Text

Description automatically generated

Last updated: February 22, 2024

Contact: [accreditation@apta.org](mailto:accreditation@apta.org)

**APPLICATION FOR CANDIDACY (AFC)**

**INSTRUCTIONS AND FORMS**

**FOR BOTH**

**PTA and PT PROGRAMS**

**Changes are highlighted**

**February 2024**

**NOTE: ALL NEW REQUIRED FORMS MUST BE UTILIZED FOR ANY SUBMISSION ON OR AFTER May 1, 2024. PROGRAMS ARE ENCOURAGED TO USE THE NEW FORMS NOW.**

Commission on Accreditation in Physical Therapy Education

American Physical Therapy Association

3030 Potomac Ave., Suite 100

Alexandria, Virginia 22305-3085

(703) 706-3245

[accreditation@apta.org](mailto:accreditation@apta.org)

**APPLICATION FOR CANDIDACY INSTRUCTIONS**

**Rules regarding what constitutes an Application for Candidacy (AFC) that is eligible for further review are found in Part 7 of CAPTE's Rules of Practice and Procedure; programs are expected to follow the most current version of this document. It is the program's responsibility to make appropriate changes in their AFC should rule changes occur.**

**This document is for BOTH PTA and PT programs that are developing an Application for Candidacy (AFC); it delineates any differences based on the type (PTA or PT) of program.**

**IMPORTANT:**Directions for using the new Portal will be made available on the CAPTE Resource page. **The Directions document must be reviewed prior to developing the AFC.**

**PREVIEWING THE AFC ON THE PORTAL**

Programs can download and print or save as a PDF the Application for Candidacy at any time during development by selecting the Print Preview button on the AFC grid page. Programs are encouraged to download the report periodically during development, to ensure information is accurate and current.

Use the Print Preview option available on the Portal to review the final output of your response. This is what reviewers will see, so ensure the responses appear exactly as you intend for them to be seen.

**TIP**: You can keep the report preview open in its own browser tab or window and refresh it to see the real-time effect of any changes made in the narrative response areas. This can save time as the report will not need to re-open to view new changes or updates. The preview will time-out and close after 30 minutes if it is not refreshed in that period. If you do not see the refresh icon on your browser window, use the F5 key on your keyboard.

**SUBMISSION OF THE AFC**

The AFC must be submitted on the Portal no later than 11:59:59 pm on the day it is due based on the assigned Candidacy cycle, even if the due date falls over the weekend or a holiday. No paper submissions will be accepted. The new Portal will not provide validation errors as in the past; programs need to ensure that submissions are complete. The CAPTE Accreditation Portal can be accessed at: <https://capteportal.capteonline.org/Login.aspx?ReturnUrl=/Default.aspx?selmenid=men1>**.**

Access to the Portal requires a username and password that has been established by the program director. Additional login credentials for other designated program personnel can be requested by the program director. Designated program personnel must create a record by clicking on the ‘Get Started’ button, <https://capteportal.capteonline.org/Login.aspx?ReturnUrl=/Logout.aspx>. Once a record has been created, reach out to [accreditation@apta.org](mailto:accreditation@apta.org) and request that this new user be connected to program’s record.

**All** materials **must** be provided in English, regardless of whether the program is offered in a different language.

**SIGNATURE PAGE**

The editable Signature Page can be accessed from the CAPTE Resource page for accredited programs page at <https://www.capteonline.org/faculty-and-program-resources/accredited-programs>. **The signed signature page must be scanned and attached as an appendix to the Preface prior to submitting the AFC. Electronic signatures within a PDF document are acceptable.**

**STANDARDS & REQUIRED ELEMENTS**

The AFC is divided into eight Standards:

1. Mission, Goals, Outcomes
2. Assessment, Planning
3. Institution & Program Integrity
4. Program Faculty
5. Students
6. Curriculum Plan
7. Curricular Content
8. Resources

Required Elements are included under each Standard. The AFC requirements for each Element are delineated as lists of evidence, which is information needed to determine if the requirement is met. Evidence requested for **Portal Fields** and **Narrative** responses is included in the appropriate (PTA or PT) *Standards and Required Elements for Accreditation*. The lists of required [**Appendices**](#AFCAPPENDIXLIST) and [**On-site Materials**](#OnsiteMaterials) are included in **this document.** Instructions for preparing and submitting these documents must be carefully reviewed before beginning development of the report. Failure **to follow instructions may result in the AFC not being accepted as eligible for further review.**

**PREFACE**

The Preface, which precedes the Narrative, serves as an introduction to the AFC. The AFC document should delineate the information that is required. Appendices uploaded to the Preface will NOT be available to the reviewers. Therefore, only upload and attach requested appendices, AFC Signature Page and [**AFC Eligible for Further Review Form**](#AFCEligibleforFurtherReviewForm), to the Preface.

**NARRATIVE**

Narrative responses must first be created in Word (or equivalent) and only pasted into the Portal when complete. A template for writing drafts is available to programs on the <https://www.capteonline.org/faculty-and-program-resources/accredited-programs>. The Portal **can now** bold, underline, italicize, but **not** highlight or colorize characters/words. Ensure that **no** HMTL or hyperlinks are present (see URL statement below).

Each Element requires a Narrative response, even if only to enter NA (not applicable). THE PORTAL DOES NOT PROVIDE VALIDATION ERRORS IF RESPONSES ARE MISSING. Check your work carefully. If applicable, the response can refer the reader to a previous Element of the AFC. Each Narrative response is now limited to 25,000 characters. Although this allow for long narratives, care should be taken to:

* 1. provide all requested information;
  2. not repeat information; refer the reader back to previously provided information;
  3. not repeat terms that are unnecessary. For example, use ‘students’ rather than ‘students in the program’; use ‘program’ rather than the ‘physical therapy program’ or ‘Potomac College's physical therapist assistant program’; and
  4. define abbreviations the first time used; such as “Potomac College (PC)”, “Application for Candidacy (AFC)”, etc.

**Tip:** Use the character count in Word.

**Font & Font Size:** The narrative response text should be of a consistent Font type and Font Size. **The Font Size must be no smaller than 12 and no larger than 14.** It is especially important when copying from multiple source documents to ensure that the font & font size are consistent for all responses. **Preferred fonts include Arial and Tahoma.** Times New Roman is NOT recommended.

Tables and charts **CANNOT** be provided in a Narrative response. While a chart can be uploaded as an Appendix, if an item is requested as a Narrative response, **under no circumstances** should a chart be uploaded in lieu of the required Narrative evidence. Note: This is true for each practice expectation under 7D. **Do** **not** use an uploaded chart(s) for these elements.

You may append tables or continue Narrative responses in an appendix, as needed, but tables and/or other appendices will not be accepted as substitutes for the required Narratives unless explicitly stated in the AFC Standards with Evidence Lists. For example, for PTA programs, Narratives for 7D23a-i and 7D24a-n must address each intervention or test and measure identified. For example, the response for 7D23c-Biophysical Agents is to include description of how and where the content is presented; learning experiences designed to meet practice expectations; and 2-5 examples of course objectives demonstrating that didactic content precedes expectations for clinical performance for ALL of the following: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction, and light therapies listed. In order to accommodate this additional information, the narrative response for these elements can be provided as an appendix and may be provided in a chart format so long as the chart is formatted in a manner that facilitates review.

The Narrative must be more than a directory to the Appendices. The Narrative portion of the AFC needs to **stand on its own** as an accurate description of the program, with the Appendices serving to provide the substantiating evidence that supports or expands upon information provided regarding progress toward compliance. **Specific** and **accurate** references to the Appendices **must** **be** **made** within the Narrative responses. Each reference must be followed by the specific page number(s) where the content can be found. NOTE: Each individual appendix should only be uploaded once, under the appropriate SRE. If necessary, only refer to the previously uploaded appendix in additional narrative(s). DO NOT UPLOAD MORE THAN ONCE. See [Appendix List](#AFCAPPENDIXLIST) for direction on what appendix links to what element. Each blank document will have to have a different name, so please add a number to the end of the file name. Example: BlankDocument2.pdf, BlankDocument3.pdf.

**URLs**

URLs should **not** be included in narrative responses of the Self-study Report. Instead, the program should indicate that there is a specific URL associated with the element and then include the specific document/webpage name with corresponding URL in the new [**URL Listing Table**](#URLListingTable).

**Reviewers must have access to all requested information. Do not include URLs that go to password protected webpages. In addition, URLs by themselves are not sufficient** for required appendices as CAPTE needs to maintain a record of the information it uses during its review. Therefore, a PDF of the requested information, bookmarked if applicable, must be provided. **At a minimum, provide a bookmarked PDF that includes: the cover page of the document (if applicable), a table of contents (if one exists), and copies of the web pages related to the Required Element(s) being addressed.**

Questions? Contact the Department of Accreditation staff at [accreditation@apta.org](mailto:accreditation@apta.org) or 800-999-2782, ext. 3244 or 703-706-3244 or the appropriate PT or PTA program manager or specialist.

**REQUIRED AFC MATERIALS**

The forms needed for the Application for Candidacy and the Program Review are listed below. Templates of the required forms are also available at <https://www.capteonline.org/faculty-and-program-resources/accredited-programs>.

[General instructions](#Instructions) are provided along with the actual forms or specific information requested. **While most forms/information is the same for both PTA and PT programs, individualized information is provided, where applicable.** Please do not hesitate to contact Questions? Contact the Department of Accreditation staff at [accreditation@apta.org](mailto:accreditation@apta.org) or 800-999-2782, ext. 3244 or 703-706-3244 or the appropriate PT or PTA program manager or specialist.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. AFC Appendix List** | **Required for:** | **Instructions** | **Attach in Portal to** |
| **AFC** [**Appendix List**](#AFCAPPENDIXLIST) | Both PTA & PT | [Link to Instructions](#Instructions) | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **REQUIRED FORMS: UPLOADED AS PDFs TO THE PORTAL** | | | |
|  | **Required for:** | **Instructions** | **Attach in Portal to** |
| **AFC Signature Page (available from CAPTE Resource Page)** | Both PTA & PT | Available on CAPTE Resource Page | Preface |
| [**AFC Eligible For Further Review Form**](#AFCEligibleforFurtherReviewForm)**-2022 version** (form used to confirm eligibility requirements are met) | Both PTA & PT | [Link to Instructions](#AFCEligibleforFurtherReviewFormDIRECTION) | Preface AS A WORD DOCUMENT (do NOT change to a PDF). |
| [**Program Assessment Matrix**](#ProgramAssessmentMatrix) | Both PTA & PT | [Link to Instructions](#ProgramAssessmentMatrixDIRECTIONS) | Element 2A |
| [**Core**](#COREFACULTYWORKLOADDISTRIBUTIONFORM) **– 2024 version** &[**Associate**](#AssociatedFacultyWorkloadDistributionFor) Faculty Workload Forms | Both PTA & PT | [Link to instructions](#WorkloadFormsInstructions) | 3C  (Attach in Portal to First Related Element only) |
| [**CV: Required format-2022 version**](#CVRequiredFormat) | Both PTA & PT | [Link to Instructions](#CVRequiredFormatINSTRUCTIONS) | Core or Associated Faculty Detail Page |
| **\***[**Scholarship Form**](#ScholarshipForm)**-2023 version** | PT ONLY | [Link to Instructions](#ScholarshipFormINSTRUCTIONS) | Core Faculty Detail Page |
|  |  |  |  |
| [**Policy Location Chart**](#PolicyLocationChart) | Both PTA & PT | [Link to Instructions](#PolicyLocationChartINSTRUCTIONS) | Multiple Elements, see Appendix List (Attach in Portal to First Related Element only) |
| [**Plan of Study**](#RequiredPlanofStufy)**-2022 version** | Both PTA & PT | [Link to Instructions](#PlanofStudyInstructions) | 6D (PTA) & 6E (PT) |
| [**7A & 7C Content Chart**](#ContentChart7A) | PT ONLY | [Link to Instructions](#ContentChart7AINSTRUCTIONS) | Element 7A & 7C |
| [**7B Content Chart**](#ContentChart7B) | Both: different forms | [Link to Instructions](#ContentChart7AINSTRUCTIONS) | Element 7B |
| [**Curriculum Map**](#PTAProgramCurriculumMap) | Both: different forms | [Link to Instructions](#InstructionsCurriculumMap) | Element PTA: 6D, PT: 6E, PT/PTA 7D |
| [**Letters of Intent (LOI)**](#LOI) | Both PTA & PT | [Link to Instructions](#InstructionsLOI) | Element 8F |
| [**Available Clinical Education Placement Table**](#CEAvailablePLacementTable) | Both PTA & PT | [Link to Instructions](#InstructionsCEPLacementSitesAvailable) | Element 8F |
| [**Clinical Ed Placements Needed at Full Program Implementation**](#CEPlacementsneededforfullimplementation) | Both PTA & PT | [Link to Instructions](#CEPlacementsneededforfullimplementation) | Element 8F |
| [**Professional Development Plans for Each Employed Core and Associated Faculty**](#ProfessionalDevelopmentPlans) | Both PTA & PT | [Link to Instructions](#ProfessionalDevelopmentPlans) | Elements 4E, 4F, and 4K |
| [**URL Listing Table**](#URLListingTable) | Both PTA & PT | [Link to instructions](#URLInstructions) | Related Elements  (Attach in Portal to First Related Element only) |

**\*Note:** Information regarding CAPTE’s expectations for scholarship are found in the CAPTE Position Paper on scholarship, which can be accessed at <https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook>

|  |  |
| --- | --- |
| **3. FORMS/INFORMATION PROVIDED TO FACILITATE COLLECTION OF DATA THAT IS ENTERED INTO PORTAL FIELDS** | |
| **General Information Section of AFC** | [Link to Instructions](#GeneralInformationSectionofAFC) |
| **Core or Associated Faculty Information Sheet** | [Link to Instructions](#CoreandAssociatedFacultyInfo) |
| **Course List/Course Details** | [Link to Instructions](#CourseListCourseDetailsPage) |
| **Allocations & Expense Statements** | [Link to Instructions](#Budget) |
| **7D – Sample Narrative response** | [Link to instructions](#Element7DExample) |

**ON-SITE FORMS REQUIRED AT THE START OF THE VISIT**

The following three forms **MUST** be provided to the team **as electronic Word documents** using a virtual platform determined by the program at least 14 days prior to the visit.

In addition to the forms, programs also will need to provide electronic access to all On-site Materials using the virtual platform.

[**General Information Form:**](#GenInfoForm)

This form provides an overview of your program and is required even if there have been no changes since submission of your Application for Candidacy. It is one of three forms provided to the team at the start of the visit and MUST be provided electronically as a Word document.

[**Persons Interviewed Form**](#PersonsInterviewedForm)**:**

This form identifies the names, credentials, and titles (or areas of responsibility) of those individuals whom the team will interview during the site visit and becomes part of the Visit Report. The program can update this form as the on-site visit date nears or the program should update this form as the on-site visit concludes and provide the on-site visit team with a final version of the form.

[**Materials Provided On-Site Form:**](#RequiredVisitMaterialsList)

This form identifies the materials that are expected to be available on site for the team to review and becomes part of the Visit Report. The items listed on this form are required and must be made available 14 days prior to the on-site visit, unless the item does not exist, in which case, the form should indicate that the item does not exist (i.e., N/A). The program should add to the form any additional materials being made available on-site and provide the on-site visit team with a final version of the form.

Sharing of Materials Virtually:

Possible options for sharing documents with the team include, but are not limited to, a learning management system (e.g., Blackboard or Canvas) or a cloud-based secure document-sharing platform. Confidential documents that cannot be shared virtually, such as student and faculty files, should be noted on the Required On-Site Materials Form and will need to be available during the on-site visit. Required material and documents that may be too large to share virtually, such as clinical contracts, can have samples included in the virtual submission of documents to the team members. The entire set of confidential files and large documents will then be reviewed during the on-site visit.

|  |  |  |  |
| --- | --- | --- | --- |
| **4. ON-SITE MATERIAL REQUIRED AT START OF VISIT**  **REQUIRED FORMS AND ON-SITE MATERIAL: ALL FORMS AND ON-SITE MATERIALS MUST BE PROVIDED ELECTRONICALLY TO THE TEAM USING A VIRTUAL PLATFORM AT LEAST 14 DAYS PRIOR TO THE VISIT.** | | | |
|  | **Used for** | **Link to Instructions** | **Required Format** |
| **General Information Form** | Both PTA & PT | [Link to Instructions](#GeneralInformationForm) | Electronic **Word** version |
| **Persons Interviewed Form** | Both PTA & PT | [Link to Instructions](#PERSONSINTERVIEWEDFORM) | Electronic **Word** version |
| **Required Materials List** | Both PTA & PT | [Link to Instructions](#OnsiteMaterials) | Electronic **Word** version |

**GENERAL INSTRUCTIONS**

**1. REQUIRED APPENDICES**

**\*\* IMPORTANT APPENDICES INSTRUCTIONS \*\* All programs MUST follow the information provided here, including using the required naming convention for EACH appendix. Should it be necessary for staff to reject the AFC as submitted, notification will be sent to the program director and the dean/person to whom the program director reports. Programs will be given 24 hours to correct the AFC. Failure to comply with the request for corrections within the specified timeframe will result in the Application for Candidacy (AFC) being determined to not be eligible for further review by the Commission, and, therefore, will not be granted Candidate for Accreditation status.**

**The** [**Appendix List**](#AFCAPPENDIXLIST) **provided below:**

* **delineates the REQUIRED appendices;**
* **identifies the REQUIRED naming conventions for each required appendix; and**
* **identifies the related Element(s) to which each required appendix must be attached on the Portal.**
* All appendices must be provided in a PDF (or equivalent) format. If only available via URL, the program should indicate that there is a specific URL associated with the element and then include the specific document/webpage name with corresponding URL in the new [URL Listing Table](file:///\\aptaaws-file\accred\FORMS\SSRs\2016%20Standards\2023%20SSR%20INSTRUCTIONS%20FORMS\drafts%20of%202023%20instruction%20forms\%20\l%20). In addition, provide a bookmarked PDF that includes: the cover page of the document (if applicable), a table of contents (if one exists) and copies of webpages related to the Required Element(s) being addressed.
* Any appendix is uploaded to the Portal ONLY one time. The program should refer to any document previously uploaded in subsequent narratives only.
* If an appendix needs to be deleted, the program must reach out to CAPTE to have this deleted. Provide the specific file names you need deleted in an email.
* Do not upload appendices from the Preface screen/page – except for appendices specifically requested to be attached to the Preface.
* Appendices not included in the Required Appendix List can be provided. File names should reflect the content of the specific document. **Do not include** material designated as On-site Materials.
  + Do not include the Element number unless the document is a continuation of a narrative response.
  + Do not include the name of the institution, program, etc. Appendices are available to reviewers in alphabetical order, so extraneous words can hinder the ability of the reviewer to find documents.
* Prior to submission of your report, do not upload appendices from the Upload Additional Material button under the Application for Candidacy grid, as they will NOT be accessible within the Application for Candidacy.
* **AFTER SUBMISSION OF THE AFC, only documents that are requested by Accreditation staff, the Program Review Team, or a CAPTE Commissioner may be added to the AFC.** If requested to add document(s), email the requested documents to accreditation@apta.org. **The following naming conventions must be used for documents uploaded after the AFC is submitted**:
  + In response to a specific request from Accreditation staff or a Candidacy Reviewer Team Leader before the visit, begin file name with “AddMat\_”, for example, “AddMat\_[file name].pdf”.
  + As part of the Institutional Response to the Candidacy Visit Report, begin the file name with “IR\_”, for example, “IR\_[file name].pdf” (Programs **should not** upload documents after the visit until they have received the Visit Report).
  + If the document is a revised version from that which was provided originally in the AFC, include the revision date in the file name; e.g., “AddMat\_CV-Smith Mary Revised April 1 2021.pdf”
    - **IMPORTANT NOTE: Only materials that were reviewed during the visit and requested by the Program Review Team, may be appended to the Institutional Response to the Program Review Report. Materials and information submitted with the Institutional Response to the Program Review Report must not constitute significant revisions to the original Application for Candidacy. Therefore, it is extremely important that the program submit an AFC that demonstrates readiness to matriculate students immediately following the Candidacy decision.** The program will not be able to delete a file uploaded after the AFC is submitted. Should a file need to be deleted, send an email to [accreditation@apta.org](mailto:accreditation@apta.org) that includes the specific file name(s).
  + To download appendices, the new Portal creates a “Bundle” to access all documents.

**2. REQUIRED FORMS: UPLOADED AS PDFs TO THE PORTAL**

**AFC Signature Page:** Available on CAPTE Resource Page.

**[AFC Eligible for Further Review Form](#AFCEligibleforFurtherReviewForm):** Prior to Portal submission of the AFC, this form must be completed to confirm that the AFC is complete. It is attached as an Appendix to the Preface AS A WORD DOCUMENT (do NOT change to a PDF). This document is used by Accreditation Staff in its screening of the AFC to determine that the AFC is eligible for the next step -- review by the Candidacy Reviewers. Note that staff’s determination of eligibility is not an evaluation of the quality of the evidence submitted by the program, nor does it indicate that the program’s AFC demonstrates satisfactory progress toward compliance with the Standards and Elements. Determining satisfactory progress toward compliance is the purview of the Commission in determining whether the program should be granted Candidate for Accreditation status.

**[Program Assessment Matrix](#ProgramAssessmentMatrix):** This form must be used to document the program's planned assessment process for the items delineated in Elements 2B1-2B5. If the program wishes, additional items assessed by the program may be added. All unused/empty rows must be deleted prior to attaching the form to Element 2A.

**[Curriculum Vitae (CV):](#CVRequiredFormat)** This is the required format that must be used by all core faculty and those associated faculty who **are involved in 50% or more of the contact hours of a course. Do include CVs for those working as Lab Assistants in courses where they are responsible for working with students 50% or more of lab contact hours.** On the Portal, a CV is uploaded on the Faculty Information page for each faculty/lab assistant member. This is a requirement in order to save the information on the page.

**A consistent CV format must be used for all faculty**. It is acceptable to make minor changes to the format; however, all CVs must follow the same general format. For example, providing information from the earliest to the most recent instead of the requested most recent to earliest (i.e., scholarship, employment) would be acceptable.

The last section, **Current Teaching Responsibilities in the Entry-Level Program for Academic Year of Program Review**, must include current teaching responsibilities at your institution and must include the type and role (as defined below) for each course. Do not include past teaching responsibilities or current activities at other institutions.

Role and Type Definitions:

**Type**: Primary and Other: Identify the faculty member(s) who teach in the course.

**Role:** Choose the faculty role that most closely describes the individual’s role in the course from the following options. If necessary, describe different roles in 4A.

**Course Coordinator:** The individual responsible for the course, when the course involves additional faculty member(s) (e.g., lab assistants, lecturers responsible for large sections (blocks) of the course, guest lecturers, etc.).

**Instructor:** The individual responsible for the entire course when only that individual is involved, whether or not the course has a laboratory component.

**Lecturer:** The individual responsible for providing instruction, other than laboratory experiences, in a course with multiple faculty.

**Lab Director:** The individual responsible for the coordinating laboratory component, but with no responsibilities in the course other than coordination of the laboratory component.

**Lab Assistant:** The individual who assists the course coordinator or lab director in the laboratory setting.

**For To Be Determined (TBD) faculty:**   
Per the AFC Standards and Required Elements, all core and associated faculty for the full implementation of the PTA program and for the first two years of the PT program must be hired or contracted prior to submission of the AFC. If faculty are identified as TBD in the AFC, they must be faculty teaching general education courses or, for PT programs only, be faculty for courses beyond the first two years of the professional/technical program.

**General Education Faculty for PTA PROGRAMS ONLY:**

If general education faculty are assigned to teach general education courses, identify the individual as TBD; no additional information or CV will be required.

**[Core Faculty Workload Form:](#CoreFacultyWorkloadDistributionForm)** A required format that identifies core faculty workload distribution.

**[Associate Faculty Workload Form:](#AssociatedFacultyWorkloadDistributionFor)** A required format that identifies associate faculty workload distribution.

**[Plan of Study: (now a required form):](#RequiredPlanofStufy)** Plan of study table (8/2022 version) that lists courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours, plus primary faculty and other instructors. (Forms packet).

**[Faculty Scholarship Form](#ScholarshipForm) for PT PROGRAMS ONLY:** This form is required for each core faculty member. On the Portal, Faculty Scholarship Form (revised 9/2023) is uploaded on the Core Faculty Information page for each core faculty member.

The form is expected to delineate a consistent agenda across principal topics of scholarly inquiry, scholarly accomplishments, goals and activities. All accomplishments should meet the definition of scholarship as defined in the Standards, and the CAPTE Position Paper entitled *Physical Therapy Faculty and Scholarship* (accessed at <https://www.capteonline.org/faculty-and-program-resources/resource_documents/accreditation-handbook>). The position paper describes scholarship based on Boyer’s model, delineates typical accomplishments, and describes CAPTE’s expectations.

The form should provide evidence of a scholarly agenda; **do not include** information not requested or that does not represent scholarship (i.e., do not include faculty development or teaching activities), or information that will not demonstrate compliance (i.e., an unfunded grant). Full bibliographic citations must be provided where appropriate. A narrative row is provided to allow clarification when the relationship between principal topics, accomplishments and ongoing activities are not obvious or when the peer-review dissemination format is not obvious. Delete the row if not using.

This form will not be required if the faculty record is marked as a TBD. However, if new core faculty are hired between the submission of the AFC and thirty (30) days before the CAPTE meeting where the program will be reviewed, a scholarship form should be emailed to the Accreditation staff at [accreditation@apta.org](mailto:accreditation@apta.org).

**[Policy Location Chart](#PolicyLocationChart):** This chart identifies where the various program or institutional policies and procedures are found; it includes all policies/procedures specifically requested in the Standards. If a policy/procedure is found in multiple places (e.g., in a handbook and/or on a webpage), all places must be identified. Identify specific page numbers when referencing a document. URLs must be for the specific webpage where the policy/procedure is found, if applicable.

CAPTE must have a permanent record of all materials specifically requested in the AFC. Therefore, a copy of all policies/procedures that are not contained in another appendix must be combined and provided in a document named: Other Policies.pdf. This PDF **MUST BE BOOKMARKED** so that information can easily be located. **Both the Other Policies.pdf and Policy Location Chart.pdf are to be referenced in each relevant Element. SEE** [**APPENDIX LIST**](#AFCAPPENDIXLIST)**.**

**[7A, 7B, 7C Content Charts](#ContentChart7A):** For each content area delineated in each chart, provide a maximum of five examples of course objectives that delineate the highest level of expected performance. Include the course prefix & number, the objective number and the full wording of the objective. **Use the chart that is appropriate for the type of program (PTA or PT); not all charts are required for PTA Programs.**

**[Clin Ed Available Sites](#CEAvailablePLacementTable):** A required format is provided for programs to document evidence of sufficient clinical education sites.

**3. THE FOLLOWING FORMS/INFORMATION ARE PROVIDED TO FACILITATE THE COLLECTION OF DATA THAT IS ENTERED INTO PORTAL FIELDS**

[**General Information Section:**](#GeneralInformationSectionofAFC)A list of the fields found in the General Information Section on the Portal to identify information that is needed.

[**Core and Associated Faculty Information Sheet**](#CoreandAssociatedFacultyInfo)**:** September 2023 form identifies the faculty data required in the Core Faculty Information and Associated Faculty Information Portal pages.

**Total Classroom Contact Hours in Program Seeking Accreditation**

* Identify the individual's classroom contact hours/term for the first two years of the program
* For the CEC/ACCE/DCE, determine contact hours for clinical courses based on policies at your institution.
* Provide an explanation of how this is determined in the narrative response for Element 8A.
* Portal fields are for fall, winter, spring, and summer terms.
* Enter zero (0) for any term in which the individual has no classroom contact hours.
* If a system is used at your institution with greater than four terms, combine terms to equate to typical fall, winter, spring and summer terms. Also, provide an explanation under Element 8A.

**Faculty Qualifications**

* Provide the narrative response for Element 4A (core faculty) or Element 4D (associated faculty) regarding the individual’s contemporary expertise to teach each assigned area and qualifications for any other role(s) in the program, including assisting in labs, courses, assessments of student performance, etc. Response must identify what the individual teaches and discuss the specific evidence of contemporary expertise related to these areas. IT IS THE PROGRAM’S RESPONSIBILITY TO MAKE THE CASE THAT FACULTY ARE QUALIFIED TO TEACH THEIR ASSIGNED CONTENT.
* **If PTA program faculty are assigned to teach general education courses for students enrolled in the program**: a description of how the individual meets the minimum educational requirements for similar general education faculty appointments at the institution must be included in the narrative response regarding the individual's qualifications related to assigned content.
* For associated faculty members, use this text box to also address the demonstrated effectiveness in teaching and student evaluation.
* This provides a **25,000**-character text box to discuss each individual faculty member.

**Additional notes regarding faculty information**:

**If faculty for a course is unknown:** If faculty are identified as TBD in the AFC, they must be faculty teaching general education courses or, for PT programs only, be faculty for courses beyond the first two years of the professional/technical program. You will need to create a dummy faculty record. Select Add New Core Faculty (or New Associated Faculty) under the Faculty List. Select YES for the TBD (to be determined) field. The **ONLY** required field will be Last Name. Enter TBD for Last Name. You only need to (and should only) create one 'dummy' core or associated record. **The Portal will not accept multiple documents with the same file name.**

**PTA PROGRAMS ONLY: If general education and elective course faculty are not affiliated with the PTA program as core or supporting faculty:** Create one associated faculty record, indicate that the individual is ‘to be determined’ (TBD), with the first name of TBD and the last name of Gen Ed. This record can be used as the primary faculty member for all relevant general education courses.

