  | | |
| **CI Signature (if needed)** | | | |  | | |
| **CI Print Name & Title (if needed)** | | | |  | | |
| **DATE** | | | |  | | |

**PROGRAM AND INSTITUTIONAL CONTACT INFORMATION: EXPANSION PROGRAM(S)**

**Parent Program:**

**Program Director**

Name (include degrees):

Title:

Institution Name:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**PT Core Faculty Member Who Will be Responsible at the Expansion Site**

Name (include degrees):

Title:

Institution Name:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Dean/Individual to Whom the Program Director Reports**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Chief Academic Officer (e.g., Provost, VP for Academic Affairs, etc.)**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Chief Executive Officer (e.g., President, Chancellor, etc.)**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**PROGRAM AND INSTITUTIONAL CONTACT INFORMATION**

**Use these forms if SEPARATION of Parent and Expansion is being requested**

**\*\*2 pages: one for each program!**

**Parent Program:**

**Program Director**

Name (include degrees):

Title:

Institution Name:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Dean/Individual to Whom the Program Director Reports**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Chief Academic Officer (e.g., Provost, VP for Academic Affairs, etc.)**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Chief Executive Officer (e.g., President, Chancellor, etc.)**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Expansion Program That Is Separating:**

**Program Director**

Name (include degrees):

Title:

Institution Name:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Dean/Individual to Whom the Program Director Reports**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Chief Academic Officer (e.g., Provost, VP for Academic Affairs, etc.)**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail:

**Chief Executive Officer (e.g., President, Chancellor, etc.)**

Name (include degrees):

Title:

Address:

City:

State:

Zip + 4:

Phone:

E-mail: