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Last updated: 091724

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**INSTRUCTIONS FOR COMPLETING THE**

**CANDIDACY PROGRAM REVIEW REPORT**

**FOR**

**PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS**

**USING THE STANDARDS AND REQUIRED ELEMENTS**

**A. GENERAL INTRODUCTION**

**These instructions have been modified to reflect the Standards and Required Elements.** Please review them carefully and contact staff in the Department of Accreditation should you have any questions. Accreditation staff will delete these instructions after the report is submitted.

The Candidacy Program Review Report is used by the Candidacy Reviewers to describe the development of the program. The Program Review Report is used as a data source for CAPTE in their decision-making about the program.

The Candidacy Program Review Report submitted by the Document and On-site Review teams should complement and validate, **not duplicate**, the Application for Candidacy (AFC)) submitted by the physical therapist education program. The two reports, taken together, should provide CAPTE witha comprehensive picture of the program's development activities and plans as they relate to its objectives and to the *Standards and Required Elements for* *Accreditation of Physical Therapist Programs*. The Candidacy Program Review Report should provide verification of the information provided in the AFC. In addition, where appropriate, it should explain or elaborate upon areas that were unclear or not well developed in the Application for Candidacy.

The Program Review Report should be candid and analytical with a view to its purpose of providing CAPTE with substance to use in the evaluation of the extent to which the program has progressed toward full compliance with the Standards and Elements. It needs to include sufficient detail to provide evidence of development relative to the Standards and Elements. The Report provides a view of the physical therapy education program in its particular environment. It should be free from personal educational philosophy and value-laden terms. A helpful Report identifies the evidence that confirms or clarifies the AFC. Assessments of inadequate progress toward compliance with the Standards and Elements should be elaborated under the appropriate section of the Report.

**Comments related to satisfactory progress towards compliance with the Standards and Elements for Accreditation must be based on the AFC evidence lists under each Element, which indicate the expectations for Candidacy. You must respond to each element for which there is a Candidacy expectation and describe the program’s progress with respect to each bulleted item in the evidence lists.** These lists will remain in the final Candidacy Program Review Report.

**It is essential** that perceived problems identified from each your review of the Application for Candidacy and oral interviews with the program during the Candidacy review be addressed in the Report. Comments related to unsatisfactory progress should identify the expectation(s) that has (have) not been met. These items must also be identified in the Overview as part of the Exit Summary. In order to help CAPTE determine compliance, the teams’ comments should not just state your conclusion. Instead, regardless of whether the comment is positive or negative, the comment **must** identify the information that leads to your conclusion. Please be consistent, i.e., do not write a general comment on a Standard/Element in the Overview that indicates meeting expectations when there are deficiencies described under the respective Element.

The last page of the Program Review Report identifies materials the program must send to CAPTE with their response to the Candidacy Program Review Report. **Email a copy of the last page to the program administrator**; this may be handwritten. The list must be typed in the Program Review Report. On this page, the related Element should be identified for each item requested. **Note that materials submitted during and after the Program Review must not constitute significant revisions to the information submitted in the AFC.** Program materials that would be appropriate are described with examples below:

* Where appropriate, **limited** documentary evidence provided by the program that was reviewed during the Program Review may be acceptable to clarify information in the Application for Candidacy and assist CAPTE in understanding your comments in the Candidacy Program Review Report. As noted in the CAPTE Rules of Practice and Procedure, the Candidacy Reviewers may request additional materials for review and for submission to CAPTE for its review but should only request materials that exist at the time of the candidacy document review or on-site visit and that were reviewed by the Candidacy Program Reviewers.
  + Examples of acceptable revised materials reviewed onsite and requested to be submitted with the Institution's Response to the Candidacy Program Review Report are:
    - a revised income and expense form
    - a revised syllabus with one or two added objectives to clarify that content is covered adequately (**multiple revised syllabi may indicate significant changes to information in the AFC**)
    - information viewed on site that is **critical** for CAPTE’s understanding of your Program Review Report:
      * For example, if you believe that the Report commentary alone would not provide sufficient information without additional evidence provided during the visit. (Please do not interpret this to mean that all materials that are typically left on site should be submitted with the Institution's Response to the Candidacy Program Review Report, such as revised syllabi, faculty evaluations, etc.)

In addition, the request for additional materials and **the reason** for the request **must be noted in the comments under the respective Element**. Providing requested additional materials to CAPTE is the program’s responsibility; please do not send program materials with your Candidacy Program Review Report. There is a mechanism for the program to append additional materials to the final Report after the visit. Beneath your comments on each Element in this Report, under the Institution Response field, there is a place for the program to identify the specific file name: “IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF REQUESTED BY REVIEWERS”.

**Please contact staff during the Program Review if you are unsure whether the program with the Institution’s Response to the Candidacy Program Review Report should submit materials reviewed on site. Please direct questions to Sharan Zirges,** [**sharanzirges@apta.org**](mailto:sharanzirges@apta.org)**, 703-706-3238.**

Please remind the program to wait until they receive a final copy of the Program Review Report before submitting any requested materials to staff. The program will submit requested documents as part of the institution’s response at the time the Program Review Report with Institution Response is returned.

**B. GUIDELINES FOR DEVELOPING THE CANDIDACY PROGRAM REVIEW** **REPORT**

1. **Please keep the following in mind:**

a. Although CAPTE alone determines compliance, the Program Review teams do make judgments about the quality of the program.

b. These judgments **must** be made in the context of the program’s/institution’s mission and progress toward compliance with the Standards and Required Elements.

c. To help CAPTE determine compliance, the teams’ comments should not just state your conclusion. Instead, the comment **must** identify the information that leads to your conclusion.

d. Only substantive issues/concerns/problems related to the Standards and Required Elements should be delineated. Minor issues or issues that are not relevant to compliance **should not be addressed.**

For example:

* + - Substantive issue: On paper, there appears to be an adequate number of clinical sites; however, review of letters of intent for in-patient clinical placements indicated that less than 25% of the students for the planned cohort would have exposure in this practice setting for any of the three required clinical experiences.
    - Not a substantive issue: On paper, there appears to be an adequate number of clinical sites; however, the director of clinical education noted that student placements options will initially be limited in the local vicinity of the university. [Note: This is not substantive unless the program will promise students clinical experiences outside of the local area! There is no requirement that placements be regional or national.]

e. CAPTE can only use information that is part of the official record and that the program has had an opportunity to respond to. The Commission cannot use new information obtained during discussions between the primary reviewers and a Commissioner prior to CAPTE review of the program, if necessary.

2. **Program Review Report Submissions**

a. The Document Review team will have 21 days to complete their portion of the Candidacy Program Review Report. The final draft of the Program Review Report document from the Document Review team is to be uploaded to the portal. The word version of the template with the document reviewer comments will be on the portal for the On-site Review team to continue to refine the Overview Section and complete the On-site Reviewers portion. The two sets of teams are expected to hold a handoff meeting to discuss the AFC and the draft Report.

b. Before the start of the on-site visit, the program administrator is to provide the primary On-site Reviewer with the following forms as an upload to the portal.

* **General Information Form:**
* **Persons Interviewed Form:** the program will have included the names of those individuals who are scheduled to be interviewed. Reviewers must update the list after the visit to identify those persons who were actually interviewed.
* **Materials Provided On-Site Form;** the program will indicate the material it is making available for on-site review. Items that are bolded are expected to be available. Please indicate which materials were actually reviewed. Note that the materials provided on site should not be included in the Institution’s Response to the Candidacy Program Review Report if they constitute significant revisions to the Application for Candidacy.

These forms must be revised as necessary during the on-site visit and submitted with the Candidacy Program Review Report. **Submit these forms and the Candidacy Program Review Report as an upload to the portal**. Do NOT send a hard copy of the Report.

c. The primary On-site Reviewer is responsible for uploading as attachments the following **within 10 days of the visit**:

* + Program Review Report
  + General Information Form
  + Updated Persons Interviewed Form
  + Materials Provided On-site Form

**If you should need more time** or have any difficulties with the document, please contact Sharan Zirges ([sharanzirges@apta.org](mailto:sharanzirges@apta.org)).

1. **Document and On-site Visit Report Format:**

The Standards and the Program Review Report only delineate the requested narrative evidence. For programs, the [Appendix](#AppendixList) and [On-site Materials](#OnSiteMaterialsList) Lists are included in the AFC Instructions and Forms packet. To facilitate your review, these two lists are found at the end of these instructions. These guidelines are provided to assist your determination if complete information was provided by the program. However, keep in mind that it is the wording of the Element, **and not the evidence list**, that delineates compliance.

Accreditation staff will delete the Evidence List from the Program Review Report during final editing.

1. **Writing the Program Review Report**

a. Provide the teams’ findings relative to each Element:

* + Enter your findings based upon assignment, this will be either under the DOCUMENT REVIEWER COMMENTS or the ON-SITE REVIEWER TEAM COMMENTS
  + Verify the AFC response, identifying sources of information utilized;
  + Verify that any requested policies or documents ‘live’ where the AFC indicates they can be found;
  + Clarify the AFC response, if necessary, identifying the sources of information and topics discussed during interviews;
  + Identify any missing evidence; indicate if able to verify on-site, identifying the sources of information.
  + Each set of reviews, has an evidence chart to document what information was used.

As examples: This is the evidence chart for the document review (with a sample response)

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support of progress toward compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified or was inconsistent with the AFC narrative to support progress toward compliance with the Required Element: |
| * AFC | * Appendix: Curriculum Assessment Matrix |

This is the evidence chart for the on-site review (with a sample response)

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for progress toward compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified or was inconsistent with the AFC narrative to support progress toward compliance with the Required Element: |
| * AFC * Interviews with PD and faculty * Meeting minutes where curriculum is discussed |  |

Please note that, if the AFC does not contain all requested evidence, the Commission will determine if progress toward compliance can be determined with the information provided. Programs have been encouraged to provide full information.

The teams’ comments should be placed directly after the Element to which the comment refers. Type in your response to the right of the arrow (►) under “DOCUMENT REVIEWER COMMENTS or under ON-SITE REVIEW TEAM COMMENTS”;

* For example:

DOCUMENT REVIEWER COMMENTS:

**Required Documentation Uploaded**

(X) None required for this element

b. After each set of team comments, there are two action items **for the program.**

* + 1. **Document Reviewers request the following information to be made available to on-site review team.** 
       - List the information to be provided, if applicable (add additional lines as needed):
         1. Item:
         2. Item:
    2. **The On-site Reviewers request the program submit as part of its institutional response the following information:**
       - List the information to be provided, if applicable (add additional lines as needed):
         1. Item:
         2. Item:

The program has the opportunity to respond to each element

* **INSTITUTION COMMENTS:**
* UPLOAD: Identify Additional Materials to be UPLOADED, if any:

**These two sections will be the only places the program can make changes to the Program Review Report.**

1. Provide **An Overview of the Quality of the Physical Therapy Education Program** at the beginning of the Program Review Report. Both the Document Review team and the On-site Review teams should contribute to the drafting of this. The On-site Review team will deliver this to the program during the final session. Remember that the **Overview** serves as the basis for the Exit Summary and, therefore, **should not be a repeat** of the **Document** **Review and** **On-Site Reviewers** specific findings relative to individual Elements. Instead, it should provide summaries of each Standard that provides a sense of the overall quality of the program. Any problem identified in the Overview **must** also be addressed in the response to the related Element. And vice versa, if substantive issues are identified under an Element, general statements regarding the issue must also be included in the Overview. Programs should not be left with the impression of no issues, if in fact one exists.
2. **For the 7Ds:** The practice expectations in 7D have been placed into a table that is part of the final Report. **This is the only place for the teams to comment on individual practice expectations.** Based on the Document Review of the AFC as well as the On-site Review of the Required Materials and interviews, please indicate if the objectives and learning experiences **for each practice expectation** appear to be reflective of entry level practice (can use yes/no or √). A comment is **only** needed when the practice expectation does NOT appear to be sufficiently addressed in curriculum content, objectives, and/or learning experiences. **Specify the sources of information that led you to this opinion, for example, if inadequate objectives is a concern, include reference to the course(s)/syllabus(i) and specific objectives to illustrate the problem.**

Note that each team can identify its comments in the table but using DR (Document Review) or OS (On-site Review) designator. An example of how to complete the [7D Table](#Chart) is provided in this document.

7. Complete the **Additional Materials Requested by the On-site Review Team** **form**, located at the end of the Program Review Report. If additional materials are not being requested, note that on the form. Otherwise, list what is being requested and leave one copy of the completed form with the program administrator. **Only** **materials that already exist and that were reviewed** **by the team should be requested on the form, unless requesting missing materials that should have been in the AFC. Do not take copies of materials with you.**

8. Complete the signature page, which is the last page of the Report.

9. **DO NOT LEAVE A COPY OF THE CANDIDACY PROGRAM REVIEW REPORT WITH THE PROGRAM**! The Department of Accreditation will provide the program with a copy of the final Report. The Candidacy Reviewers will also be provided with a copy of the final Program Review Report and the Institution’s Response to the Report. Since the primary CAPTE Reviewer contacts the Candidacy document and on-site primary reviewers prior to the CAPTE review, you will continue to have access to the AFC on the Portal until CAPTE's review and final decision.

10. An electronic copy should be kept, along with all program materials, until receipt of the Summary of Action following the Commission's review of the first Compliance Report at which time you should destroy all materials related to the program. If the program initially had a split Compliance Report, you should keep all materials until the Summary of Action following the Commission's review of the second Compliance Report. Accreditation staff will remind you when it is time to destroy all materials.

11. The on-site visit includes an Exit Summary of the Document and On-site Visit Reviewers’ collective findings. The Exit Summary may not be recorded in any manner (audio, video or verbatim). The Candidacy On-site Reviewers are not consultants to the program and may not give guidance on how to revise materials to improve its chances of achieving Candidate for Accreditation status.

**7D Chart**

**The following are several examples of how this chart could be completed for different scenarios of the same Element.**

|  |  |  |  |
| --- | --- | --- | --- |
| The practice expectations in 7D have been placed into a table that is part of the final Program Review Report. **This is the only place for the team to comment on individual practice expectations.** Based on your review of all materials and on-site interviews, please indicate if the objectives and learning experiences **for each practice expectation** appear to be appropriate and reflective of entry-level practice (can use yes/no or √). | **Indicate if reflective of entry level practice** | | **COMMENT:**  **Comment is needed only when the practice expectation does NOT appear to be sufficiently addressed in curriculum content, objectives, and/or learning experiences. Specify the sources of information that led you to this opinion, for example, if inadequate objectives is a concern, include reference to the course(s)/syllabus(i) and specific objectives to illustrate the problem.**  **If more specific objectives are found during your review, identify the course and objective #(s).**  **FOR ALL OTHERS, NO COMMENT IS NEEDED.**  **Key: DR = document reviewers; OR = on-site reviewers** |
| Objectives | Learning experiences |
| 7D8 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities. | √ | OR √ | PR: no learning experiences were identified  OR: additional Information from syllabi PT101, 103, and 205 supported that appropriate learning experiences are planned for this practice expectation. The program has been requested to provide a description of related learning experiences with their response to this report. |
| 7D8 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities. | √ | √ | OR: interviews with advisory board indicated that they believe this will be a strength of the overall curriculum. |
| 7D8 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities. | √ | √ | PR: Objectives and learning experiences in the narrative are not directly related to this Element. However, review of syllabi indicated that objectives 4 and 5 in PT 115 (Seminar I) and objectives 2 and 9 in PT 245 (Seminar II) appropriately cover this practice expectation.  OR: On-site discussions with core and associated faculty confirmed learning experiences. The program has been requested to provide a description of related learning experiences with their response to this report. |
| 7D8 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities. | OR √ | √ | PR: Course objectives provided were not related to this Element.  OR: Discussions with faculty confirmed the learning experiences described in the AFC. The program has been requested to provide a description of related learning experiences with their response to this report. |
| 7D21 Use the International Classification of Function (ICF) to describe a patient's/client’s impairments, activity and participation limitations. | √ | √ |  |

**COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION**

**AMERICAN PHYSICAL THERAPY ASSOCIATION**

3030 Potomac Ave., Suite 100

Alexandria, VA 22305-3085

**PROGRAM REVIEW REPORT**

of

NAME OF INSTITUTION

NAME OF PHYSICAL THERAPIST ASSISTANT PROGRAM

DATE DOCUMENT REVIEW COMPLETED

DATE OF ON-SITE VISIT

This Report represents the views of the candidacy document review team and on-site review team and was prepared after careful study of the program's Application for Candidacy and the information received and materials reviewed during the program review. The program chair and the chief administrative officers of the institution are requested to review copies of the report and may comment on it before it is considered by the APTA Commission on Accreditation in Physical Therapy Education (CAPTE).

This report is a confidential document prepared as an educational service for the benefit of the program in physical therapy and for use by the Commission on Accreditation in Physical Therapy Education in determining an accreditation status based on progress toward compliance with the *Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs.*

The United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or pre-accreditation status, contents of reports of on-site reviews, and accrediting or pre-accrediting actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)]. The institution and program must make accurate public disclosure of the accreditation or pre-accreditation status awarded to the program. If the institution or program chooses to disclose any additional information within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency’s street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; [accreditation@apta.org](mailto:accreditation@apta.org); (703) 684-2782 or (703) 706-3245. If the Department of Accreditation finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then it, acting on behalf of CAPTE, will make public correction, and it reserves the right to disclose this Candidacy Program Review Report in its entirety for that purpose.

PROGRAM REVIEW TEAM'S FINDINGS RELATED TO THE

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

**AN OVERVIEW OF THE QUALITY OF THE**

**PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAM**

**Note to on-site visit team: Accreditation Staff will place the three forms you receive at the start of the on-site visit into this report; therefore, you MUST receive a Word version in addition to a paper copy. The primary reviewer** **team leader should upload these forms to the portal when the Program Review Report is completed. This includes the:**

1. **General Information Form**
2. **Person's Interviewed Form**
3. **Materials Provided On-site Form**

Provide a summary of the Reviewers’ findings relative to each of the subsections delineated below. The Overview should be a summary and not a restatement of the comments under the specific Standard/Element. Confidential information obtained from review of faculty files should NOT be included in the overview or in the full Report**. Document reviewers begin with a draft of these based on their collective findings. This draft is shared only with the on-site reviewers who will further edit and deliver as part of the exit interview.**

Any problem identified in the Overview must also be addressed in the response to the related Standard and/or Element. In addition, avoid value-laden terms and excessive use of analogies or comments not grounded in facts related to the specific Elements. For example, words such as “excellent”, “extraordinary”, or “bad” indicate judgement based on interpretation rather than objective evaluation of facts/evidence. Avoid prescriptive statements (“the program should do ….”) as CAPTE is not prescriptive. If you are unsure how to comment in the Report, feel free to contact staff to discuss. Accreditation staff will review the Report and edit comments that are inappropriate or do not serve CAPTE in evaluating the program.

Include in the Overview and Related Standards & Elements a confirmation of the program’s maximum planned class size that was indicated in the Application for Candidacy, i.e., the maximum number of students that the program would admit for each cohort, even if the program anticipates a lower number of students for any cohort. The maximum number of students the program would/may enroll is the class size upon which the Candidacy and CAPTE Reviewers **must evaluate all resources**. For example, if the program indicates a maximum planned class size of 20 but indicates in the Application for Candidacy and/or appendices that it anticipates a class size of 14 for any cohort, resources MUST support a class size of 20 students. If there are not adequate resources for 20 students (e.g., space, faculty, clinical education experiences, etc.), then **Reviewers MUST describe a lack of support for the maximum planned class size under each related Element**.

Further, it is not adequate with respect to evaluating resources for the program to indicate during the Candidacy Program Review that it will change the maximum planned class size, as this number was a factor in staff’s determination of whether the program was eligible for review by the Candidacy Reviewers and CAPTE. Regardless of whether the program states that it is planning to, or would, reduce the number of students to satisfy expectations, the program must still be evaluated on the original maximum planned class size; such a change would constitute a significant revision to information in the Application for Candidacy.

**NOTE:** Data must be provided that demonstrates there is adequate planning and resources to meet the needs of the program and students through the **full implementation of the program** **(i.e., through graduation of the charter class).** If additional cohorts will be matriculated annually such that there are two cohorts when the program is evaluated by CAPTE to render a decision on whether to grant Initial Accreditation, there should be evidence that plans are in place to support a second cohort.

**AN OVERVIEW OF THE QUALITY OF THE**

**PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAM**

The Candidacy Reviewers present a summary of their findings regarding the developing program and all materials and evidence reviewed as a whole, including how the strengths and/or deficiencies within the program impact upon each of the Standards and Elements. The gestalt is presented so that a sense of the quality of the program is described.

Provide a brief description of the history of the program. Include the setting, the number of students, the degree offered, the number of faculty, the basic curricular model.

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 1: MISSION, GOALS, OUTCOMES**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 2: ASSESSMENT, PLANNING**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 3: INSTITUTION & PROGRAM: INTEGRITY**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 4: PROGRAM FACULTY**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 5: STUDENTS**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 6: CURRICULUM PLAN**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 7: CURRICULAR CONTENT**

**REVIEWERS’ COMMENTS:**

**►**

**STANDARD 8: RESOURCES**

**REVIEWERS’ COMMENTS:**

**►**

**SUMMARY OF THE CANDIDACY REVIEWERS’ FINDINGS**

**Based on a review of the program’s Application for Candidacy, analysis of material and information obtained during the program review; a tour of facilities and other resources of the institution and program; interviews with program faculty, administrative officials, faculty from other departments, and clinical educators, the Candidacy Reviewers find:**

**The following to be areas that appear to be well developed:**

**The following to be areas that appear insufficiently developed or areas in which further development will be needed:**

***Note: The above areas are those identified by the Candidacy Reviewers and may or may not be representative of the Commission’s findings. The burden of proof of satisfactory progress (readiness to matriculate students) rests with the program.***

**APPLICATION FOR CANDIDACY**

**PHYSICAL THERAPIST ASSISTANT PROGRAMS**

**Preface**

**Include the following in the Preface for the *Application for Candidacy*:**

a) a discussion about why the institution believes that a physical therapy program 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. (Note: While there may be student demand for a program, that alone is not sufficient for new program development; indeed, there should be an unmet need for the graduates of the program that will persist over time.)

c) a written statement of the plans for the number of students per class and the frequency of cohorts to be admitted during the full implementation of the program, including the plans for the number of students to be admitted to the charter class (note that class size may not increase during candidacy and only one cohort per calendar year may be matriculated); and

d) a contingency plan for students if the physical therapist program should fail to achieve candidate status and accreditation status, including information about how and when this plan is communicated to prospective students.

Appendices & On-site Material: See AFC Instructions & Forms for the three appendices required in the Preface.

REVIEWERS’ COMMENTS:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF REQUESTED BY REVIEWERS:

**Standard 1**

**The program meets graduate achievement measures and program outcomes related to its mission and goals.**

**REQUIRED ELEMENTS:**

**1A** The mission[[1]](#footnote-1) of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation[[2]](#footnote-2) of physical therapist assistants.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) or highlight to indicate that the topic has been adequately addressed.**

( ) **Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.**

( ) Describe the congruency of the program’s mission statement with the institution and unit(s) missions.

( ) Describe the consistency of the program’s mission with contemporary professional expectations for the preparation of physical therapists assistants.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from SSR, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the SSR narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from SSR, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the SSR narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**INSTITUTION COMMENTS:**

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**1B** The program has documented goals[[3]](#footnote-3) that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) or highlight to indicate that the topic has been adequately addressed.**

**( )** Provide the goals, including those related to:

* + Students and graduates (e.g., competent clinicians, leaders in the profession);
  + Faculty (e.g., achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
  + The program (e.g., contributing to the community, development of alternative curriculum delivery models).

**( ) A description of how the goals reflect the program’s stated mission.**

**Evidence Chart:**

|  |  |
| --- | --- |
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**1C** The program meets required student achievement measures[[4]](#footnote-4) and its mission and goals as demonstrated by actual program outcomes.

**1C1** Graduation rates[[5]](#footnote-5) are at least 60% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.

**NOTE**: There is no expectation for this Element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this Element at the time of Candidacy.

**DOCUMENT REVIEWER COMMENTS:**

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**( )** None required for this element

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( ) **None required for this element**

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**1C2** Ultimate licensure pass rates[[6]](#footnote-6) are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

**NOTE**: There is no expectation for this Element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this Element at the time of Candidacy.

**DOCUMENT REVIEWER COMMENTS:**

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**( )** None required for this element

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**1C3** Employment rates[[7]](#footnote-7)are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

**NOTE**: There is no expectation for this Element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this Element at the time of Candidacy.

**DOCUMENT REVIEWER COMMENTS:**

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**INSTITUTION COMMENTS:**

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**Standard 2:**

**The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.**

**REQUIRED ELEMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Assessment Matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Describe and analyze the strategic planning process, including the opportunities for stakeholder participation.

**( ) Analyze how the process takes into account changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.**

**( ) Describe any changes planned for the next three to five years based on the assessment.**

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

( ) None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( ) Describe how the program defines diversity as it relates to the program’s mission and goals.**

**( ) Describe how the program’s mission, goals, and outcomes align with promoting a culture of JEDI, belonging, and anti- racism.**

**( ) Provide two total examples of how the program incorporates JEDI, belonging, and anti-racism.**

**( ) Describe the data collected, or that will be collected, to determine the extent to which the program promotes a culture of JEDI, belonging, and anti-racism.**

**( ) Analyze the data collected, if available, to determine the extent to which the program promotes a culture of JEDI, belonging, and anti-racism.**

**( ) Describe the program’s opportunities and challenges as they relate to JEDI, belonging, and anti- racism that have been identified through analysis of the data collected.**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Needs Assessment Data

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( ) Provide a description of the overall assessment process, which includes, but is not limited to, the areas outlined in Elements 2D1-2D7 and 2E that summarize the information in the program assessment matrix.**

**( ) Describe how the program’s assessment processes are aligned with the mission and goals of the program and demonstrate contemporary practice.**

**( ) Describe the overall opportunities and challenges identified. If opportunities and challenges have been identified, describe them, and provide the source of evidence that led to that determination.**

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

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program assessment matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Describe the available resources that support the admissions process.

**( )** Describe the ongoing, formal program assessment process that will be used to determine if the admissions process, criteria, and prerequisites meet the needs and expectations of the program.

**Note: This element refers to the assessment of the collective faculty. Information regarding the process to access individual faculty is addressed in standard 4**

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**INSTITUTION COMMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program assessment matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the ongoing, formal program assessment process that will be used to determine if the admissions process, criteria, and prerequisites meet the needs and expectations of the program.

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

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**2D3** The collective core\*, associated\*, and clinical education faculty\* possess the expertise to meet

program and curricular needs and expected program outcomes.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program assessment matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe how the collective core faculty is sufficient in composition to allow each individual core faculty to meet all program and curricular needs, aligns with the mission and goals, and demonstrates contemporary practice.

( ) Describe how the collective core, associated, and clinical education faculty\* is sufficient in number and expertise to meet all program and curricular needs and is aligned with the program outcomes related to all of the bullets below:

* Student advising and mentorship.
* Admissions and recruitment activities.
* Educational administration.
* JEDI, belonging, and anti-racism
* Curriculum development and student assessment.
* Instructional design.
* Coordination of the activities of the associated faculty.
* Coordination of the clinical education program.
* Shared program and institutional governance.
* Clinical practice.
* Evaluation of expected student outcomes.

**( )** Provide evidence that the program has hired, or has contracts with, sufficient qualified core and/or associated faculty to cover all courses in the program at the time of AFC submission.

**( )** Describe how the program determines the number of core faculty needed to accomplish all program activities delineated in the element.

**( )** Describe the core faculty resources for the program.

**( )** Provide evidence that the program employs at least two full-time core faculty members with the equivalent of two FTE dedicated to the PTA program. Provide evidence that one of the full-time core faculty members is a physical therapist. Identify the planned core faculty:student ratio\* and the planned average faculty:student lab ratio.

**( )** Provide evidence that the core faculty workloads will be within the defined workload policies.

**( )** Provide evidence that the timeline of hire for contracted faculty is adequate to allow faculty preparation for their respective responsibilities in the program.

( ) Describe how the faculty teaching and workloads for the program faculty will be adequate to meet the program needs with regard to:

* Teaching, including coordination of associated faculty;
* program administration;
* administration of the clinical education program;
* institutional and program committee and governance activities;
* student advising;
* any expectations related to student recruitment and admissions process; and
* other institutional and program responsibilities.

( ) Provide faculty workload equivalent calculations\* for each faculty member on the individual Core Faculty Detail page(s).

( ) Provide information related to teaching responsibilities for each course in the appended Plan of Study.

**Evidence Chart:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**( )** None required for this element

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**2D4** Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program assessment matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the mechanisms used to determine entry-level performance of students during clinical education experiences prior to graduation.

**( )** Describe mechanisms that will be utilized when CI assessment suggest less than entry-level performance and how the program will manage each situation when a student does not meet entry-level clinical performance.

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Assessment Matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** For each goal related to program graduates (not students) delineated in Element 1B, list the expected graduate outcomes that support the goal.

**( )** For each outcome, provide the expected level of achievement and describe the process and timeline the program will use to determine if the expectations have been met for the charter class and subsequent classes.

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Assessment Matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe **each** program resource and analyze data collected to determine the extent to which **each** resource is meeting, and will continue to meet, current and projected program needs including:

* Financial resources:
  + - Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.
      * Portal fields:
      * In the portal, provide three years of allocations and expense data in the Portal section entitled *Income Statement.* Data must be provided for the academic year of the Candidacy Visit and 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. The form, Allocations and Expense Statements, can be used to collect the required data.

**Note:** Adequate financial resources are expected to be available to meet the increasing demands of the program as additional faculty, staff and students are involved in the program.

**Note: Allocations refers to the amounts budgeted to the program**; it should never be zero nor should it reflect all tuition dollars collected by the institution unless all tuition dollars are indeed allocated to the program.

* + Administrative assistance staff and technology support personnel:
    - the current and planned secretarial/administrative and technical support available to the program, including the secretarial/administrative support available for the clinical education program to meet expected program outcomes.
    - the plans with timelines that are supported in the budget for hiring additional secretarial/administrative and technical support staff during the implementation of the program.
  + Space/facilities
    - the classroom, laboratory and storage space needed for the first year of the program and confirm that the completed space will be available and usable when needed by students.
    - all classroom, laboratory, and storage space needed for the full implementation of the program and provide a timeline for occupancy.
    - any classroom and laboratory space that is dedicated to the program.
    - the adequacy of faculty and staff office spaces to facilitate student advising, confidential meetings, office equipment, documents storage, and confidential materials security.
    - the space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.
    - the adequacy of opportunities students will have access to laboratory space outside of scheduled class time for practice of clinical skills.
    - the adequacy of equipment and space to meet the needs of each core faculty member, including space need for core faculty to fulfill their scholarly agendas\*.
    - provide documentation of plans for occupancy of the research space as the core faculty are hired through the full implementation of the program.
    - if plans for space are delayed, provide the contingency plan to ensure adequate and appropriate space for the first year of the program that will be available at the time of the Candidacy Visit.

**Note**: CAPTE expects that, at a minimum, the program has appropriate space and equipment to implement the first year of the program at the time of AFC submission. If plans for space are delayed, contingency plans must be in place that ensures adequate and appropriate space for the first year of the program that will be available by the time of the Candidacy Visit.

* + Equipment.
* equipment and materials available for the support of the program, including equipment and supplies loaned by vendors or by facilities other than the institution.
* indicate whether the program has acquired, or has on order, equipment, technology, and materials needed to meet the curricular goals of the first year of the program.
* the process used to ensure that equipment is in safe working order sufficient in number and reflective of contemporary PT practice, and available when needed.
* access to equipment being borrowed/loaned or used off-site.
* provide a plan for acquisition of equipment and materials for the continued implementation of the program, including the timeline to acquire the additional items.
* the contingency plan should borrowed/loaned equipment not be available for remediation and testing.
* the opportunities students have for access to equipment and materials for practice outside of scheduled class times.
* the equipment and materials available are sufficient to meet the needs of students according to the maximum planned class size.
* Technology
  + - the instructional technology resources available to meet the needs of the first year of the program.
    - the adequacy of the available instructional technology.
    - use technology for instructional and other purposes in the first year of the program and when the program is fully implemented.
    - provide a plan for the acquisition of technology through the full implementation of the program
* Instruction materials, Library and learning resources, Student services.
* the library resources currently available, including the accessibility of these resources.
* the adequacy of the library resources and remote accessibility for the program needed to meet the goals of the program, faculty, and students for the full implementation of the program.
* Provide the plan to acquire and/or provide access to the needed learning resources in a timely manner.
* the academic, counseling, health, disability, and financial aid services that will be available to program students, including the accessibility of these services for the physical therapist assistant students.

**NOTE:** Accessibility of these services for students taking distance education courses is requested in 6F.

**( )** If any student achievement measure (Elements 1C1 and 1C2) or expected program outcomefall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process that will be used to assess and address the performance deficits.

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

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**2D7** Program policies\* and procedures\*, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which program practices\* adhere to policies and procedures.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Assessment Matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Provide a process for analysis of the information to be collected that will be used to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.

**( )** If any student achievement measure (Elements 1C1 and 1C2) or expected program outcome fall below the CAPTE-required or program-expected levels or if there is a downward trend, document the process used to assess and address the performance deficits.

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**INSTITUTION COMMENTS:**

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**2D8** The clinical sites available to the program are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Describe the process that will be used by the program to determine that the clinical education sites of experiences for the students are consistent with the goals of the clinical education portion of the curriculum and with the objectives\* of the individual clinical education course in the curriculum.

**( )**  Describe how the program will ensure a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

**( )**  Describe how the Program will ensure a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

**( )**  Confirm that, at a minimum, there are sufficient clinical placements for 150% of the planned class size that will be appropriate for the first full-time\* clinical education experience and any part-time experiences that precede it. For example, if the planned class size is 40, the program is expected to have fully executed written agreements with enough facilities and site-specific Letters of Intent to ensure 60 full-time clinical experiences in practice areas that support the first year of the program. At a minimum, this must include the first full-time clinical experience and any part-time experiences that precede it.

**( )**  Describe the program’s expectations for the type of experience(s) appropriate for the first full-time clinical education experience and any part-time clinical experiences that may precede it.

**( )**  Provide a summary of the number and array of clinical experiences that are expected to be available from the clinical facilities with which fully executed contracts and Letters of Intent (LOI) exist.

**( )**  Describe how the program has assessed if the clinical experiences available will meet program needs

**( )**  Describe the clinical education experiences that will be required for each student by the end of the program.

**( )** Provide a summary of the number and array of clinical experiences the program expects will be needed for each clinical education course in order to meet the expectations of Element 6J and the expectations of the program – when the program is fully implemented.

**( )** Provide a detailed plan for obtaining sufficient additional clinical sites/placements to ensure all students meet the expectations of Element 6J and the expectations of the program.

( ) Describe the planned annual process and timeline to determine the availability of clinical experiences for the upcoming academic year.

**( )** Describe how the program plans to monitor that each student has the required experiences.

**( )** Describe how the program plans to monitor the adequacy of the number and variety of clinical education sites for the number of enrolled students

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**2D9** There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient and client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

**DOCUMENT REVIEWER COMMENTS:**

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**( )** None for this required element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Briefly describe the provisions of the clinical education contracts used by the program.

**( )** Describe how the program maintains the currency of written agreements with clinical education sites.

**( )** Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

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**2E** The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the dynamic nature of the profession and the health care delivery system. Assessment data is collected from appropriate stakeholders including, at a minimum, program faculty\*, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapist services, peers, or other health care professionals. Clinical education assessment includes, at a minimum, the quality, quantity, variety of sites, and the appropriate length and placement within the curriculum to prepare students for their roles and responsibilities as physical therapist assistants.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Curriculum Assessment Matrix.pdf

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Identify the stakeholders from whom data is collected, the educational resources used, the method(s) used to collect data, and the timing of the collection.

**( )** Describe how the curriculum assessment process considers the dynamic nature of the profession and the health care delivery system.

**( )** Provide evidence that student achievement (Elements 1C1 and 1C2) are used to assess the curriculum.

**( )** Provide evidence that graduate outcomes (Element 1C3) are used to assess the curriculum.

**( )** Provide evidence that the curricular assessment includes a review of the required elements in Elements 6A through 6G.

**( )** Describe how the clinical education component will be assessed, including, at minimum, an assessment of the number and variety of clinical sites and the appropriate length and placement within the curriculum.

**Evidence Chart:**

|  |  |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

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**INSTITUTION COMMENTS:**

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**Standard 3:**

**The institution and program operate with integrity.**

**REQUIRED ELEMENTS:**

**3A** The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Institutional State Authorization.pdf

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( ) I**dentify the state agency from which the institution has authority to operate as an institution of higher education and provide the date of the most recent approval.

**( ) Identify the state agency for which the institution has authority to offer the PTA program and to award the degree, if different from above. If state approval is necessary, provide the reason why it is not necessary.**

**( )** If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree granting institution.

**( )** Indicate if the institution has authorization to provide clinical education experiences in other states, where required.

**( )** If the program utilizes distance education[[8]](#footnote-8), indicate that the institution has authorization to provide distance education in other states, where required.

**( ) For private institutions, identify the most recent USDE Financial Responsibility Composite Score**

**NOTE THE FOLLOWING:**

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

**Note:** Evidence of authorization to provide clinical experiences in other states must be available for review by the Candidacy reviewers during the on-site visit. 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.

**Note:** Students cannot be placed in clinical experiences until state authorization(s) is(are) obtained.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

( ) **Copy of authorization(s) to provide post-secondary education and the physical therapist assistant program (PTA Programs) for regional accreditor.**

( ) **Written authorization to provide clinical education experiences in other states, where required, or documentation from other state that no such authorization is require**

**( )** Institutional State Authorization. Copy of institutional authorizations from the state to provide (1) postsecondary education & (2) the physical therapist assistant technical program. If institution is in a collaborative arrangement with another institution to award degrees, provide requested information for the degree granting institution.

( ) Institutional Financial Responsibility Composite Score. (For private institutions) Evidence of the most recent USDE Financial Responsibility Composite Score (a PDF from the USDE website is acceptable).

( ) **Documentation requested by the Document review team, if appropriate *(List name in the table below):***

( ) **Revised or new documents provided by program since the Document review *(List name in the table below):***

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**3B** The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Copy of the most recent institutional accreditation action

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( ) For the degree-granting institution, provide the accrediting agency name and the date that the current institutional accreditation status was granted.**

**( ) Identify the accreditation approval needed to offer the professional physical therapist assistant program. State the date that such approval was received. If institutional accrediting agency approval is not necessary, provide the reason why it is not necessary.**

**( ) Provide documentation that the institution is in good standing. If sanctions, warning, probation, show cause, or pending termination have been issued by the accrediting agency, provide a narrative explaining the reasons for the accreditation status and the impact on the program.**

**( ) If in a collaborative arrangement, provide the above for the degree-granting institution.**

**( ) For institutions in countries other than the United States that are not accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation:**

**( ) Identify the agency or agencies that provide the authorization for the institution to provide postsecondary education; and (2) the professional physical therapy program and indicate the dates such authorization was received. Provide contact information, including address, phone number, and email address.**

**( ) State the institution’s current accreditation status or provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.**

**( ) Provide evidence that the accrediting agency fulfills functions similar to those agencies or associations recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation. If the institution has an accreditation or external review status other than full accreditation of approval, describe the impact, if any, of the current institutional status on the program.**

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**ON-SITE REVIEW TEAM COMMENTS:**

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( ) **Institutional Accreditation. Copy of the most recent institutional accreditation action.**

**( ) Institutional Accreditation Program Approval. 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.**

**( ) Institution Not Degree Granting. 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.**

( ) **Documentation requested by the Document review team, if appropriate *(List name in the table below):***

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Provide faculty workload data for each faculty member on the individual Core Faculty Detail page.

**( )** Provide faculty workload data for each faculty member on the Associate Faculty Detail page.

**( )** Organizational Chart, including location of the program within the organizational structure of the institution.

**( )** Policy Location Chart (forms packet)

**( ) Ha**ndbook Institution Faculty (if available)

**( )** Handbook Program Faculty (if available)

**( )** Other Policies

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Provide institutional policies and practices that allow for faculty to employ academic freedom when making decisions.

**( )** Describe how the institution supports the professional judgment of the program faculty regarding academic regulations and professional behavior expectations of students.

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( )Collective Bargaining Agreement or Union Contract, if applicable

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Policy Location Chart: 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.

**( )** Handbook Institution Faculty, if available

**( )** Handbook Program Faculty, if available

**( ) Other Policies:** 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)

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Provide the institution’s equal opportunity and nondiscrimination statement(s).

**( )** Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective and enrolled students, and the public. (i.e., vendors, standardized patients, other visitors).

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**3E** Policies, procedures, and practices[[9]](#footnote-9) that affect the rights, responsibilities, safety, privacy, and dignity of program faculty[[10]](#footnote-10) and staff are written, disseminated, and applied consistently and equitably.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

Include in 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

**( )** Handbook Institution Faculty

**( )** 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)

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Provide institutional and program policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff.

**( )** Describe how the program policies, procedures, and practices are made available to faculty and staff.

**( )** Provide evidence that the core faculty workloads are within the defined institutional and program workload policies

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Policies and Procedures Manual, if available

( ) Include in Policy Location Chart 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.

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

**( )** List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies related to clinical education, faculty workload policies) and describe how the policies and procedures differ and why.

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

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**3G** Policies, procedures, and practices exist for handling complaints\*, including a prohibition of retaliation following submission of a complaint. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Policy and procedure manual

**( ) Policy Location chart**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Provide the relevant institutional or program policy and procedure that addresses handling complaints, (e.g., complaints from prospective and enrolled students, faculty, staff, clinical education sites, employers of graduates, the general public).

This institutional or program policy and procedure should include the prohibition of retaliation.

**( )** Describe how the policies are disseminated and applied consistently and equitably.

**( )** Describe how the policies and procedures for handling complaints are made available to internal and external stakeholders.

**( )** Describe how the stakeholder would file a complaint.

**( )** Provide the URL from the program or institutional website where policies for handling complaints are located.

**( )** Describe how the records of complaints are, or would be, maintained by the program.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from SSR, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the SSR narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

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2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**Standard 4:**

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

**REQUIRED ELEMENTS:**

**Individual Academic Faculty[[11]](#footnote-11)**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Portal Fields: on the Core Faculty Information Page:

* + Describe the individual’s effectiveness in teaching and student evaluation relevant to the academic setting.
  + For core faculty who are PTs/PTAs and are teaching clinical PT content, identify if each holds an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
  + For each course and content area including any assigned roles in labs, describe the individual’s knowledge and skills related to the selected instructional methods and learning experiences designed to facilitate students’ achievement of the objectives
  + Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
  + Provide evidence of the individual’s contemporary expertise specific to assigned teaching content in the PTA program. This evidence can include:
    - Education (including post-professional academic work, residency, and continuing education);
    - Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
    - Consultation and service related to teaching areas;
    - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
    - Other evidence that demonstrates contemporary expertise, for example
      * Scholarship (publications and presentations related to teaching areas);
      * Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
      * Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
      * Formal mentoring (include description of experiences, time frame and qualifications of mentor).

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Information Pageon the portal

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Provide a brief statement describing the jurisdictional requirements for faculty engaging in teaching and scholarship in the jurisdiction where the program is located. Include URL, verification or other evidence.

**( )** The only additional response needed in the 4A text box is to refer to the Core Faculty Detail Section for each core faculty member.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) Evidence of licensure to practice in any United States jurisdiction for core faculty who are PT/PTAs and are teaching clinical content; for the program director; and for the clinical education coordinator. For CAPTE accredited programs outside the United States, evidence of licensure or regulated in accordance with their country's regulations.**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( ) None required for this element**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the institution’s mission and expectations as they relate to faculty service.

**( )** Describe the program’s mission and goals as they relate to faculty service.

**( )** Describe how each core faculty member’s service activities align with and contribute to the institution’s mission and expectations and to the program's mission and goals.

**Evidence Chart:**

|  |  |
| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) An updated CV indicating post-licensure clinical experience as a PT/PTA**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** For each associated faculty member who is involved in less than 50% of the contact hours of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.