**Classify faculty (core vs associated)** based on definitions provided in the Standards. If classification has changed, then select Core or Associated Faculty from the dropdown on type of faculty. Programs should also refer to the Core Faculty Determination Table, <https://www.capteonline.org/faculty-and-program-resources/core-faculty-determination-table>.

**Workload distribution**: It is imperative that the % of workload data be reviewed for consistency across all core faculty. CAPTE does not have a formula to use in determining the percentage of time, but expects programs to use a consistent methodology, including a formula (Element 3C). Programs are also required to complete the two new required appendices: [core faculty workload table](#CoreFacultyWorkloadDistributionForm) and [associated faculty workload table.](#AssociatedFacultyWorkloadDistributionFor)

Programs are typically cited when individuals with a similar number of contact hours have a very different percent time devoted to teaching, as it makes it difficult for the Commission to understand how workload was determined. If appropriate, provide a rationale for any difference in the narrative response to Element 8A.

Percentages should be provided based on workload at your institution. If an activity is not part of the individual's workload, do not include it. For example, if clinical practice or enrollment in a degree program is considered part of the individual's workload, then include it; but, if the institution does not consider these activities as part of the individual’s workload, do not include. The total time will auto-calculate on the Portal and **must equal** **100%** or a validation error will show on the Validation Page. This information can be collected using the [Core/Associated Faculty Information Sheet](#CoreandAssociatedFacultyInfo), and is entered in the Portal within the Core Faculty Information page for each person. The responsibilities or activities for each category are listed below:

* **Teaching:** The percentage(s) is based on contact hours in lecture/lab courses, course preparation, course related advisements, including open lab hours and other outside of regularly scheduled course time.
  + **Entry level program: enter the percentage of teaching for the entry level PT/PTA program**
  + **Other program: enter the percentage of teaching for other programs if applicable.**
* **Service**: The percentage(s) is based on the following activities in which faculty may be expected to engage in.
  + Clinical practice: Enter the percentage for clinical practice ONLY if release time is granted.
  + Committee work, general advising, etc. Enter the percentage for general advising and committee/service activities that includes institution/program governance, consultation, involvement in professional organizations, and involvement in community organizations.
* **Other :** 
  + **Administrative Responsibilities**: Enter the percentage for which release time is given based on planning, coordination, facilitation, administration, and monitoring of the program and the clinical education component of the curriculum. May also include, but is not limited to, scheduling of classes, scheduling and managing clinical experience, oversite of faculty, coordinating meetings, accreditation responsibilities, etc.
  + **Scholarship:** (PT Programs only) Enter the percentage for the time dedicated for all scholarly activities. (Refer to Element 4B)
  + **Enrolled in Degree Program:** Enter the percentage ONLY if release time is granted.

**FTE CAPTE calculation**: The following chart is to be used to determine FTE calculations, regardless of how FTEs are determined at your institution. Please note there are two Portal fields for FTEs: FTE (institution) and FTE (program). If the faculty member has no teaching or administrative responsibilities outside of the program, then these numbers would be the same. If the faculty member has teaching or administrative responsibilities outside of the PTA or PT program, then the FTE for the program should reflect the individual's commitment to the program. For example:

* John Doe is a core PTA faculty member, but also is the dean or chair of the unit. He is on a 12-month contract and only teaches one course in each semester.
  + Institutional FTE = 1.33 FTE
  + Program FTE = .3 FTE
* Betty Smith is a core PT faculty member on a 12-month contract; half her workload is primarily devoted to scholarship (or service). She teaches one course a semester.
  + Institutional FTE = 1.33 FTE
  + Program FTE = 1.33 FTE

Note: Service and scholarship are considered activities devoted to the program.

* Jane White is a PTA core faculty member on a 9-month appointment; half of her teaching load is devoted to teaching in another program
  + Institutional FTE = 1 FTE
  + Program FTE = .5 FTE

**FTE CAPTE Calculations**: In order to foster consistency of data, the Commission requires that FTE allocations be calculated based on the following schedule:

|  |  |
| --- | --- |
| **Full-Time Appointments** | **FTE for PT and PTA Programs** |
| 12 month appointment or 10 month appointment with routine additional 2 month summer appointment | 1.33 |
| 11 month appointment or 9 to 9.5 month full-time appointment with routine additional 2-month summer appointment | 1.22 |
| 10 month appointment | 1.11 |
| 9 to 9.5 month appointment | 1.0 |
| 8 month appointment | .80 |
| 7 month appointment | .78 |
| 6 month appointment | .67 |
| 5 month appointment | .56 |
| 4.5 month appointment | .5 |
| 4 month appointment | .45 |
| 3 month appointment | .34 |

|  |  |
| --- | --- |
| **Part-Time Appointments**  Calculated based on the length of the appointment and the extent of contribution to the program; program determines the extent of contribution. | **FTE** |
| Half time for 12 months | 0.67 |
| Half-time for 9 months | 0.5  (1.00 x 0.5) |
| One course (determined to be 30% contribution) in a 4.5-month semester | .15  (0.5 x 0.3) |

[**Course List/Course Details**](#CourseListCourseDetailsPage): On the Portal, a course list is created by completing a course detail page for each course. In order to **save** each individual course page, the syllabus must be uploaded when entering the data. Revise as necessary by editing the course detail page for the appropriate course. The list of requested data and instructions for completing the Course Detail Page is described [below](#CourseList). Data may prepopulate from previous entries; it is recommended that you first review the pre-populated course list, which includes course details, to determine the extent of needed revisions.

**PTA Programs:** include all courses that are required for the degree, including prerequisite, general education, and technical education courses.

**PT early assurance/ undergraduate admission programs**: only include courses in the professional phase of the program.

[**Allocation and Expense Statements:**](#Budget) The budget form is divided into two sections: Allocations and Operating Expenses sections. **Data is required for:**

* **Academic Year of the Program Review,**
* **Each Academic Year through the full implementation of the program (e.g., through graduation of the charter class).** The Portal will request the identification of the actual academic years being reported.

Allocation(s) refers to: the amount of money **allocated** to the program each year; it does **NOT** refer to the total income to the institution that is generated by the program (unless the program gets that amount). Generally, the amount of money allocated to the program covers all program expenses. Unless the program literally has no money, the amount entered in the allocation sections on the Portal should **never total zero** ($00.00).

The Commission is aware that the actual budget forms reviewed by the Candidacy Reviewer may have different categories.

| **row** | **Attach (Refer) to Element(s)** | **AFC APPENDIX LIST (February 2024)**  **Required AFC Appendices for BOTH PTA & PT Programs** | **Required File Name** |
| --- | --- | --- | --- |
| **1** | **Preface, 2B2** | Needs Assessment Data | Needs Assessment.pdf |
| **2** | **Preface** | Signed AFC Signature Page, which is available from home page on Portal | Signature Page.pdf |
| **3** | **Preface** | AFC Eligible for Further Review Form (forms packet) AS A WORD DOCUMENT (do NOT change to a PDF). | AFC Eligible for Further Review.doc |
| **4** | **2A** | Program Assessment Matrix (forms packet) | Program Assessment Matrix.pdf |
| **5** | **2C** | Curriculum Assessment Matrix (no required format) | Curriculum Assessment Matrix.pdf |
| **6** | **2D** | Planning document (no required format) | Planning Document.pdf |
| **S7** | **3A** | Copy of institutional authorizations from the state to provide (1) postsecondary education & (2) the physical therapy professional (PT)/technical (PTA) program. If institution is in a collaborative arrangement with another institution to award degrees, provide requested information for the degree granting institution. | Institutional State Authorization.pdf |
| **8** | **3A** | (For private institutions) Evidence of the most recent USDE Financial Responsibility Composite Score (a PDF from the USDE website is acceptable). | Institutional Financial Responsibility Composite Score.pdf |
| **9** | **3B** | Copy of the most recent institutional accreditation action. | Institutional Accreditation.pdf |
| **10** | **3B** | If institutional accrediting agency approval is necessary, provide a copy of the institutional accrediting agency approval for offering the physical therapy education program; if institutional accrediting agency approval is not necessary, provide a statement from the institutional accrediting agency to that effect. | Institutional Accreditation Program Approval.pdf |
| **11** | **3B** | If the program is located in an institution that is not the degree-granting institution, provide a copy of a written agreement with the degree-granting institution. Also, provide required evidence listed in line **8 & 9.** | Institution Not Degree Granting.pdf (if applicable) |
| **12** | **3C** | Provide an organizational chart that includes the location of the program within the organizational structure of the institution. | Organizational Chart.pdf |
| **13** | **3C** | Include in Policy Location Chart (forms packet) the **policies and procedures** **related to academic standards, faculty roles, and faculty workload.** Identify, as applicable, where the policies are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf  (Blank chart is found in Instructions & Forms.doc) |
| **14** | **3C, 4A, 8A** | [Core Faculty Workload Form](#CoreFacultyWorkloadDistributionForm) – 2/2024)(Forms packet). | Workload Form – Core Faculty.pdf |
| **15** | **3C, 4D** | [Associate Faculty Workload Form](#AssociatedFacultyWorkloadDistributionFor) (Forms packet). | Workload Form – Associate Faculty.pdf |
| **16** | **3D** | Include in Policy Location Chart (forms packet) the **policies and procedures related to** **equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students**. Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **17** | **3E, 4E, 4F, 4H, 4M** | Include in the Policy Location Chart the **policies and procedures related to the rights, responsibilities, safety, privacy, and dignity of program faculty and staff.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL. At a minimum, provide policies/procedures that relate to:  • Policies related to due process;  • Policies describing confidentiality of records and other personal information;  • Policies applicable to core faculty, including but not limited to:   * Personnel policies, including merit, promotion, tenure; * Faculty evaluation and development; * Policies related to and opportunities for the participation of core faculty in the governance of the program and institution, including the responsibility for academic regulations specific to the program and the curriculum; * Program planning; and * Fiscal planning and allocation of resources.   • Policies applicable to associated faculty;  • Policies applicable to clinical education faculty;  • Policies related to staff; and  • Other relevant policies including patients and human subjects used in demonstrations and practice for educational purposes. | Policy Location Chart.pdf |
| **18** | **3C, 3D, 3E, 4E, 4F, 4H** | Institutional Faculty Handbook, if available | Handbook Institution Faculty.pdf |
| **19** | **3C, 3D, 3E, 4E, 4F, 4H** | Program Faculty Handbook, if available | Handbook Program Faculty.pdf |
| **20** | **4E, 4F, 4K** | Professional Development Plan  For Each Core and Associated Faculty Member employed at time of AFC submission | Professional Development Plans.pdf |
| **21** | **3C, 3D, 3E, 8A** | If the policies delineated in these Elements are not found in supporting documents or are located in a Union Contract, provide a copy of the relevant policies or Contract provisions in the bookmarked document titled: Other Policies.pdf. (Do not provide entire Contract.) | Other Policies.pdf |
| **22** | **3C, 3E, 3F, 3H1‐**  **3H5, 4E, 4F, 4L,**  **4M, 4N, 5A, 5C, 5E, 6K1-6K8(PT Only); 6I1-6I8 (PTA Only)** | Program Policies and Procedures Manual | Policies and Procedures Program.pdf |
| **23** | **3F** | Include in Policy Location Chart (forms packet) the **policies and procedures related to handling complaints that fall outside the realm of due process.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **24** | **3H** | Include in Policy Location Chart (forms packet) the **policies and procedures related to maintaining compliance with accreditation policies and procedures.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL. Note: it is acceptable for these to be part of a job description. | Policy Location Chart.pdf |
| **25** | **3H, 4J, 4N, 4O,**  **5A,5D, 5E** | If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf. | Other Policies.pdf |
| **26** | **4J, 4O** | Include in Policy Location Chart (forms packet) the **policies and procedures**  **related to clinical education** including, but not limited to, policies:  • for students;  • related to clinical instructor qualifications;  • related to clinical instructor responsibilities; and  • tools used in assessing the performance of students and the clinical instructor.  Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **27** | **4J, 4O, 6L (PT Only) and 6J (PTA Only)** | Clinical Education Handbook | Clinical Education Handbook.pdf |
| **28** | **4N** | Include in Policy Location Chart (forms packet) the **policies and procedures**  **related to:**  **• expectations for students to demonstrate that they are competent and safe prior to engaging in clinical education**; **and**  • **the skills students must demonstrate to ensure competent and safe performance prior to engaging in clinical education.**  Identify, as applicable, where they are found, including the name of the document, page number and/or URL. If information is included in course syllabi, identify which syllabi. | Policy Location Chart.pdf |
| **29** | **5A** | Include in Policy Location Chart (forms packet) the **policies and procedures**  **related to student recruitment and admission,** including but not limited to:   * student recruitment; and * maintenance of planned class size and prevention of over‐enrollment.   Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **30** | **5A, 6B**  **PT ONLY:** 6C | Student Recruitment Materials; if only web based, provide a PDF of relevant webpages. | Student Recruitment Materials.pdf |
| **31** | **5B** | Indicate where each of the items identified in the narrative is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information; a URL by itself is NOT sufficient for requested items. At a minimum, provide a bookmarked PDF that includes: the cover page of the document (if applicable), a table of contents (if one exists), and copies of web pages related to the Required Element(s) being addressed. | Relevant Student Information.pdf |
| **32** | **PTA**: **5B, 6B, 6D, 6L, 6K** | Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.** | Catalog Undergraduate.pdf  Catalog Graduate.pdf |
| **PT: 5B, 6B, 6C, 6E, 6N** |
| **33** | **5C** | Copy of enrollment agreement, if used. | Enrollment agreement.pdf |
| **34** | **5D** | Include in Policy Location Chart (forms packet) the **policies and procedures related to students including, but not limited to:**   * Policies related to due process; * Policies describing confidentiality of records and other personal information; * Safety of students when in the role of subjects or patient-simulators; * Policies related to calibration and safety check of laboratory equipment; * Policies on what student information is shared with the clinical facility (e.g. criminal background check, academic standing) and the process used to share this information; * Policies addressing requests for accommodation (in the classroom or clinical education) for students with disabilities; * Information provided to admitted and prospective students regarding potential health risks they may encounter throughout the education program and in clinical practice; * Policies governing use of standard precautions; * Policies governing the storage and use of any hazardous materials; * Safety regulations and emergency procedures; * Policies governing the use and maintenance of equipment; * Policies related to clinical education experiences, including HIPAA and a patient’s right to refuse treatment by a student; * Policies regarding laboratory access by students outside scheduled class time; and * Policies related to distance education. | Policy Location Chart.pdf |
| **35** | **5D, 5E** | Institutional Student Handbook | Handbook Institution Student.pdf |
| **36** | **5D, 5E** | Program Student Handbook | Handbook Program Student .pdf |
| **37** | **5E** | Include in Policy Location Chart (forms packet) the **policies and procedures related to student retention, progression and dismissal**. Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **38** | **PTA**:  **6B, 6D, 6K, 7A, 7B, 7C, 7D** | [One-page plan of study](#RequiredPlanofStufy) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours, plus primary faculty and other instructors. (Forms packet).  . | Plan of study.pdf |
| **PT:**  **6E, 7A, 7B, 7C, 7D** |
| **39** | **PTA: 6D**  **PT: 6E** | [Curriculum Map:](#PTAProgramCurriculumMap) Provide a table that identifies in which course(s) the content is covered for **each element** delineated in 7D. Only identify courses if the content is specifically addressed (i.e., for which specific course objectives exist). | 7D PTA Curriculum Map.pdf  7D PT Curriculum Map.pdf |
| **40** | **PTA: 6H**  **PT: 6J** | Provide an example of a practical exam grading rubric and, if used, a skills check form to measure students’ achievement of objectives. List of the skills students are expected to be able to perform safely and competently. If this information is found in program document(s) or course syllabi, identify the document(s) where this information is made available to students. | Practical Exam & Grading Rubric.pdf  Skills Check.pdf (if applicable)  Skill List\_Expected To Be  Competent.pdf |
| **41** | **PTA: 6H**  **PT: 6J** | If any clinical education tool to assess student performance is used that is not the CPI or the PT/PTA MAC, provide a copy. DO NOT PROVIDE the CPI or the PT/PTA MAC. | CE Tool Assess Student.pdf (if applicable) |
| **42** | **PT ONLY**  **7A** | [7A PT Content Chart](#ContentChart7A) (forms packet), to identify sample objectives at the highest expected level for each content area delineated in Element 7A. | 7A PT Content Chart.pdf |
| **43** | **7B** | **Use the appropriate chart,** 7B PTA Content Chart (forms packet) **OR** [7B PT Content Chart](#ContentChart7B) (forms packet) to identify sample objectives at the highest expected level for each content area delineated in Element 7B. | 7B PTA Content Chart.pdf  7B PT Content Chart.pdf  Use the relevant form & name |
| **43** | **PT ONLY**  **7C** | [7C Content Chart](#ContentCharty7C) (forms packet) that identifies sample objectives at the highest expected level for each content area delineated in Element 7C **(PT ONLY).** | 7C PT Content Chart.pdf |
| **44** | **7D** | [Curriculum Map](#CurriculumMap) | 7D PTA Curriculum Map.pdf  7D PT Curriculum Map.pdf  Use the relevant form & name |
| **45** | **PT & PTA:**  **8D1, 8D2** | Floor plan (drawn generally to scale) of the space identified for the program. If permanent space will not be ready at the time of the Candidacy Visit, provide floor plan(s) for contingency space that ensures adequate and appropriate space for at least the first year of the program for space that will be available at the time of the Candidacy Visit. | Space.pdf |
| **46** | **8D4** | Inventory list of equipment & supplies needed to fully implement the curriculum through graduation of the charter class. Identify which term items are first needed for, the timeline for acquisition, including the identification of equipment that has been purchased or is on order. In addition, identify equipment that will be borrowed, rented, or used off site. | Equipment Inventory.pdf |
| **47** | **8E** | Identify the library and learning resources needed for the first two years of the program. | Library Resources Needed.pdf |
| **48** | **8F** | [Available Clinical Education Placement Table](#CEAvailablePLacementTable) (forms packet) that delineates available placements at each physical location. This is a required table that documents contractual access to sufficient (at least 150% of enrolled students) clinical placements **to meet the needs** of the first full-time clinical experience and any part-time clinical experiences that may precede it. Only include facilities for which signed contracts are in place AND for which complete Letters of Intent are provided. Do NOT indicate a range in the number of student placements as CAPTE will always use the smallest number. | CE Available Placements Table.pdf |
| **49** | **8F** | Copies of the first page and signature page of each fully executed (date and signed by all parties) clinical education contract/written agreement that are available at the time of AFC submission. Must be submitted in a single PDF document, in alphabetical order by name of clinical site/corporation; PDF must be bookmarked with name on each contract. If a contract delineates multiple physical sites, a copy of that information is to be included, including the name of the facility, city & state. | CE Contracts.pdf |
| **50** | **8F** | Copies of signed and dated [Letters of Intent](#LOI) from the individual physical therapy sites that agree to provide at least one clinical placement **prior to** the program’s achievement of initial accreditation. Letters of Intent must be on the letterhead of the site and include the title and credentials of the individual who signs it. Hospitals, health care systems and health care companies, including private practices that provides physical therapy services at multiple sites must provide individual Letters of Intent from each site that will take students, signed by the individual located at that site who is responsible for providing the clinical education experience**. Refer to CAPTE’s Rules of Practice and Procedures regarding the current requirement for Letters of Intent delineated under §7.10 AFC Submission Requirements.**  **NOTE: Effective December 1, 2021,** Signature dates on LOI must be within one year of required CAPTE submission date of the Application for Candidacy. If dates are older than one year; the re-confirmation section of the LOI form must be completed. If an older LOI form was used, have the clinical site complete the reconfirmation section of the current form and submit both forms  **IMPORTANT:** Note the following:   * If the Letter of Intent identifies a range in the number of students at a given site, CAPTE will use the lower number when calculating available placements. * Incomplete Letters of Intent will not be accepted. * Names of individuals identified as the “CCCE” on the Available Clinical Education Placement Table MUST be the same as (or included in) the names of signatories on the respective Letters of Intent. * The names and signatures of administrative officials, HR representatives, business owners, or any other similar representatives of sites that do not provide clinical experiences may be included in Letters of Intent, but are not acceptable as the sole signatories of Letters of Intent. * LOIs are to be signed by the CCCE. If clinical site is more than 60 miles/one hour away from the CCCE, a PT or PTA who could be a CI at the site must ALSO sign the LOI. If the clinical education experience is provided by a PTA, the signature of the PTA’s supervising PT is necessary for each site’s Letter of Intent. * If this expectation is not met, the AFC will NOT be eligible for review by the Commission. * It is the responsibility of programs to contact the Accreditation Department staff to clarify this expectation if needed. | CE Letters of Intent.pdf |
| **51** | **8F** | [Clinical Education Placements Needed for Full Program Implementation Form](#CEPlacementsneededforfullimplementation) (forms packet) identifies the number and variety of clinical education placements that will be needed when the program is fully implemented. | CE Placements Needed Full Implementation.pdf |
| **52** | **8G** | List the document(s) where the blank sample program or university‐specific written agreement can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s). If not located in supporting document(s), provide the blank sample program or university‐specific written agreement. | CE Written Agreement.pdf |
| 53 | **8H** | Identify where information related to academic, counseling, health, disability, and financial aid services is available to students. | Policy Location Chart.pdf |
|  | **Related Elements** | **The following appendices are NOT attached to individual Elements but are uploaded as per the AFC instructions. The related elements are provided here to inform programs as to how these documents are used by the Reviewers** |  |
| **54** | **Related Elements; DO NOT ATTACH to elements:**  **4A, 4D, 4G, 4I, 4K, 6L (PT Only) and 6J (PTA Only); 8A** | [CV](#CVRequiredFormat) (forms packet); **uploaded on the appropriate Core Faculty Information Page OR Associated Faculty Information Page**; the latter for each associated faculty member who is involved in 50% or more of the contact hours of a course. **DO** include CVs for those working as Lab Assistants in courses where they are responsible for working with students 50% or more of lab contact hours. Ensure faculty teaching assignments are inclusive and current in the final section of each individual CV.  NOTE: THESE DOCUMENTS WILL NOT SHOW IN THE DOWNLOADED REPORT; THEY WILL ONLY BE ACCESSIBLE IN THE BUNDLE | CV‐Last Name First Name.pdf  (for example: CV‐Smith Mary.pdf) |
| **55** | **PT ONLY**  **Related Element:**  **4B** | [Core Faculty Scholarship Form](#ScholarshipForm) (forms packet September 2023 version); uploaded on the Core Faculty Information page for each core faculty member. Where appropriate, use the narrative row of the form to clarify the peer-reviewed mechanism for completed and planned products.  NOTE: THESE DOCUMENTS WILL NOT SHOW IN THE DOWNLOADED REPORT; THEY WILL ONLY BE ACCESSIBLE IN THE WINZIP FILE | Scholarship-Last Name First Name.pdf  (for example:  Scholarship-Smith Mary.pdf) |
| **56** | **Related Elements; DO NOT ATTACH to elements:**  **PTA:**  **4A, 4D, 6D, 6E,**  **6F, 6G, 7A, 7B, 7C, 7D**  **PT:**  **4A, 4D, 6E, 6F,**  **6G, 6H, 6I, 7A, 7B, 7C, 7D** | Course syllabi; **uploaded on the Course Details page for each course**.  For a list of the items **required to be in each syllabus,** see the relevant Element in the Standards and Required Elements:  PTA = Element 6E  PT = Element 6G | Syllabus‐Course Prefix & Number.pdf  (for example: Syllabus‐PTA256.pdf) |
| **57** | **Related Elements** | [URL Listing Table](#URLListingTable) (forms packet) | URL Listing Table.pdf |