**( )** For associated faculty who are involved in 50% or more of the contact hours of the course, including lab assistants in courses where they are responsible for working with students for 50% or more of lab contact hours, the only response needed in the 4D text box is to refer to the Associated Faculty Detail Section for each associated faculty member.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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**( ) None required for this element**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** CV (forms packet); uploaded on the appropriate Associated Faculty Information Page for each associated faculty member who is involved in 50% or more of the contact hours of a course.

**( ) Associate faculty Workload Form**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the faculty evaluation process, including how it addresses teaching, service, and any additional responsibilities.

**( )** Describe the process that is and will be used to link faculty development plans to the assessment of the individual and to program improvement (e.g., if one or more faculty members receives student feedback regarding poor test item writing, the faculty development plan(s) should include instruction in development of test items).

**Evidence Chart:**

|  |  |
| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

( ) None requested for this item

( ) **Documentation requested by the Document review team, if appropriate *(List name in the table below):***

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**4E** Evaluation of associated faculty\* occurs and results in a plan to address identified needs.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the formal processes for regular evaluation of associated faculty.

**( )** Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.

**( )** Describe assessment done to date to determine associated faculty development needs prior to the implementation of the program.

**Evidence Chart:**

|  |  |
| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

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**( ) None required for this element**

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**INSTITUTION COMMENTS:**

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**4F** The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:

* Holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located.
* A minimum of a master’s degree.
* A minimum of five years (or equivalent), full-time, post-licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience within any United States jurisdiction.
* Experience in classroom, lab, or clinical teaching experience.
* Experience in administration, management, and leadership. Experiences derived from the clinic are acceptable.
* Professional development or education in all of the following: educational theory and methodology, instructional design, student evaluation, and outcome assessment.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Information Page for the program director

**( )** Institutional Faculty Handbook, if available

**( )** Program Faculty Handbook, if available

**( )** Program Policies and Procedures Manual, if available

**( ) Last bullet does not require review from program review team. CAPTE staff with assess documentation of 60 contact hours of professional development/education in the four categories listed above.**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe how the program director meets all of the following qualifications:

**( )** Holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and in compliance with the state practice act in the jurisdiction where the program is located.

**( )** A minimum of a master’s degree.

**( )** A minimum of five years, full-time, post licensure experience that includes a minimum of three years of full-time clinical experience.

**( )** Experience in classroom, lab, or clinical teaching experience.

**( )** Experience in administration, management, and leadership. Experience derived from the clinic is acceptable.

**( )** Professional development or education in all of the following: educational theory and methodology, instructional design, student evaluation, and outcome assessment.

**( )** Provide evidence of a minimum of 60 contact hours of professional development or education comprising exclusively and comprehensively the four content areas of: education theory and methodology, instructional design, student evaluation and outcome assessment.

Note: The PD must meet the expectations of Element 4A in addition to the minimum requirements of Element 4F.

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|  |  |
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**ON-SITE REVIEW TEAM COMMENTS:**

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**INSTITUTION COMMENTS:**

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**Program Director[[12]](#footnote-12)**

**4G** The program director provides effective leadership for the program including, responsibility for communication, program assessment and planning, fiscal management, and faculty professional development/evaluation.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Information Page for the program director

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program prior to implementation of the program (or done to date).

**( )** Describe the effectiveness of the mechanisms used by the program director to communicate with external stakeholders (i.e., advisory board, community partners, clinical faculty) involved with the program prior to implementation of the program (or done to date).

**( )** Describe the responsibility, role, and effectiveness of the program director for assessment and planning prior to implementation of the program (or done to date).

**( )** Describe how the workload allocates sufficient release time for administrative responsibilities.

**( )** Describe the effectiveness of the program director in promoting a culture of JEDI, belonging, and anti-racism as they relate to faculty, staff, students, and other stakeholders prior to implementation of the program (or done to date).

**( )** Describe the responsibility, role, and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning.

**( )** Describe the responsibility, role, and effectiveness of the program director for faculty professional development/evaluation.

**( )** Describe the process used to assess the program director as an effective leader.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) Evidence of licensure to practice in any United States jurisdiction for core faculty who are PT/PTAs and are teaching clinical content; for the program director; and for the clinical education coordinator. For CAPTE accredited programs outside the United States, evidence of licensure or regulated in accordance with their country's regulations.**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

**Evidence Chart:**

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**4H** The program director has appropriate decision-making authority over the financial/budgetary resources to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Include in Policy Location Chart (forms packet) 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

**( )** Institutional Faculty Handbook, if available

**( )** Program Faculty Handbook, if available

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the mechanisms that are in place for participation in shared decision making between the program director and the institution, to ensure that the program director has administrative oversight and appropriate decision-making authority over the financial/budgetary resources related to the program.

**( )** Describe the mechanisms that are in place for the program director to receive feedback from the institution (i.e., chair, dean, provost) regarding the input the program director provides in the shared decision-making process.

**( )** Describe the program director’s role in financial management of the program, including:

* + Input into tuition and fee structures related to the program.
  + Input into financial aid decisions.
  + Input into program expense decisions related to personnel.
  + Input into program expense decisions external to personnel (i.e., equipment, supplies).
  + Input into the size of the program cohort and number of cohorts.
  + The ability to advocate for additional resources where appropriate.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) Evaluations of the program director (if available)**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

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

* 4I1Maintenance of accurate information, easily accessible\* to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement), and current student achievement measures.
* 4I2 Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.
* 4I3 Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.
* 4I4 Timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education.
* 4I5 Coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Information Page for the Program Director

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

**( )** Provide a list of the program or institutional policies and procedures that address compliance with accreditation policies and procedures, including the name of the document(s). Written policies are required and may be part of a job description.

**Note**: Developing programs are not authorized to use the CAPTE logo; the CAPTE logo may only be used by accredited programs.

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**INSTITUTION COMMENTS:**

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

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Information Page for the DCE/ACCE.

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Identify the core faculty member(s) who are designated as the DCE/ACCE. If this individual has a different title in your program, describe.

**( )** If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.

**( )** Describe how the DCE/ACCE meets the following qualifications:

* Holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located.
* Has a minimum of three years of full-time (or equivalent) post-licensure clinical practice.
* Has a minimum of two years of clinical practice as an SCCE and/or CI or two years of experience in teaching, curriculum development, and administration in a physical therapy education program.
* For each additional person designated as a clinical education coordinator, describe how she/he/they meets the following qualifications:
* is a physical therapist;
* holds an active, unrestricted PT license in any United States jurisdiction, and the state where the program is located if required by that state’s jurisdiction.
* a minimum of three years of full-time (or equivalent) post-licensure clinical practice experience; and
* a minimum of two years of clinical practice as a CCCE and/or CI or two years of experience in teaching, curriculum development and administration in a PT program.

**Note**: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the Jurisdictional Practice Act that would preclude licensure.

**Note**: Clinical teaching experience includes in-services, direct student supervision and instruction, and student remediation. Patient education is not considered to be clinical teaching.

**Note**: The clinical education coordinator must meet the expectations of Element 4A in addition to the minimum requirements of Element 4H.

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the effectiveness of the DCE/ACCE in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:

* Organizational, interpersonal, problem-solving, and counseling skills.
* Ability to work with clinical education faculty \*(SCCEs and CIs) to address the diverse learning needs of the students.

**( )** Describe how the DCE/ACCE fosters a culture that supports JEDI, belonging\*, and anti-racism\* in the clinical environment.

**( )** Describe the process used to inform students and clinical faculty in the nondiscrimination policies of the program and to monitor compliance with these policies during clinical education experiences.

**( )** Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (SCCEs and CIs), and students.

**( )** Describe how the clinical education faculty are informed of their responsibilities.

**( )** Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (SCCEs and CIs), and students.

**( )** Describe the process used to monitor that the academic regulations are upheld.

**( )** Describe the methods used to assign students to clinical education experiences.

**( )** Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.

**( )** Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

**( )** Describe the mechanism used to provide clinical teaching and mentoring to clinical faculty.

**( )** Has a workload that allows sufficient release time for administrative responsibilities.

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

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**Collective Academic Faculty**

**4L** The collective core faculty hold primary responsibility (in collaboration with appropriate communities of interest) for initiating, adopting, evaluating, and upholding academic regulations specific to the program and compatible with institutional policies, procedures, and practices. The regulations address:

● Admission requirements.

● Grading policy.

● Minimum performance levels, including those relating to professional and ethical behaviors, and student progression through the program.

● Development, review, and revision of the curriculum with input from other appropriate communities of interest.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

( ) Describe the process by which academic regulations specific to the program are developed, adopted, and evaluated by the core faculty.

( ) Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.

( ) Provide two examples within the past five years of communities of interest in curriculum development, review, and revision.

( ) Must have a minimum of two full-time core faculty. One core faculty member must be a licensed physical therapist.

**Evidence Chart:**

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| --- | --- |
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**INSTITUTION COMMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Policy and procedure manual

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

( ) Describe the processes and criteria that are and will be used by the core faculty to determine that students are professional, competent, and safe in the skills identified by the core faculty and that the students are ready to engage in clinical education.

( ) Describe how the program will ensure that critical safety elements are identified in the competency testing process.