**AFC Eligible for Further Review Form**

**NAME OF PROGRAM:**

This form identifies all the eligibility requirements that must be in place in order for an AFC to be eligible for further review. The program completes this form and attaches it as an appendix to the Preface AS A WORD DOCUMENT (do NOT change to a PDF). Screening to determine eligibility for further review is performed by Accreditation Staff. NOTE: As stated in the Rules of Practice and Procedure, §7.11(b), staff determination that an AFC is eligible for further review is a decision that the AFC contains the minimum required information described in this document. Determination that an AFC is eligible for further review does not mean that the program meets, or is making satisfactory progress toward compliance with, any of the standards/elements; such a decision is the purview of CAPTE.

| **Yes/No** | | **AFC Eligible for Further Review Form: Revised (February 2024)** | |
| --- | --- | --- | --- |
| **Program** | **Staff** | **Item** | **Comment, if applicable** |
|  |  | AFC submitted on the Portal by due date for the assigned Candidacy Cycle | Date submitted: |
|  |  | The program director and an appropriate institutional administrator have attended a Developing Program Workshop | Dates and names of attendees: |
|  |  | AFC is submitted by the institution(s) where the education program is to be located and that will award the degree. |  |
|  |  | AFC is complete and includes all requisite information described in the mostcurrent instructions for completion/submission of the Application for Candidacy. |  |
|  |  | The Application has been submitted electronically using the CAPTE Accreditation Portal and the instructions for entering information have been followed. |  |
|  |  | The candidacy fee has been previously submitted in accordance with the established review cycle timeline | Date sent: |
|  |  | The conflict list has been previously submitted in accordance with the established decision cycle timeline. | Date submitted: |
|  |  | The Application for Candidacy and ALL accompanying documentation are in English. |  |
|  |  | The signed AFC signature page must be scanned and attached to the Preface as an appendix. The signature page from the AFC has been signed at least by the Chief Executive Officer(s) of the sponsoring institution(s) and the program administrator/director who has responsibility for the program, attesting to the accuracy of the information provided and indicating that the institution(s) and program  (i) agree not to enroll students in any courses that are part of the professional/technical phase of the program until Candidate for Accreditation status has been achieved,  (ii) agree not to enroll more than one cohort of students per academic year and not to increase class size until accreditation has been granted and the program is eligible to seek such changes, and  (iii) acknowledge CAPTE’s Rules [§8.5 and §8.14(a)] that the on-site visit for initial accreditation must occur in the penultimate term and that the initial accreditation decision will be made at CAPTE’s next regularly scheduled meeting following the on-site visit.  Note: Regularly scheduled CAPTE meetings occur only in the spring and fall |  |
|  |  | **The Application for Candidacy includes at the time of submission:** |  |
|  |  | AFC Eligible for Further Review Form (this form!) is complete; attached to Preface |  |
|  |  | A preface that includes the following information:  (a) a discussion about why the institution believes that a physical therapy program (PT or PTA, as appropriate) is consistent with its mission and with other institutional program offerings and how existing institutional resources will foster the development of a quality program.  (b) a description of the process and information used by the institution to determine the need for the program and to determine planned class size in relation to current and future needs for physical therapy personnel, including a summary of the needs assessment that has been done. Such information should reflect local and regional data in addition to national data;  (c) a written statement of the plans for the number of students and frequency of cohorts to be admitted during the full implementation of the program, including plans for the number of students to be admitted to the charter class;  d) A written contingency plan for students if the program should fail to achieve candidate status and a contingency plan with a teach-out plan should the program fail to achieve accreditation status. The program must include information about how and when this contingency plan is communicated to prospective students. |  |
|  |  | Evidence that the institutional accrediting agency has approved the development/offering of the physical therapy education program/degree. If institutional accrediting agency approval is not necessary, a statement from the institutional accrediting agency to that effect, or other relevant official documentation, is required. |  |
|  |  | Evidence that the institution is accurately characterizing the program’s status in the accreditation process in all information provided to prospective students and the public, including on its website and in any materials used for student recruitment.  Provide in column to right, the file name(s)/indication of where this information is located |  |
|  |  | Evidence that the institution is providing accurate information to prospective students for the charter class that describes (provide the links):  (a) the planned timing of the CAPTE decision in relation to the graduation date, and  (b) the date of the first licensure examination for which the graduates would be eligible to sit. |  |
|  |  | Evidence that the institution has  (a) **For PT programs:** employed at least three full-time faculty members including the program director and the ACCE/DCE and the program has hired, or has executed contracts with, sufficient faculty to implement the complete first two years of the program. The projected composition of the core and associated faculty necessary for the full implementation of the program must be determined, be reflective of the variety of faculty responsibilities delineated in Element 8A. At least 50% of the core faculty hold academic doctoral degrees for both the current and projected composition.  (b) **For PTA programs**: employed at least two full-time core faculty members, including the program director and the ACCE/DCE, one of which must be a physical therapist, and the program has hired, or has executed contracts with, sufficient core and/or associated faculty to cover all courses and activities for the full implementation of the program. The composition of core and associated faculty must be reflective of the variety of faculty responsibilities delineated in Element 8A. |  |
|  |  | Clear evidence, as reflected in a current curriculum vitae, that the program director possesses at least the following minimum qualifications:  **For PT programs:**   1. is a physical therapist who holds a current license to practice in any US jurisdiction; 2. holds an earned academic doctoral degree, 3. holds the rank of associate professor, professor, clinical associate professor, or clinical professor, and 4. has a minimum of six years of full-time higher education experience with a minimum of three years of full-time experience in a physical therapist education program.   **For PTA programs:**   1. is a physical therapist or physical therapist assistant who holds a current license/certification to practice in any US jurisdiction; 2. holds a minimum of a master’s degree; 3. has a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience; 4. didactic and/or clinical teaching experience; 5. has experience in administration/management; 6. has experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine (9) academic credits of coursework in educational foundations. |  |
|  |  | Documentation of contractual access to sufficient clinical placements to meet the needs of the first full-time clinical experience and any integrated clinical experience(s) that may precede it. At a minimum, it is expected that there are sufficient clinical placements (as evidenced by signed Letters of Intent from a representative located at the physical therapy department that will provide the clinical education experience) for at least 150% of the expected number of students to be enrolled during the first year (e.g., if there will be a total of forty (40) students enrolled during the first year, the program is expected to have signed contracts with enough facilities to provide at least sixty (60) full-time experiences, as well as sixty (60) placements for any integrated clinical experience that precedes the first full-time experience, if any). Required documentation includes:  **NOTE: Effective December 1, 2021,** Signature dates on LOI must be within one year of required CAPTE submission date of the Application for Candidacy. If dates are older than one year; the re-confirmation section of the LOI form must be completed. If an older LOI form was used, have the clinical site complete the reconfirmation section of the current form and submit both forms  (a) copies of signed and dated Letters of Intent from the individual physical therapy sites that agree to provide at least one (1) clinical placement prior to the program’s achievement of initial accreditation. Letters of Intent are expected to be on the letterhead of the site and include the title and credentials of the individual who signs it. Hospitals, health care systems and health care companies, including private practices that provide physical therapy services at multiple sites are expected to provide individual Letters of Intent from each site that will take students, signed by a representative located at that site who is responsible for providing the clinical education experience.  (b) copies of the first page and the signature page of each fully executed (dated and signed by all parties) contract available at the time of AFC submission. If a contract delineates multiple physical sites, a copy of that information is to be included; and  (c) completed *Available Clinical Education Placements* table that delineates the minimum number of available placements per experience at each physical location. The table must include the name(s) of the signatory(ies) for each Letter of intent, which must include the person responsible for the clinical experience at the specific site, not just the signature of a representative of multiple sites for the same experience.  **IMPORTANT:** Note the following:   * If the Letter of Intent identifies a range in the number of students at a given site, CAPTE will use the lower number when calculating available placements. * Incomplete Letters of Intent will not be accepted. ALL requested information is required. * Names of individuals identified as the “CCCE” on the Available Clinical Education Placement Table MUST be the same as (or included in) the names of signatories on the respective Letters of Intent. * The names and signatures of administrative officials, HR representatives, business owners, or any other similar representatives of sites that do not provide clinical experiences may be included in Letters of Intent, but are not acceptable as the sole signatories of Letters of Intent. * Each Letter of Intent MUST be signed by the 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 LOI. * If this expectation is not met, the AFC will NOT be eligible for review by the Commission.   **It is the responsibility of programs to contact the Accreditation Department staff to clarify this expectation if needed AND to monitor the Rules of Practice and Procedure for changes to the related requirements/expectations.** |  |
|  |  | Evidence that the curriculum includes integrated and full-time terminal clinical experiences |  |
|  |  | **For PTA programs:** evidence that the program curriculum, including all general education, prerequisite, technical and clinical education courses, can be completed in two (2) calendar years: five (5) semesters or 80 academic weeks or 104 consecutive weeks. |  |
|  |  | **To Be Complete, All Required Appendices Are Provided, using the following Required File Name** |  |
|  |  | AFC Eligible for Further Review.doc (should be in Word) |  |
|  |  | Catalog Undergraduate.pdf (PTA Programs and 3+3 PT Programs) |  |
|  |  | Catalog Graduate.pdf (PT Programs ONLY) |  |
|  |  | CE Available Placements Table.pdf |  |
|  |  | CE Contracts.pdf (signed copies) |  |
|  |  | CE Letters of Intent.pdf |  |
|  |  | CE Placements Needed Full Implementation.pdf |  |
|  |  | CE Tool Assess Student.pdf (if applicable) |  |
|  |  | CE Written Agreement.pdf (Blank copy of agreement) |  |
|  |  | Clinical Education Handbook.pdf |  |
|  |  | Curriculum Assessment Matrix (no required format) |  |
|  |  | CV‐Last Name First Name.pdf (For each core faculty; for each associated involved in 50% or more of the contact hours of a course) |  |
|  |  | Enrollment agreement.pdf |  |
|  |  | Equipment Inventory.pdf |  |
|  |  | Handbook Institution Faculty.pdf |  |
|  |  | Handbook Institution Student.pdf |  |
|  |  | Handbook Program Faculty.pdf |  |
|  |  | Handbook Program Student .pdf |  |
|  |  | Institution Not Degree Granting.pdf (if applicable) |  |
|  |  | Institutional Accreditation Program Approval.pdf |  |
|  |  | Institutional Accreditation.pdf |  |
|  |  | Institutional Financial Responsibility Composite Score.pdf |  |
|  |  | Institutional State Authorization.pdf |  |
|  |  | Library Resources Needed.pdf |  |
|  |  | Needs Assessment.pdf |  |
|  |  | Organizational Chart.pdf |  |
|  |  | Other Policies.pdf |  |
|  |  | [Plan of study.pdf](#RequiredPlanofStufy) |  |
|  |  | Planning Document.pdf |  |
|  |  | Policies and Procedures Program.pdf |  |
|  |  | Policy Location Chart.pdf |  |
|  |  | Practical Exam & Grading Rubric.pdf |  |
|  |  | [Professional Development Plans.pdf](#ProfessionalDevelopmentPlans) |  |
|  |  | [Program Assessment Matrix.pdf](#ProgramAssessmentMatrix) |  |
|  |  | Relevant Student Information.pdf |  |
|  |  | [Scholarship-Last Name First Name.pdf](#ScholarshipForm) (PT Programs ONLY; for each core faculty member) |  |
|  |  | Syllabus ‐Course Prefix Name & Number.pdf (for each course) |  |
|  |  | Signature Page.pdf |  |
|  |  | Skills Check.pdf (if applicable) |  |
|  |  | Skill List Expected To Be Competent.pdf |  |
|  |  | Space.pdf |  |
|  |  | Student Recruitment Materials.pdf |  |
|  |  | [URL Listing Table](#URLListingTable) |  |
|  |  | [Workload Form – Core Faculty.pdf](#CoreFacultyWorkloadDistributionForm) |  |
|  |  | [Workload Form – Associate Faculty.pdf](#AssociatedFacultyWorkloadDistributionFor) |  |
|  |  | [7A PT Content Chart.pdf](#ContentChart7A)  (PT Programs ONLY) |  |
|  |  | [7B PTA Content Chart.pdf](#ContentChart7B)  [7B PT Content Chart.pdf](#ContentChart7B) |  |
|  |  | [7C PT Content Chart.pdf](#ContentCharty7C) (PT Programs ONLY) |  |
|  |  | [7D PTA Curriculum Map.pdf](#CurriculumMap)  [7D PT Curriculum Map](#CurriculumMap).pdf |  |

**Element 2: Program Assessment Matrix (October 2017)**

| **Required Element** | **Individual(s) responsible for coordinating this assessment component** | **Timeline:** | **Sources of Information &/or Tools Used to Collect Data:** |
| --- | --- | --- | --- |
| **2B1**--the admissions process, criteria and prerequisites meet the needs and expectations of the program. |  |  |  |
| **2B2**--program enrollment appropriately reflects available resources, program outcomes and workforce needs |  |  |  |
| **2B3**--the **collective core faculty** meet program and curricular needs |  |  |  |
| **2B3**--**associated faculty** meet program and curricular needs |  |  |  |
| **2B3**--**clinical education faculty** meet program and curricular needs |  |  |  |
| **2B4**--program resources are meeting, and will continue to meet, current and projected program needs including **financial resources** |  |  |  |
| **2B4**--program resources are meeting, and will continue to meet, current and projected program needs including **staff (administrative/secretarial & technical support)** |  |  |  |
| **2B4**--program resources are meeting, and will continue to meet, current and projected program needs including **space** |  |  |  |
| **2B4**--program resources are meeting, and will continue to meet, current and projected program needs including **equipment, technology, & materials** |  |  |  |
| **2B4**--program resources are meeting, and will continue to meet, current and projected program needs including **library and learning resources** |  |  |  |
| **2B4**--program resources are meeting, and will continue to meet, current and projected program needs including **student services** |  |  |  |
| **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 |  |  |  |
| **Additional rows provided if program wants to report on the assessment of other areas** | | | |
| Required Element | Individual(s) responsible for coordinating this assessment component | Timeline: | Sources of Information &/or Tools Used to Collect Data: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | | | |  |
| **CORE FACULTY WORKLOAD DISTRIBUTION FORM (Feb 2024)** | | | | | | | | | | | | | | |  |
| **CORE FACULTY NAME** | **FTE (CAPTE Calculations)** | **FTE for Program** | **TEACHING** | | | | | | **SERVICE** | | **\*Administrative Responsibilities** | **Scholarship**  **(Pt Programs Only)** | **Enrolled In Degree Program (for which release time is given)** | **TOTAL** | **OVERLOAD ( % time beyond normal/contracted workload)** |
| **Total contact hours per term in program seeking accreditation** | | | | **Teaching in entry-level program (includes. preparation and course-related advisement)** | **Teaching in other programs** | **Clinical Practice (for which release time is given)** | **Committee Work, General Advising, etc.** |
|  |  |  | Fall | Winter | Spring | Summer | % time | % time | % time | % time | % time | % time | % time | % time | % time |
| In alphabetical order |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASSOCIATED WORKLOAD DISTRIBUTION FORM** | | | | | |
| **FACULTY**  **NAME** | **TEACHING** | | | | |
| **FTE (CAPTE calculations)** | **Total Contact Hours in Entry Level Program per Term** | | | |
| **In Alphabetical Order** |  | **Fall** | **Winter** | **Spring** | **Summer** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**REQUIRED FORM: CURRICULUM VITAE (Aug 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 Program Review: list 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) (September 2023)

Provide 5-10 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.**  **If new faculty do not have a minimum of 5 scholarly products, identify their research mentor and plans for coming into compliance with this Element (4B).** | Provide a minimum of 5 and a maximum of 10 **selected** examples that are aligned with your scholarly agenda. |
| **Specific Measurable Scholarship Goals**  **These goals should minimally reflect 2 accomplishments that will be disseminated in a peer review format within 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 and your role in the project.**  **Add rows as necessary** | **Related Goal #(s)** | **Project Title** | **Role in Project** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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.**  **For new faculty who do not have a minimum of scholarly products, identify their research mentor and planned activities to come into compliance with Element 4B.** |  | | | |

| **Policy Location Chart (May 2019)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Related Element(s)** | **Policy Is Related to:** | **Policies & Procedures Related to:** | **Name of document(s) policy located in** | **Page # AND**  **URL as applicable** | **When Is information Provided to Stakeholders** |
| **3C** | Faculty | Faculty responsibility for determining & implementing academic standards |  |  |  |
| **3C** | Faculty | Faculty roles |  |  |  |
| **3C** | Faculty | Faculty workload. |  |  |  |
| **3D** | Faculty & Staff | Equal opportunity and nondiscrimination for faculty, staff |  |  |  |
| **3D** | Students | Equal opportunity and nondiscrimination for prospective/enrolled students. |  |  |  |
| **3E** | Faculty & Staff | Due process |  |  |  |
| **3E** | Faculty & Staff | Confidentiality of records and other personal information; |  |  |  |
| **3E** | Core Faculty | Personnel policies, including merit, promotion, tenure |  |  |  |
| **3E** | Core Faculty | Faculty evaluation and development - these are program and/or institutional policies for faculty development; specific plans for each faculty member should be in ‘Professional Development Plans.pdf |  |  |  |
| **3E** | Core Faculty | Participation of core faculty in the governance of the program and institution, including the responsibility for academic regulations specific to the program and the curriculum. |  |  |  |
| **3E** | Associated Faculty | Policies applicable to associated faculty; including faculty evaluation and development |  |  |  |
| **3E** | Clinical Education Faculty | applicable to clinical education faculty; |  |  |  |
| **3E** | Staff | Policies related to staff |  |  |  |
| **3E** | Patients / human subjects | Other relevant policies including patients and human subjects used in demonstrations and practice for educational purposes |  |  |  |
| **3F** | Outside Complaints | Handling complaints outside of due process, including prohibition of retaliation |  |  |  |
| **3H1**  **thru**  **3H5** | Faculty | Maintaining compliance with accreditation policies and procedures. Note: it is acceptable for these to be part of a job description. |  |  |  |
| **4J** | Clinical Education: students | Clinical Education policies for students;  Tools used to assess performance of students |  |  |  |
| **4J** | Clinical Education: CIs | Clinical instructor qualifications;  Clinical instructor responsibilities; and  Tools used in assessing the performance of clinical instructor |  |  |  |
| **4N** | Core Faculty Setting Policies Related to Clinical Education | Core faculty developing and implementing: Expectations for students to demonstrate that they are competent and safe prior to engaging in clinical education; and  Core faculty determining which skills students must demonstrate competent and safe performance prior to engaging in clinical education |  |  |  |
| **4O** | Clinical Education: CI Qualifications | Expectations for clinical instructor qualifications. |  |  |  |
| **5A** | Admissions | Student recruitment and admission, including but not limited to: • student recruitment; • maintenance of planned class size; and  • prevention of over-enrollment |  |  |  |
| **5D** | Students | Due process |  |  |  |
| **5D** | Students | Confidentiality of records and other personal information |  |  |  |
| **5D** | Students | Safety of students when in the role of subjects or patient-simulators |  |  |  |
| **5D** | Students | Calibration and safety check of laboratory equipment; and  Use and maintenance of equipment |  |  |  |
| **5D** | Students  (Clin Ed) | What student information is shared with the clinical facility (e.g., criminal background check, academic standing) and the process used to share this information |  |  |  |
| **5D** | Students | Requests for accommodation (in the classroom or clinical education) for students with disabilities |  |  |  |
| **5D** | Students | Information provided to students regarding potential health risks they may encounter throughout the education program and in clinical practice |  |  |  |
| **5D** | Students | Governing use of standard precaution |  |  |  |
| **5D** | Students | Governing the storage and use of any hazardous materials |  |  |  |
| **5D** | Students | Safety regulations and emergency procedures |  |  |  |
| **5D** | Students | Clinical education experiences, including HIPAA and a patient’s right to refuse treatment by a student |  |  |  |
| **5D** | Students | Laboratory access by students outside scheduled class time |  |  |  |
| **5E** | Students | Student retention, progression and dismissal |  |  |  |
| **8H** | Students | Identify where information related to academic, counseling, health, and disability services is available to students. |  |  |  |
| **8H** | Students | Identify where information related to financial aid services is available to students. |  |  |  |

**Plan of Study- 2022 version**

**­­­**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COURSES** (list in sequence by term as in the plan of study) | | | | | **SCHEDULED STUDENT CONTACT HOURS PER TERM** | | | | | **FACULTY**  CC= Course Coordinator  I=Instructor (responsible entire course)  L=Lecturer (provides instruction)  LD=Lab Director  LA=Lab Assistant  If need, classify other role(s) and explain in narrative | |
| **Year of term** (e.g., 1, 2, 3);  **Number of term** (e.g., 1, 2, 3, 4, 5) | Course prefix & Number | Course Title | Length of Course In weeks (Incl. exam week) | Credits | Classroom (e.g., lecture, seminar, tutorial) | Laboratory | Distance Education | Other (e.g., independent study) | Clinical Education | **Faculty member with primary responsibility for the course**  **Provide**  **ROLE: Name** | **Other Faculty who participate in the course (see instructions for which faculty to include)**  **Provide**  **ROLE: Name** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**7A Chart: PT ONLY**

| **7A PT CONTENT CHART (Required) (January 2019)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 3-5 examples of course objectives demonstrating the highest expected level;**  **Include: Course Prefix and #, 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: PTA Version**

| **7B PTA CONTENT CHART (Required) (January 2019)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 3-5 examples of course objectives demonstrating the highest expected level (where provided in the curriculum with at least one objective at the highest 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 |  |

**7B Chart: PT Version**

| **7B PT CONTENT CHART (Required) (January 2019)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 3-5 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 |  |

**7C Chart: PT ONLY**

| **7C PT CONTENT CHART (Required) (January 2019)** | |
| --- | --- |
| **Content Area** | **Provide a maximum of 3-5 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 |  |

**PTA PROGRAM CURRICULUM MAP**

**KEY: Type of content Expected Performance Level**

K: knowledge I: introductory; beginning;

S: psychomotor skill A: intermediate;

B: behavior / affect C: competence, mastery

**INSTRUCTIONS:** Place term and individual course numbers, including General Education and Clinical Science courses, in separate boxes. For each course-required content area, identify where the content is taught either as knowledge, psychomotor skill or behavior/affect using the key given above. In the same box as type of content, identify the expected performance level using the letters stated above. In addition to courses in technical phase of program, include General Education and Clinical Sciences courses where appropriate (7A & 7B). **Add or delete columns as needed.**

| **Term** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Number including Gen Ed and Clinical Sciences** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7C** | Work Under Direction & Supervision PT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ethics, Values & Responsibilities** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D1** | Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D2** | Report to appropriate authorities suspected cases of abuse of vulnerable populations. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D3** | Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D4** | Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D5** | Perform duties in a manner consistent with APTA’s *Values Based Behaviors for the Physical Therapist Assistant*. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D6** | Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D7** | Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D8** | Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D9** | Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D10** | Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D11** | Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D12** | Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D13** | Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D14** | Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Patient/Client Management** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D15** | Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change). |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D16** | Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client’s impairments, activity and participation limitations. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Plan of Care** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D17** | Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D18** | Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19** | Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D20** | Report any changes in patient/client status or progress to the supervising physical therapist. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D21** | Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D22** | Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intervention** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23a** | Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23b** | Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23c** | Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23d** | Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23e** | Manual Therapy Techniques: passive range of motion and therapeutic massage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23f** | Motor Function Training (balance, gait, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23g** | Patient/Client Education |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23h** | Therapeutic Exercise |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23i** | Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24** | Test & Measures |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24a** | Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24b** | Anthropometrical Characteristics: measurements of height, weight, length and girth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24c** | Mental Functions: detect changes in a patient’s state of arousal, mentation and cognition) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24d** | Assistive Technology: identify the individual’s and caregiver’s ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24e** | Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24f** | Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24g** | Joint Integrity and Mobility: detect normal and abnormal joint movement |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24h** | Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24i** | Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24j** | Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24k** | Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24l** | Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24m** | Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24n** | Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D25** | Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D26** | Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Participation in Health Care Environment** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27** | Contribute to efforts to increase patient and healthcare provider safety. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D28** | Participate in the provision of patient-centered interprofessional collaborative care. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D29** | Participate in performance improvement activities (quality assurance). |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Practice Management** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D30** | Describe aspects of organizational planning and operation of the physical therapy service. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D31** | Describe accurate and timely information for billing and payment purposes. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PT PROGRAM CURRICULUM MAP**

**KEY: Type of content Expected Performance Level**

K: knowledge I: introductory; beginning;

S: psychomotor skill A: intermediate;

B: behavior / affect C: competence, mastery

**INSTRUCTIONS:** Place term and individual course numbers in separate boxes. For each course required content area, identify where the content is taught either as knowledge, psychomotor skill or behavior/affect using the key given above. In the same box as type of content, identify the expected performance level using the letters stated above. **Add or delete columns as needed.**

| **Term** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Number** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ethics, Values & Responsibilities** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D1** | Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D2** | Report to appropriate authorities suspected cases of abuse of vulnerable populations. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D3** | Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D4** | Practice in a manner consistent with the APTA *Code of Ethics*. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D5** | Practice in a manner consistent with the APTA *Core Values t*. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D6** | Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D7** | Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D8** | Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D9** | Access and critically analyze scientific literature. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D10** | Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D11** | Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D12** | Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D13** | Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D14** | Advocate for the profession and the healthcare needs of society through legislative and political processes. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D15** | Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Patient/Client Management** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Screening** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D16** | Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Examination, Evaluation and Diagnosis** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D17** | Obtain a history and relevant information from the patient/client and from other sources as needed. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D18** | Perform systems review. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19** | Select, and competently administer tests and measures appropriate to the patient’s age, diagnosis and health status including, but not limited to, those that assess: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19a** | Aerobic Capacity/Endurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19b** | Anthropometric Characteristics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19c** | Assistive Technology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19d** | Balance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19e** | Circulation (Arterial, Venous, Lymphatic) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19f** | Self-Care and Civic, Community, Domestic, Education, Social and Work Life |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19g** | Cranial and Peripheral Nerve Integrity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19h** | Environmental Factors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19i** | Gait |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19i** | Integumentary Integrity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19k** | Joint Integrity and Mobility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19l** | Mental Functions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19m** | Mobility (including Locomotion) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19n** | Motor Function |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19o** | Muscle Performance (including Strength, Power, Endurance, and Length) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19p** | Neuromotor Development and Sensory Processing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19q** | Pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19r** | Posture |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19s** | Range of Motion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19t** | Reflex Integrity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19u** | Sensory Integrity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19v** | Skeletal Integrity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D19w** | Ventilation and Respiration or Gas Exchange |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D20** | Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D21** | Use the International Classification of Function (ICF) to describe a patient's/client’s impairments, activity and participation limitations. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D22** | Determine a diagnosis that guides future patient/client management. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Prognosis and Plan of Care** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D23** | Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D24** | Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D25** | Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D26** | Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Intervention** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27** | Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27a** | Airway Clearance Techniques |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27b** | Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27c** | Biophysical Agents |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27d** | Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27e** | Integumentary Repair and Protection |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27f** | Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27g** | Motor Function Training (balance, gait, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27h** | Patient/Client education |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D27i** | Therapeutic Exercise |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Management of Care Delivery** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D28** | Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D29** | Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D30** | Monitor and adjust the plan of care in response to patient/client status. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D31** | Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D32** | Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D33** | Respond effectively to patient/client and environmental emergencies in one’s practice setting. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D34** | Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D35** | Provide care through direct access. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D36** | Participate in the case management process. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Participation in Health Care Environment** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D37** | Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D38** | Participate in activities for ongoing assessment and improvement of quality services. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D39** | Participate in patient-centered interprofessional collaborative practice. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D40** | Use health informatics in the health care environment. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D41** | Assess health care policies and their potential impact on the healthcare environment and practice. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Practice Management** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D42** | Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7D43** | Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Element 7D: Sample Narrative Response**

**A curriculum table can be used to provide this information, but all columns of the table must fit on ONE page in a font size that is legible.**

The following is an example of a response that addresses the **first** item in the narrative evidence list that asks for a description of where and how the content is taught throughout the curriculum. It is intended to show the format needed; it is NOT intended to represent CAPTE’s expectations for the Element!

If a narrative is used rather than a table, this example provides insight into what is expected.

**7D7** **Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.**

**Learning Experiences**: Communication is a thread throughout the curriculum. PT523, Professional Seminar I (term 2) introduces communication concepts through lecture & reading assignments, followed by small group discussions analyzing video tape communications. Case studies are used in lab activities in all patient management courses (terms 2, 3, 4, & 5) that provide the student with opportunities to practice patient and caregiver instruction. Basic skills are built upon as cases become increasingly complex; examples include patients with dementia, from different cultural backgrounds, and for whom English is not their first language. Written communication, including note writing, is addressed in PT 623, Professional Seminar II (term 3). Practical exam rubrics in patient management courses include written, verbal and non-verbal communication categories. PT 655 (term 4), which addresses adult neurological conditions, includes a lab session with a speech language pathologist where students interact with persons with communication disorders. PT 786, Professional Seminar III (term 5) includes activities where students practice writing letters and reports to doctors related to patient progress. This course also includes role playing for contacting physicians to report evaluation results and discuss changing a patient’s treatment. Effective communication is expected in all four clinical education courses (terms 3, 4 and 6) where students have the opportunity to communicate with patients, family members, practitioners, and interprofessional team members.

What NOT to do:

**Learning Experiences**: do not just include a list such as lecture, lab, role playing, written assignments, or clinical experiences without further explanation.

**REQUIRED FORMAT: LETTER OF INTENT (LOI) FOR DEVELOPING PROGRAMS** (Aug 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** |
| 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: 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 LOI. | | | | | | |
| **CCCE Signature** | |  | | | | |
| **CCCE Print Name & Title** | |  | | | | |
| **DATE** | |  | | | | |
| **CI Signature (if needed)** | |  | | | | |
| **CI Print Name & Title (if needed)** | |  | | | | |
| **DATE** | |  | | | | |
| **LOI Reconfirmation Section** | | | | | | |
| **CAPTE will begin enforcing this requirement for AFC submissions starting with the AFC submissions due December 1, 2021. This section is to be completed if the LOI Section above is dated more than one year before the required CAPTE submission date of the AFC.** NOTE: 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 LOI (if needed, add rows and include printed name & title). | | | | | | |
| 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** | | | |  | | |

**Available Clinical Education Placements Table (March 2021)**

**\*\* This required table is ONLY to include anticipated placements for:**

**a) The first full-time clinical experience and any part-time experiences that precede it; and**

**b) For which there are fully executed contracts and signed letters of intent that support the information provided in the table.**

|  |  |
| --- | --- |
| **Name of Institution:** |  |
| **Date:** |  |
| **# students enrolled charter class:** |  |
| **150% of the # students enrolled charter class:** |  |

| **Name (in Alpha Order) of Facility/Site,**  **City, State - only include if there is a signed contract & LOI. Healthcare companies, systems, and corporations must have individual LOIs for each site.** | **Date Contract Fully Executed** | **Name(s) of the CCCE (& CI at site if required for LOI; see LOI instructions, Must be consistent with signatories on the respective LOIs** | **Date Letter of Intent (LOI) Signed (MUST match the date on the respective Contract)** | **Type of Experiences** | **# Anticipated Placements as documented in LOI – ONLY for first F/T and any that precede it** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Totals** | | | | |  |  |  |

**EXAMPLE OF COMPLETED**

**AVAILABLE CLINICAL PLACEMENTS TABLE (March 2021)**

**This is not intended to represent CAPTE's expectations or to be an example of a table that meets the expectations for an application being eligible for further review.**

|  |  |
| --- | --- |
| **Name of Institution:** | **ABC College** |
| **Date:** | **2/27/2016** |
| **# students enrolled charter class:** | **20** |
| **150% of the # students enrolled charter class:** | **30** |

| **Name (in Alpha Order) of Facility/Site,**  **City, State - only include if there is a signed contract & LOI. Healthcare companies, systems, and corporations must have individual LOIs for each site.** | **Date Contract Fully Executed** | **Name(s) of the CCCE (& CI at site if required for LOI; see LOI instructions, Must be consistent with signatories on the respective LOIs** | **Date Letter of Intent (LOI) Signed (MUST match the date on the respective LOI)** | **Type of Experiences** | **# Anticipated Placements as documented in LOI – ONLY for first F/T and any that precede it** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PT 644  Part time | PT 666  Full time | N/A |
| Associated PT  Santa Fe, NM | 11/4/15 | Jane Doe, PT  Beth Holmes, PT, Owner | 1/12/16 | *OP Ortho* | *3* | *2-3* |  |
| Associated PT- East  Taos, NM | 11/4/15 | Frank Doe, PT  Beth Holmes, PT Owner | 1/13/16 | *OP Ortho* | *2* | *4* |  |
| Body Works  Taos, NM | 11/14/15 | Karen Jones, PT,  Jennifer Smith, CCCE | 1/31/16 | *OP Ortho* | 3 | 5 |  |
| Body Works  Taos, NM | 11/14/15 | Greg Brown, PT,  Jennifer Smith, CCCE | 1/31/16 | *OP Ortho* | 3 | 5 |  |
| Still Nursing Home  Sante Fe, NM | 1/6/15 | Joe Smith, PT | 2/20/15 | *SNF* | *2* | *2* |  |
| HealthNorth Corp  Portland, ME | 9/1/15 | Sally Finn, PT | 9/12/15 | *SNF* | *2* | *2* |  |
| HealthNorth Corp  Albuquerque, NM | 1/31/15 | Frank Stein, PT | 8/1/15 | *OP Ortho* | *2* | *2* |  |
| HealthNorth Corp  Santa Fe, NM | 7/31/15 | Chris Fossom, PT | 8/2/15 | *OP Ortho* | *3* | *1* |  |
| Mercy Hospital  Santa Fe, NM | 7/22/15 | Edith Johnson, VP Clinical Education, PT,  Ann Brown, PT | 9/25/15 | *OP Ortho* | *3-4* | *3-4* |  |
| Mercy Hospital,  Agua Fria, NM | 8/31/15 | Edith Johnson, VP Clinical Education, PT,  Joe Schmidt, PT | 8/31/15 | *OP Ortho* | *3* | *3* |  |
| Mercy Hospital  Taos, NM | 9/29/15 | Peter Green, PT  Edith Johnson, VP Clinical Education, PT | 9/29/15 | *IP Acute Care* | *2-3* | *2-3* |  |
| Mercy Hospital  Corrales, NM | 9/20/15 | Alice Smith, PT  Edith Johnson, VP Clinical Education, PT | 10/1/15 | *IP Acute Care* | *2-3* | *3-4* |  |
| Mercy Hospital North Valley, NM | 10/1/15 | Harry Brooks, PT  Edith Johnson, VP Clinical Education, PT | 10/2/15 | *OP* | *4* | *4* |  |
| **Totals (NOTE: where there was a range, only the smaller # is used)** | | | | | **34** | **38** |  |

**CLINICAL EDUCATION PLACEMENTS THAT WILL BE NEEDED UPON**

**FULL IMPLEMENTATION OF THE PROGRAM (April 2015)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned Enrollment Numbers** | | | |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clin Ed Course**  (Prefix & # & Name) | **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**  **(e.g., IP, OP, Rehab, peds, ortho, acute, etc)** | **# Experiences**  **Needed** | **# Experiences Currently Known To Be Available to the Program** | **# of Additional Placements Needed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**URL LISTING TABLE** (September 2023)

***This table is REQUIRED for URL addresses of given unique resources on the Web referred to in the time the Self-Study Report is submitted.***

|  |  |  |
| --- | --- | --- |
| **SRE** | **Document/Webpage name** | **URL with hyperlink** |
| 1A | SAMPLE CHART  University Graduate Catalog (Catalog Institution Graduate) | [www.univalexandria.edu/catalog](http://www.univalexandria.edu/catalog) |

|  |  |  |
| --- | --- | --- |
| **SRE** | **Document/Webpage name** | **URL with hyperlink** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**General Information Section of the AFC**

The following fields are included in this section of the Portal. This is information is provided to facilitate the collection of data.