( ) Describe what happens if a student is found to not be safe and ready to progress to clinical education.

( ) Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

( ) Describe opportunities in which the PTA student had interactions with a licensed PTA as a role model prior to the PTA student engaging in clinical education.

( ) Describe the effectiveness of the blend to meet program goals and expected outcomes of the program’s mission and the institutional expectations related to assigned teaching, scholarship, and service.

For the first two years of the program:

( ) Describe how the current blend of core and associated faculty meets the needs of the program and ensures the achievement of all program activities.

For full program implementation:

( ) Describe the expected faculty composition for the full cohort of core and associated faculty and provide a specific timeline for hiring these individuals.

( ) Describe how the expected blend of core and associated faculty will meet the needs of the program and ensure the achievement of all program activities.

( ) Describe the plans to acquire additional faculty for future cohorts.

**Note**: At the time of AFC submission, the institution must employ at least two qualified full-time core faculty, including the program director and clinical education coordinator, and have, or have contracts with sufficient qualified 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 2D3 and be consistent with the institution’s expectations for faculty qualifications.

**Evidence Chart:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

( )None required for this element

( ) **Documentation requested by the Document review team, if appropriate *(List name in the table below):***

( ) **Revised or new documents provided by program since the Document review *(List name in the table below):***

**Evidence Chart:**

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| **Evidence from SSR, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the SSR narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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2. Item:

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**Clinical Education Faculty\***

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Policies and Procedures Manual, if available

**( )** 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.

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

( ) Describe how the program is and will determine that clinical instructors (CIs) are meeting the expectations of this element including:

* The program’s expectations for the clinical competence of the CIs.
* The program’s expectations for clinical teaching effectiveness of the CIs.
* How the clinical education sites are informed of these expectations.
* How these expectations are monitored.

( ) Identify the assessment tool(s) that will be used during clinical education experiences and describe how CIs are trained in the appropriate use of the tool(s).

( ) Describe how the program will determine that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.

**Evidence Chart:**

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| --- | --- |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

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**List the information to be provided, if applicable (add additional lines as needed):**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**Standard 5**

**The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.**

**REQUIRED ELEMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Student Recruitment Materials, if available

**( )** 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.

**( )** Program Policies and Procedures Manual, if available

**( )** 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.

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )**  Identify where all program policies, procedures, and practices related to student recruitment and admission are and will be located.

**( )** Describe how program policies, procedures, and practices recruit and admit students that are consistent with the mission and goals of the institution and program.

**( )** Describe how the program supports JEDI, belonging,\* and anti-racism\* through its recruitment and admissions policies, procedures, and/or practices.

**( )** Describe how the program policies, procedures, and practices maintain planned class size and identify related policies to prevent over enrollment.

**( )** Describe how the program will ensure that prospective students are provided with information about policies, procedures, and practices related to recruitment, admission and their rights.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**5B** Prospective and enrolled students are provided with relevant information about the institution and program. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( ) Relevant Student Information: 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 student information; a URL by itself is NOT sufficient for requested items.**

**( )** Catalog Undergraduate. **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.**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

( ) Describe how and when the following information is or will be provided to prospective and enrolled students:

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

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

( ) Financial Aid Brochure, if one exists

( ) **Documentation requested by the Document review team, if appropriate *(List name in the table below):***

( ) **Revised or new documents provided by program since the Document review *(List name in the table below):***

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Identify where all program policies, procedures, and practices that address the rights, responsibilities, safety, privacy, and dignity of the students are located.

**( )** Describe how program policies and procedures that affect students are disseminated to students and program faculty.

**( )** Describe how the program supports JEDI, belonging,\* and anti-racism\* through its program policies, procedures, and/or practices that address the rights, responsibilities, safety, privacy, and dignity of program students.

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**ON-SITE REVIEW TEAM COMMENTS:**

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( ) None Required for this document

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Policy Location Chart (forms packet)

**( )** 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.

**( ) Handbook** Institutional **Student**, if available

**( ) Handbook** Program Student, if available

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Identify where all program policies, procedures, and practices related to student remediation, retention, and dismissal are or will be located.

**( )** Describe the mechanism by which students will receive regular reports of academic and clinical performance and progress.

**( )** Describe the program policies, procedures, and practices that relate to remediation, retention, and dismissal when unsafe practices are identified and/or knowledge, skills, and/or abilities are deficient.

**( )** Describe how the program supports JEDI, belonging,\* and anti-racism\* through its program policies, procedures, and practices related to remediation, retention, and dismissal.

**( )** Describe the resources available to support and optimize student success for those students that require remediation and/or are at risk of dismissal.

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**5E** Enrollment agreements, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** A copy of the enrollment agreement, if applicable.

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Identify whether enrollment agreements will or will not be used.

If used:

**( )** Provide evidence that the agreements are consistent across enrollees for a given cohort.

**( )** Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements.

**( )** Indicate when in the enrollment process the student is required to sign the agreement.

**( )** Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:

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

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**Standard 6:**

**The program has a comprehensive curriculum plan.**

**REQUIRED ELEMENTS:**

**6A** The comprehensive curriculum includes the didactic and clinical education components of the curriculum. It is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory; and the mission of the program. The curriculum includes all general education, prerequisites, didactic, and clinical components of the PTA program. The entire curriculum is:

* Completed in a minimum of four semesters or 64 academic weeks.
* Includes a minimum of 520 total clinical hours composed of both integrated\* and full- time\* experiences. This must include a minimum of 12 weeks of full-time clinical education, based on a minimum of 32 hours/week. Of the required 12 full-time weeks, a minimum of six weeks are consecutive and placed as a terminal clinical experience.
* Upon satisfactory completion of the physical therapist assistant education program the associate degree is awarded by an affiliating college.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Plan of study

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Identify the length of the program in semesters (or equivalent) and in semester credit hours\* (or equivalent).

**( )** State the degree granted

**( )** Identify the number of weeks of full-time clinical education.

**( )** If program is offered part-time, provide evidence that the credits and contact hours are the same as for the full-time programs.

**( )** Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

**( )** Describe how the curriculum plan relates to the mission of the program.

**( )** Identify the length of the program in semesters (or equivalent) and in semester credit hours (or equivalent).

**Evidence Chart:**

|  |  |
| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the Document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the Document review *(List name in the table below):***

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None required for this element

**( )** Catalog Undergraduate. 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.

**( ) Plan of study 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.**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

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**INSTITUTION COMMENTS:**

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**6C** The curriculum is a series of organized, sequential, and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7.

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** Curriculum assessment matrix

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the educational philosophy of the curriculum.

**( )** Describe how the organization, sequencing, and integration of courses, including integrated and full-time clinical education, facilitate student achievement of the expected outcomes.

**( )** Describe how course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.

**( )** Describe the instructional methods and learning experiences that facilitate student achievement of the objectives.

**( )** Describe how the learning experiences lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness.

**( )** Describe how the curriculum provides learning opportunities regarding health care disparities, social determinants of health, and JEDI, belonging,\* and anti-racism.\*

**( )** Describe the formative and summative evaluation mechanisms that measure student achievement of objectives.

**( )** Describe how the clinical experiences and didactic curriculum are organized, sequenced, and integrated.

**Note**:

• A curricular plan\* using the CAPTE template by term that identifies course prefix and number, course title, credit hours and contact hours (lecture, lab, clin ed and, if applicable, distance education).

• Complete syllabi for all technical and professional courses are required, including all components delineated in Element 6D. Course objectives must be sufficiently detailed to demonstrate that Elements 7D1-7D13 are specifically covered; broad course objectives are insufficient. Syllabi will be uploaded in the Course List.

• Clinical education includes both integrated and full-time clinical experiences.

• Describe the variety of instructional methods and learning experiences planned in the curriculum to facilitate students’ achievement of the objectives.

• Describe the rationale for the selection of instructional methods and learning experiences used in the curriculum.

• Describe the variety of evaluation mechanisms, including formative and summative, that will be used by the program to measure students’ achievement of objectives. Describe the timing of student evaluation across the curriculum, in didactic, laboratory, and clinical education courses, including demonstrating that performance-based competencies are assessed in the academic setting prior to clinical performance.

• Describe how the program will ensure that evaluations used by the program to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.

• Describe how the program will ensure that students have achieved the objectives stated for each clinical education experience.

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None for this required element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Only response needed is to refer the reader to the course syllabus.

**Note**: Complete syllabi are required for ALL professional courses in the curriculum, including all of the syllabi components delineated in the Appendix list for this element. Course objectives must be sufficiently detailed to demonstrate that the content required for each 7D Element (7D1-7D13) is covered; broad course objectives are insufficient. All course syllabi must be fully developed at the time of Application for Candidacy submission. Each syllabus must include at least the following:

● Title and number.

● Description.

● Department offering course.

● Credit hours\*\*

● Instructor(s)\*.

● Contact hours (lecture and laboratory).

● Course prerequisites.

● Course objectives.

● Schedule, outline of content, and assigned instructor for each class and lab.

● specific course objectives that demonstrate the content required for each 7D Element (7D1- 7D13) is sufficiently covered;

● Description of learning activities (case studies, videos, presentations, group work, assignments etc.).

● Mode of delivery (in person, hybrid, synchronous, asynchronous, etc.).

* Describe the substantive and regular interaction that occurs with each mode of delivery.

● Methods of student evaluation/grading.

● Learning resources (textbooks, e-books, etc.).

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

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**INSTITUTION COMMENTS:**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( ) None required for this element**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** For intra-professional education (didactic and clinical), describe the intentional learning activities that:

Involve students, faculty and/or PT/PTA clinicians.

Address the effectiveness of the learning activities in preparing students and graduates for team-based PT/PTA collaborative care.

Include the responsibilities and legal aspects of the direction and supervision of physical therapist assistants.

**( )** For interprofessional education\* (didactic and clinical) describes the intentional learning activities that address:

Values and ethics.

Communication.

Professional roles and responsibilities.

Teamwork.

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**INSTITUTION COMMENTS:**

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

**Note:** The USDE has updated the definition of Distance Education. Please see the Glossary for the updated definition.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.**

**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the planned use of distance education methods in the curriculum, if any. If no distance education methods are used, state as such.

**( )** Provide the plan for collecting evidence that faculty teaching by distance are effective in the provision of distance education.

**( )** Describe how the program will ensure substantive, regular, monitored, and planned interactions between students and faculty for the student to meet the expectations described in the course syllabi. This includes, but not limited to distance education experiences.

**( )** Describe the mechanism(s) used to confirm student identity during course activities and when testing occurs at a distance.

**( )** Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.

**( )** Describe how distance education students have access to academic, health, counseling, disability, and financial aid services.

**( )** Identify additional student fees, if any, for distance education courses. If there are additional student fees for distance education courses, describe how and when students are informed of the fees.

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

**DOCUMENT REVIEWER COMMENTS:**

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**( )** None required for this element

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe the clinical education practice settings in which all students are required to participate that are appropriate for the first full-time and any part-time clinical experiences.

**( )** Describe how the program will monitor that each student has the required experiences.

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

**( )** Describe the range of experiences other than those required that are planned to be available to students.

**( )** Describe the clinical education practice settings in which students will be required to participate through the full implementation of the program, including the timing of these placements.

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**Standard 7**

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

**CAPTE refers programs to the** [**APTA Guide to Physical Therapist Practice 4.0**](https://guide.apta.org/) **as one reference document for addressing curricular content.**

**REQUIRED ELEMENTS:**

**7A** The physical therapist assistant curriculum includes content and learning experiences in general and technical education necessary for entry-level practice. Topics covered include:

**7A1** A complement of **academic general education** coursework appropriate to the degree offered that includes communication, biological, physical, behavioral, and social sciences, which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education coursework by the institution or program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation Uploaded: Use a (X) to indicate that the program included the required material(s) and identified appropriately.**

**( )** 7A chart

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use an ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe where and how biological, physical, behavioral, and social sciences are included in the PTA curriculum.

**Note**: The required academic general education coursework does not need to be a unique, individual course. The coursework can be contained within other courses. For example, physics coursework might be contained in a PTA kinesiology course.

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation**:

**( ) None required for this element**

**( ) Documentation requested by the DOCUMENT review team, if appropriate**

**( ) Revised or new documents provided by program since the DOCUMENT review**

**List the information (add additional lines as needed):**

1. Item:
2. Item:

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**7A2** A complement of **technical courses** appropriate to the degree offered that includes body system interactions, health, and surgical conditions across the life span, movement sciences, pain and pain experiences, and psychosocial aspects of health and disability.

* Anatomy, physiology, pathology, and cellular/tissue health throughout the life span for the included body systems:
* Cardiovascular.
* Endocrine and metabolic.
* Gastrointestinal.
* Genital and reproductive.
* Hematologic.
* Hepatic and biliary.
* Immune.
* Integumentary.
* Lymphatic.
* Musculoskeletal.
* Neurological.
* Pulmonary.
* Renal and urologic systems.
* Body System Interactions.
* Health and surgical conditions seen in physical therapy.
* Exercise science.
* Biomechanics.
* Kinesiology.
* Neuroscience.
* Motor control and motor learning.
* Diagnostic imaging.
* Pain and pain experiences.
* Psychosocial aspects of health and disability.
* Pharmacology.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation Uploaded: Use a ( X ) to indicate that the program included the required material(s) and identified appropriately.**

**( )** One page plan of study that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( ) 7A chart**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

**( )** Describe where and how each of the delineated biological, physical, behavioral, and movement sciences content areas is included in the professional curriculum. Address each topic delineated in the Element. Do not include prerequisite courses.

**Evidence Chart:**

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**DOCUMENT Reviewer’s Summative Comments:**

**( ) Narrative was complete and inclusive**

**( ) Narrative was missing some requirements**

**( ) Narrative was missing most requirements**

**( ) Narrative had conflicting information**

**( ) Narrative does not address the required element**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**7B** The physical therapist assistant technical curriculum includes content and learning experiences in ethics and values, professional development and responsibilities, service, leadership, lifelong learning, along with teaching and learning within an ever-changing health care environment.

**7B1** Practice in a manner consistent with the Standards of Ethical Conduct (APTA) and APTA Core Values for the Physical Therapist and Physical Therapist Assistant.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation Uploaded: Use a ( X ) to indicate that the program included the required material(s) and identified appropriately.**

**( )** One page plan of study that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( ) 7B chart**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**7B2** Provide learning experiences to develop service and leadership skills and abilities that address the following:

* Legislative and political advocacy.
* Community collaboration.
* Health care disparity.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation Uploaded: Use a ( X ) to indicate that the program included the required material(s) and identified appropriately.**

**( )** One page plan of study that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** 7B table

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation Uploaded: Use a ( X ) to indicate that the program included the required material(s) and identified appropriately.**

**( )** 7B chart

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

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

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

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

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

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

**DOCUMENT REVIEWER COMMENTS:**

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**( )** One page plan of study that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** 7C chart

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) to indicate that the topic has been adequately addressed.**

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

**Evidence Chart:**

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**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

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

For each of the following elements:

* + Describe where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum);
  + Provide 2-5 examples of course objectives that show the **highest** expected level of performance; INCLUDE **course prefix and number, course name, objective number and the full wording of the objective**. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives; and
  + Provide evidence that didactic introduction to content precedes all expectations for clinical performance; and
  + Responses to 7D1, and 7D2, and 7D3 are to address each narrative bullet item for each intervention or test and measure identified. 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.

If the program plans to teach content beyond what is addressed in Elements 7D1-7D13, identify the content, where and how it is taught, and the highest expected performance level. If being taught to competency, identify how and where competency is tested.

**NOTE**: There is no expectation that the exact wording of these Elements be included in course objectives; however, objectives need to address each Element specifically. **Broad course objectives are insufficient to demonstrate sufficient coverage of the content.**

**Note to team: add a general comment below where there are issues that pertain to all or most of the 7Ds. For example:**

**Though some syllabi include objectives that appear adequate to support student achievement of expected outcomes, in many cases, learning experiences were not clearly linked to objectives, and were repeated in multiple syllabi. In addition, though some objectives appeared appropriate, they did not address all components of the respective Element(s). For example, in PHTA-2130, there was no learning experience or method of assessment that could be linked to the first objective.**

**Patient and Client Management**

**7D1** Demonstrate appropriate clinical decisions and actions throughout the implementation of the plan of care established by the physical therapist:

* Obtain and review current information from physical therapy documentation, health records, patients and clients, caregivers, and family members related to general health status, consults, prior and current level of function before carrying out the physical therapy plan of care.
* Recognize situations that require further clarification, supervision, or action by the supervising physical therapist.
* Determine when an intervention is inappropriate based on the review of current information and patient presentation.
* Select interventions as determined by the supervising physical therapist, that are based on clinical data, to achieve goals and intended outcomes.
* Modify, adjust, and discontinue interventions based on the patient response and clinical data in collaboration with the supervising physical therapist.
* Contribute to the discontinuation of the episode of care and follow-up planning as directed by the supervising physical therapist.
* Describe a patient’s or client’s impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Functioning, Disability and Health (ICF).

**Test and Measures**

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

* Cardiovascular system.
* Pulmonary system.
* Neurological system.
* Musculoskeletal system.
* Integumentary and lymphatic systems.
* Growth and human development.
* Pain and pain experiences.
* Psychosocial aspects.
* Mental health aspects.

**Interventions**

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

* Cardiovascular conditions (these should be a-h).
* Pulmonary conditions.
* Neurological conditions.
* Musculoskeletal conditions.
* Integumentary and lymphatic conditions.
* Metabolic conditions.
* Growth and human development.
* Pain and pain experiences.

**Delivery of Physical Therapy Services**

**7D4** Complete documentation that follows guidelines and documentation formats required by the legal framework of one’s jurisdiction, the practice setting, and other regulatory agencies.

**7D5** Respond effectively to environmental emergencies that may occur in the clinical setting.

**7D6** Educate others, using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. Incorporate cultural humility\* and social determinants of health\* when providing patient and/or caregiver education.

**Health Care Activities**