**General Information**

**Academic Calendar/Program Length**

* Type of term (Quarter, Semester, or Trimester)
* Total number of terms to complete degree
* Total number of terms in academic year
* Term length (in weeks)
* Length of professional/technical coursework in weeks (including exam week)

**Clinical Education**

* Total hours of clinical education
* Number of weeks of full-time clinical education

**URLs**

* If the following URL does not correctly identify the location where the required accreditation statement can be found, provide the correct URL
* If the following URL does not correctly identify the location where the required student achievement data can be found, provide the correct URL

**General Information-Faculty**

**Faculty Information**

* Number of PT FULL-TIME core faculty positions
* Number of PT PART-TIME core faculty positions
* Number of Non-PT FULL-TIME core faculty positions
* Number of Non-PT PART-TIME core faculty positions
* \* Number of FTE's the above number of core faculty represent
* Describe the definition of 1 FTE at your institution (i.e., 9 mo, 10 mo, 11 mo, 12 mo)

**Current Vacancies**

* Number of current vacancies in currently allocated (budgeted) core faculty positions
* Percent of core faculty positions turned over in last year

**Projected Vacancies**

* Number of projected vacancies in currently allocated positions:

**Associated/Adjunct Faculty**

* Number of associated/adjunct faculty who teach [in] half the contact hours of a course
* \* FTEs represented by the previous number of associated/adjunct faculty

\* See instructions found in this document for determining [FTEs in the Core or Associated Faculty Information Sheet](#WorkloadDistribution)

**Core & Associated Faculty Information Sheet (September 2023)**

Include associated/adjunct faculty who teach [in] 50% or more of the contact hours of a course. This includes information for those working as Lab Assistants in courses where they are responsible for working with students 50% or more of lab contact hours. These fields are the same ones as the AAR portal pages.

The following are required fields for all faculty, except where otherwise noted. It is suggested that you print, carefully review and revise as necessary previously submitted Portal responses that pre-populate these fields.

|  |  |
| --- | --- |
| **Field** | **Options, if applicable** |
| **First Name** |  |
| **Last Name** |  |
| **Credentials** |  |
| **Faculty Type** | Core or Associated |
| **Position** | Chair/Director; Clin Ed Coordinator, Other Faculty; Director & Clin Ed Coordinator  Note: N/A (select this for associated faculty) |
| **Gender** |  |
| **Months Appointed Per Academic Year** |  |
| **Race** | Hispanic/Latino of any race  Native Hawaiian or other Pacific Islander  American Indian/Alaskan Native  White  Asian  Two or more races  Black or African American  Unknown |
| **FTE For Institution** | [See FTE Calculations](#FTECalculations);  For term/semester hires use “zero” |
| **FTE For Program** | [See FTE Calculations](#FTECalculations);  Do not include teaching or administrative responsibilities outside entry-level program |
| **Year of Birth** |  |
| **PT or PTA** | PT PTA Both Neither |
| **Highest Earned Clinical Degree (PT/PTA Degree,**  **including tDPT degree)** | Associate Bachelor + Transition DPT  Baccalaureate Certificate + Transition DPT  Certificate Master + Transition DPT  Master Not Applicable  DPT  Please note: this category is to identify the highest earned clinical degree held by faculty who are PT or PTAs. Basic science faculty should choose Not Applicable. |
| **Highest Earned Academic Degree (Degree earned beyond entry-level degree, do NOT include tDPT degree)** | Baccalaureate  Master (advanced)  Professional Doctorate (EdD, DrPH, DSc, etc.)  Doctor of Philosophy  Other (Not entry-level DPT or tDPT)  Not Applicable (use this option if no degree higher than entry-level clinical degree or tDPT degree has been earned) |
| **Discipline of Highest Earned Degree** | Administration  Anatomy  Education (adult ed, allied health, higher ed, higher ed admin, etc.)  Ethics; Humanistic Studies  Exercise Physiology; Ex Science; Sports Med  Gerontology  Health Sciences; Allied Health  Kinesiology; Biomechanics; Pathokinesiology  Medicine, Other Health Discipline  Motor Learning  Neuroscience; Neuroanatomy  Not Applicable  Other  Pediatric PT; Special Ed  Physical Therapy  Physiology  Public Health  Not Applicable |
| **Rank** | Lecturer Administrative Appointment  Instructor Clinical Assistant Professor  Assistant Professor Clinical Associate Professor  Associate Professor Clinical Professor  Professor Other  Graduate Research/TA  (use ‘Other’ for faculty with a rank other than those listed) |
| **Total Years as Faculty** | Portal will only allow a whole number; if less than one year enter “1”. |
| **Total Years as Faculty in Program** | Portal will only allow a whole number; if less than one year enter “1”. |
| **Primary Area of Expertise Taught in Program** | Administration/Management Neuroscience  Anatomy None  Cardiopulmonary Other  Clinical Education Pathology  Clinical Medicine Pediatrics  Education Physiology  Electrotherapy/Modalities Professional issues, incl communications, ethics  Geriatrics Psychosocial Aspects of Care  Integumentary Research  Musculoskeletal Therapeutic Exercise  Neuromuscular |
| **Secondary Area of Expertise Taught in Program** | Administration/Management Neuroscience  Anatomy None  Cardiopulmonary Other  Clinical Education Pathology  Clinical Medicine Pediatrics  Education Physiology  Electrotherapy/Modalities Professional issues, incl communications, ethics  Geriatrics Psychosocial Aspects of Care  Integumentary Research  Musculoskeletal Therapeutic Exercise  Neuromuscular |
| **Enrolled in Degree Program** | Yes (Bachelors Program)  Yes (Master’s Program)  Yes (DPT program – this refers to a tDPT program)  Yes (other Doctoral program)  No |
| **Certified Clinical Specialist** | Yes No |
| **Scholarly productivity** | Not involved in scholarship (select this for associated faculty)  Actively engaged but product(s) not disseminated  Actively engaged, <5 peer reviewed disseminated products  Actively engaged, 5-10 peer-reviewed disseminated products in last 10 yrs  Actively engaged, >10 peer-reviewed disseminated products in last 10 yrs |
| **Tenure Status** | Tenured  Not eligible (on clinical track)  Non-tenured (on tenure track)  Not eligible (for other reasons)  No Tenure Track |
| **Workload Distribution**  **(Core Faculty only)**  (Provide % time involved in **each** area listed – total MUST equal 100%) | **Teaching** **(%)** Entry level Program  **(%)** Other Programs  **Service** **(%)** Clinical Practice [for which release time is given]  **(%)** Committee Work/General Advising, etc  **Administrative Responsibilities (%) For which release time is given**  **Scholarship (%)** [PT Programs Only]  **Enrolled in Degree Program (%)** [for which release time is given]  CAPTE expects programs to use a consistent formula to determine % time teaching based on contact hours |
| **Total Classroom Contact Hours Per Term** in Program Seeking Accreditation  **Note: Core and Associated Faculty** | Fall Winter  Spring Summer  **Note:** This is not an AAR question; no data will pre-populate |
| **CV/Resume** | Upload CV (required for both core and associated faculty); see naming conventions  **Note:** This is not an AAR question |
| **Scholarship Form (Core only)** | Upload Core Faculty Scholarship Form **for PT Core faculty ONLY**, see naming conventions  **Note:** This is not an AAR question |
| **Qualifications**  (25,000-character limit) | Enter narrative response to Element 4A (core) OR 4D (associated/lab assistants):  Identify specific teaching and other responsibilities and describe the individual's contemporary expertise related to each assigned content area. Provide specific evidence! Don't just say Joe Smith has taught this course for the past 5 years OR that Joe Smith has 15 years of clinical experience! For example: provide practice experiences related to teaching responsibilities (list location, types of patients treated, dates of practice). In addition, describe the teaching effectiveness of this individual.  **See Elements 4A and 4D for information required**.  **Note:** This is not an AAR question; no data will pre-populate |

**COURSE LIST/COURSE DETAILS INSTRUCTIONS (Aug 2022)**

**The following is required for each course; instructions follow:**

**Course Faculty**

Name, Type, Role

**Course Details**

Prefix & Number Course Title

Year of Term in Which Offered Number of Term in which Offered

Credits Length of Course (in weeks including exam)

Students/class Students/section

Type Number of Sections

**Scheduled Student Contact Hours**

Classroom Clinical Education

Distance Learning Laboratory

Other

**Course Documentation**

Syllabus (upload as PDF)

**INSTRUCTIONS**

**COURSE FACULTY**

If the Course Faculty grid is not seen on the Course Details page, scroll up to the top of the screen. **Faculty must have first been entered in the Faculty Section so the name is available to choose from.** Each course must have a faculty member associated with it.

**Type**: Primary or Other: Identify the faculty member(s) who teach in the course. Every course must have at least one primary course faculty member. Per the AFC Standards and Required Elements, all core and associated faculty for the full implementation of the PTA program and for the first 2 years of the PT program must be hired or contracted prior to submission of the AFC. If faculty are identified as TBD in the AFC, they must be faculty teaching general education courses or, for PT programs only, be faculty for courses beyond the first 2 years of the professional/technical program.

**Role:** Choose the faculty role that most closely describes the individual’s role in the course from the following options. If necessary, describe different roles in 4A.

Course Coordinator: The individual responsible for the course, when the course involves additional faculty member(s) (e.g., lab assistants, lecturers responsible for large sections (blocks) of the course, guest lecturers, etc.).

Instructor: The individual responsible for the entire course when only that individual is involved, whether or not the course has a laboratory component.

Lecturer: The individual responsible for providing instruction, other than laboratory experiences, in a course with multiple faculty members.

Lab Director: The individual responsible for the coordinating laboratory component, but with no responsibilities in the course other than coordination of the laboratory component.

Lab Assistant: The individual who assists the Course Coordinator or Lab Director in the laboratory setting.

**COURSE DETAILS**

**Course Prefix and Number:** Include the course prefix and number for each course in the entry level program. For electives, see information below.

**Course Title:** Course title should correspond to the course prefix and number. Provide the full title of the course unless the title exceeds 60 characters, which is the maximum length the Portal will accept.

**Year of Term** **in Which Offered** indicates the year in the program that the course is typically taken by students. Use sequential numbers (1, 2, 3, 4). Do NOT use actual years, e.g., **NOT** 2016. **DO NOT USE ‘1’ for the first term of each year! See example below**

**Number of Term** **in Which Offered** indicates which term the course is typically taken by students. Use sequential **NUMERALS** (1, 2, 3, 4, 5, 6, 7, etc.); do not identify fall, spring, summer. If a course is offered more than once, list it only one time, identifying when the course is typically taken.

The following is an example for PTA programs

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Offered In**  Program in this example has 3 terms/year | **Year of Term** | **Number of Term** |
| PT 120 Anatomy | 1st term of the 1st year | **1** | **1** |
| PSY 101 Psychology | 2nd term of the 1st year | **1** | **2** |
| PTA 201 Pathology | 1st term of the 2nd year | **2** | **3** |
| PT 263 Clinical Experience III | 3rd term of the 2nd year | **2** | **5** |

The following is an example for PT programs

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Offered In**  Program in this example has 3 terms/year | **Year of Term** | **Number of Term** |
| PT 555 Anatomy | 1st term of the 1st year | **1** | **1** |
| PT 715 Clin Experience I | 1st term of the 2nd year | **2** | **4** |
| PT 762 Research Measures | 2nd term of the 2nd year | **2** | **5** |
| PT 891 Clinical Experience III | 3rd term of the 3rd year | **3** | **9** |

**Note: The first two examples provided above could both represent fall courses (if the program has 3 terms per year). Since the table will sort by term, it is very important that the correct term be entered.**

**Credits:** Indicate the total number of credits awarded for the course. The number of credits documented should be a single number and **not a range;** see information below regarding electives. Portal will not accept a decimal; if course credits contain a decimal, provide the nearest whole number.

**Length of Course (in weeks including exam week):** Identify the number of weeks that the course meets, **including** exam week. In some situations, this may vary from the standard length of the term. Use whole numbers.

**Students per Class:** total number(s) should reflect planned class size.

**Students per Section:** total numbers(s) should reflect planned class size.

**Type:** Use the following to determine the type of course.

**C-Clinical Education**: course where the majority of the time is spent in supervised clinical practice.

**E-Elective**[:](#h.4d34og8) List courses **only** if the credits are required for graduation.

**F-Foundational Content**: course devoted to foundational content in basic and applied sciences; these are the courses that are addressed in Elements 7A. (e.g., anatomy, physiology, genetics, exercise science, kinesiology, neuroscience, pathology, pharmacology; histology, nutrition and psychosocial aspects of health and disability.)

**Do not use** this code if content is combined with non-foundational content; this code is **not** intended for courses that cover foundational PT skills.

**O**-for all other courses in the program; **the majority of courses will have this designation!**

**Exam and Syllabus:** Upload the syllabus for each course in a PDF format.*Note: Sample exams are not required for all courses. The AFC only requires sample practical examinations per element 6H for PTA programs and 6J for PT programs (see the Appendix List).*

**PTA PROGRAMS ONLY:**

If PTA program faculty are assigned to teach general education courses for students enrolled in the program, a copy of the syllabus for each general education course they teach must be provided on the Course Details Page.

If general education faculty are assigned to teach general education courses for students enrolled in the program, no syllabus is required for CAPTE review. Since the Portal will require a document to be attached to each syllabus link, create one blank document/course and name DoNotBotherToOpen\_1.pdf, DoNotBotherToOpen\_2.pdf, DoNotBotherToOpen31.pdf, etc. and attach one to each of the appropriate for general education courses. Note that the Portal will not accept two files named the same.

**SCHEDULED STUDENT CONTACT HOURS**

Provide the scheduled contact hours (as a whole number) for the ENTIRE TERM for:

* **Classroom**: lecture, seminar/discussions, tutorials, etc. which do **not** have a laboratory component and are held in-person with face-to-face instruction.
* **Laboratory:** can also include laboratory experiences in which the student has an opportunity to interact or observe patients regardless if this opportunity occurs on campus or in a clinical setting.
* **Clinical Education**: use **40 hours/week** to calculate contact hours for all full-time experiences.
* **Other:** includes independent study; use the number of credits assigned to the course as the number of contact hours per week (e.g., a two-credit independent study course taught over 15 weeks would be documented as 30 contact hours).
* **Distance Learning** includes **online courses** or courses **with online content.** According to theCAPTE Rules of Practice, Subpart 9.7(a)(1)(i-ii):

i. CAPTE defines distance education as education that uses one or more of the technologies listed in items (a) through (d) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

a. The internet.

b. One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices.

c. Audioconferencing.

d. Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (a) through (c). [CFR\_602.3]

ii. For the purposes of this section, the following definitions pertain:

a. Distance education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct interaction between the student and the faculty member(s).

b. Distance education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses. (34.C.F.R 602.22(A)(1)(ii)(c).

c. An instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by an institution’s accrediting agency.

d. Substantive interactions are engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

1. Providing direct instruction.

2. Assessing or providing feedback on a student’s coursework.

3. Providing information or responding to questions about the content of a course or competency.

4. Facilitating a group discussion regarding the content of a course or competency.

5. Other instructional activities approved by the institution’s or program’s accrediting agency.

e. Regular interaction involves.

1. Substantive interactions between the student and faculty on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency.

2. Monitoring the student’s academic engagement and success and ensuring that the instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request of the student.

The total number of contact hours per term is calculated by multiplying the number of contact hours per week by the total number of weeks in the course. For example, a 4-credit course with 3 contact hours of lecture and 3 contact hours of laboratory per week taught over a 15 week period would have 45 contact hours documented in the lecture column and 45 hours documented in the laboratory column. **Do not include the exam week.**

In documenting contact hours, include only those contact hours used in the calculation of credits for the course. Do not include contact hours for unscheduled or extra laboratory practice time or contact hours for tests, exams, or laboratory practical examinations done outside of scheduled class and laboratory time.

**For electives:**

* List courses **only** if the credits are required for graduation.
* Each course must have a faculty member associated with it. For courses where faculty may vary, enter the faculty member(s) teaching in the academic year of the program review. If faculty members are unknown/undecided, create and use a ‘dummy’ faculty member named: TBD.
* If the credits are required for graduation but credits vary for a course, provide the minimum number of credits required for the degree.
* PT ONLY: For electives where the credit is required for graduation and students have a choice from multiple courses, list each course name in a separate row but **do not indicate a course number** (provide prefix only).
* PTA ONLY: If more than one (1) course may be taken to fulfill the degree requirements, choose the course most commonly taken by students to fulfill the degree requirements. If the most commonly taken course is not known, choose one (1) course from among the possible courses students can take. For example, if PSYCH 110 or 115 can be taken to fulfill the degree requirements, choose either PSYCH 110 OR PSYCH 115, but not both.
* For **contact hours** when credit is required for graduation andstudents have a choice from multiple courses, provide contact hours for the first course listed. Do not provide a range. Enter zero (0) for all other courses.

**BUDGET: ALLOCATION AND EXPENSE STATEMENTS (April 2015)**

NOTE: Add/Delete Columns as necessary for projected budget through graduation of the charter class

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **CURRENT ACADEMIC YEAR (Year of Review)** | **PROPOSED YEAR** | PROPOSED YEAR | PROPOSED YEAR |
|  | ACTUAL **Identify Year:** | BUDGETEDIdentify Year: | BUDGETEDIdentify Year: | BUDGETEDIdentify Year: |
| INCOME (PROGRAM ALLOCATION) (would never be zero (0)) | | | | |
| **Source:**  **Source:**  **Source:** | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL** | **$** | **$** | **$** | **$** |
| **OPERATING EXPENSES** | | | | |
| SALARY EXPENSES, excluding benefits  Core Faculty  Associated Faculty  Staff | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ | Core (FTEs:\_\_\_\_\_)  Associated (FTEs: \_\_\_)  $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **FACULTY DEVELOPMENT** | **$** | **$** | **$** | **$** |
| CLINICAL EDUCATION  Clinical Faculty Development  Travel to Clinical sites  Other | $  $  $  $ | $  $  $  $ | $  $  $  $ | $  $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **OPERATIONAL**  Supplies  Communication (Phone, mail, etc.)  Reproduction | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **EQUIPMENT**  Repairs  Acquisition  Rental | $  $  $ | $  $  $ | $  $  $ | $  $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| OTHER (Specify) | $  $ | $  $ | $  $ | $  $ |
| **TOTAL $** | **$** | **$** | **$** | **$** |
| **TOTAL OPERATING EXPENSES** **$** | **$** | **$** | **$** | **$** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION FORM** (Aug 2022) | | | | | | | | | | | | | | |
| **INSTITUTION** | | | | | | | | | | | | | | |
| **Institution name** | | |  | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | |
| **Name of Chief Executive Officer** | | |  | | | | | | | | | | | |
| **Administrative title** | | |  | | | | | | | | | | | |
| **Telephone number** | | |  | | | | | | | | | | | |
| **Institutional accrediting agency** | | |  | | | | | | | | | | | |
| **Current accreditation status** | | |  | | | | | | | | | | | |
| **Date granted** | | |  | | | | | | | | | | | |
| **Unit or school in which the program resides** | | |  | | | | | | | | | | | |
| **Name of administrative official of the unit or school in which the program resides** | | |  | | | | | | | | | | | |
| **Administrative title** | | |  | | | | | | | | | | | |
| **ACADEMIC ADMINISTRATOR OF THE PROGRAM** | | | | | | | | | | | | | | |
| **Name of Academic Administrator** | | |  | | | | | | | | | | | |
| **Administrative title** | | |  | | | | | | | | | | | |
| **Telephone number** | | |  | | | | | | | | | | | |
| **E-mail address** | | |  | | | | | | | | | | | |
| **PROGRAM** | | | | | | | | | | | | | | |
| **Title of program** | | |  | | | | | | | | | | | |
| **Address (if different than institution address)** | | |  | | | | | | | | | | | |
| **Telephone number** | | |  | | | | | | | | | | | |
| **Year program expects to graduate first class** | | |  | | | | | | | | | | | |
| **Degree to be granted from program** | | |  | | | | | | | | | | | |
| **CURRICULUM DESIGN CHARACTERISTICS** | | | | | | | | | | | | | | |
| **Identify type of term:**  **eg, Semesters, Quarters** | |  | **# of terms in academic year** | | | | |  | | | **Total # of terms to complete degree** |  | | |
| **Length of professional/technical coursework in weeks (including exam week; count exam week as one week)** | | | | | | | |  | | | | | | |
| **Expected start date of penultimate (2nd to last) term for charter class:** | | | | | | | | **Expected end date of penultimate (2nd to last) term for charter class:** | | | | | | |
| **CLINICAL EDUCATION** | | | | | | | | | | | | | | |
| **Total hours of clinical education** | |  | **# of weeks of full-time clinical education** | | | | | | | | |  | | |
| **CORE FACULTY** | | | | | | | | | | | | | | |
| **Number of core faculty** | **PT full-time core** | | | | | |  | | | **Non-PT full-time core** | | | |  |
| **PT part-time core** | | | | | |  | | | **Non-PT part-time core** | | | |  |
| **Number of FTEs this represents** | | | | | | |  | | |  | | | | |
| **Number of vacancies in allocated core faculty positions** | **Full-time** | | | | | |  | | |
| **Part-time FTEs** | | | | | |  | | |
| **Total number of faculty the program plans to have when the program is fully implemented** | | | | | | |  | | |
| **Faculty/Student Ratio: Expected core faculty to student ratio** | | | | |  | | **Faculty/Student Ratio: Expected average faculty to student ratios during laboratory experiences** | | | | | |  | |
| **ADJUNCT FACULTY** | | | | | | | | | | | | | | |
| **Number of adjunct faculty who will teach ½ the contact hours of a course** | | | | | | | | | | | | |  | |
| **Number of FTEs represented by the above number of adjunct faculty** | | | | | | | | | | | | |  | |
| **Number of other adjunct faculty who are expected to teach in the program** | | | | | | | | | | | | |  | |
| **List the names and credentials of core and adjunct faculty members who will teach in the technical physical therapist program, at the very least this should include faculty to implement the first two years of the curriculum. Identify the F.T.E. (using CAPTE calculation)** **for each person. (See instructions regarding calculation of F.T.E. allocations below)** (insert rows as needed) | | | | | | | | | | | | | | |
| **CORE FACULTY** | | | | | | | | | | | | | | |
| **NAME** | | | | **F.T.E.** | | | | | | **Date Employed** | | | | |
|  | | | |  | | | | | |  | | | | |
|  | | | |  | | | | | |  | | | | |
|  | | | |  | | | | | |  | | | | |
| **ADJUNCT FACULTY (those that have responsibilities in 50% or more of a course)** | | | | | | | | | | | | | | |
| **NAME** | | | | **F.T.E.** | | | | | **Date Employed** | | | | | |
|  | | | |  | | | | |  | | | | | |
|  | | | |  | | | | |  | | | | | |
| **STUDENTS** | | | | | | | | | | | | | | |
| **Number of students for whom faculty will have advising responsibilities in the first two years of the program** | | |  | | | **Planned class size of the 1st class of students to be enrolled - this is the number for all future class starts until there is approval through the substantive change process for adding more students. The program must demonstrate resources throughout the AFC to start this planned class size.** | | | | | | |  | |
| **Expected date of enrollment of the 1st class of students into the professional/technical program** | | |  | | | **Expected date of graduation of the 1st class from the professional/technical program** | | | | | | |  | |

**PERSONS INTERVIEWED FORM**

**Name of Institution:**

**The program** is to list the **names, credentials, and titles** (or areas of responsibility) of those individuals with whom the team is scheduled to meet during the site visit of the physical therapy education program. One electronic (**Word**) copy of this form is to be provided to the Team Leader 14 days prior to the start of the visit. Add/delete categories as appropriate for your program.

**The team** is to update the list to reflect who was actually interviewed. In addition, **PLACE AN ASTERISK (\*)** beside the name of each person who attends the Exit Summary.

**Administrative Officers (President, Provost, Dean, etc):**

**Program Director:**

**Core Faculty: (for this list, do not include the program director)**

**Associated Faculty:**

**General Education/Supportive Faculty (PTA PROGRAMS ONLY):**

**Clinical Education Faculty (CCCEs and CIs):**

**Advisory Committee, if applicable:**

**Admissions Committee, if applicable:**

**Students accepted into the first class, if applicable:**

**Attended the Exit Summary only, if applicable:**

**For Use During Candidacy On-Site (July 2022)**

**Program:** In the PROVIDED column, identify the file name and, if applicable, the location of each document. If not providing an item, indicate in the Program Provided column: **NA** if not applicable for your program; **OSV** if having a virtual visit and the material will be provided later during the follow-up on-site visit. If not providing for another reason, indicate **NP** and provide an explanation.

**Review team:** In TEAM REVIEWED column, indicate with an “**X**” if reviewed, **NR** if not reviewed, **NA** if not applicable or **NF** if not found. For **NF,** include a comment under the applicable element. For virtual visits, identify under applicable element if the item needs to be reviewed during the follow-up on-site visit.

**Programs are responsible for ensuring virtual/electronic access to** **required visit materials listed below, at least 14 calendar days prior to the start of the scheduled visit.** **This will allow team members to review documents** **prior to the visit.** **New or additional materials should only be provided if requested by the team. The Materials Required List must be provided when the team is given access to the materials.**

Possible options for sharing documents include, but are not limited to, a learning management system such as Blackboard, and an online secure document sharing platform.

Confidential documents that cannot be shared virtually, such as student and faculty files, need to be noted on the Required On-Site Materials List form and will need to be available during the on-site visit.

Documents that may be too large to share virtually, such as clinical contracts, can have samples included in the virtual submission of documents to the team members. The entire set of confidential files and large documents will then be reviewed during the on-site visit.

| **Row** | **Element(s)** | **Required Material List**  **PTA and PT Programs (July 2022)** | **PROGRAM PROVIDED: Indicate file name &, if applicable, folder name; see instructions if not providing** | **Reviewed** |
| --- | --- | --- | --- | --- |
| 1 | **Preface** | Needs assessment data collected |  |  |
| 2 | **2A** | Minutes of meetings at which program assessment is discussed |  |  |
| 3 | **2C** | Minutes of meetings in which curriculum evaluation, including clinical education, is addressed |  |  |
| 4 | **2D** | Minutes of meetings in which program planning is discussed |  |  |
| 5 | **3A** | Evidence of authorization to provide clinical experiences and if applicable, distance education, in other states. Authorization must be in the form of an official letter or email from the appropriate state agency directed to the institution/program. If no authorization is required, evidence that it is not required must be provided in the form of an official letter or email from the appropriate state agency directed to the institution/program. |  |  |
| 6 | **3C, 3E, 8A** | Collective Bargaining Agreement or Union Contract, if applicable |  |  |
| 7 | **3F** | Minutes of faculty meetings where a policy for handling complaints that fall outside of due process are discussed. |  |  |
| 8 | **4A, 4D**  **PTA**  **6G, 6H, 7D**  **PT**  **6I, 6J, 7D** | **For each course in the first term of the \*technical (PTA)/professional (PT) curriculum** **provide**:   * two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities * two different examples of evaluation mechanisms to be used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example   (\* For PTA programs, this does not include general education courses) |  |  |
| 9 | **4A, 4G, 4I** | Evidence of licensure to practice in any United States jurisdiction for core faculty who are PTs/PTAs and will be teaching clinical content; for the program director; and for the clinical education coordinator |  |  |
| 10 | **4K** | Provide contracts/MOAs/Letters of Agreement with Faculty not working yet for the program |  |  |
| 11 | **4L** | Minutes of meetings at which academic regulations are discussed |  |  |
| 12 | **4M** | Minutes of meetings at which the curriculum is discussed |  |  |
| 13 | **4N** | Minutes of meetings where core faculty determine expectations for safety in student performance, and list of skills in which students are expected to be able to perform safely and competently |  |  |
| 14 | **4O** | Summary of data collected about the qualifications of the clinical education faculty (e.g., years of experience, specialist certification, or other characteristics expected by the program) for the clinical education faculty at sites that will be used for the first full time clinical experience and any part time experience that precedes it. |  |  |
| 15 | **5B** | Financial Aid Brochure if one exists |  |  |
| 16 | **5C** | If enrollment agreements have been used to date, provide a copy of the signed enrollment agreement. |  |  |
| 17 | **6A** | If there is a state-mandated curriculum plan, provide a copy |  |  |
| 18 | **PTA**  **6J, 8F** | Clinical education files that minimally contain:   * Fully executed clinical education written agreement * Letter(s) of intent * CSIF or equivalent information   Note: electronic files are acceptable |  |  |
| **PT**  **6K, 8F** |
| 19 | **8B** | Job descriptions of secretarial/administrative and technical support staff |  |  |
| 20 | **8C** | Program budget documents |  |  |
| 21 | **8D** | **VIRTUAL VISITS ONLY:** Narrated video of facilities; if the campus is open.  If unable to provide as part of Required Materials prior to the virtual visit, provide as part of Additional Materials for CAPTE review at least 30 days before the CAPTE meeting at which the program will be reviewed. |  |  |
| 22 | **8D1, 8D2** | If the program will use rented facilities, provide a copy of the written agreement |  |  |
| 23 | **8D4** | If the program will use loaned equipment or will use equipment at facilities other than at the institution and, if there are written agreements for use of this equipment, provide a copy of the written agreement(s) |  |  |

**Professional Development Plan**

**for Each Core and Associated Faculty Member**

**Employed At Time of AFC Submission**

**(September 2022)**

Note: Add rows and columns as appropriate. This form can be modified by the program, provided that the information submitted is adequate and addresses the expectations of the related elements. Combine the plans for all faculty into one PDF in alpha order. Development plans should be directly linked to assessment of individual faculty and should foster program improvement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Faculty Name | Action Item | Action Steps | Timeline for Completion | Degree of Achievement to Date | Outcomes |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |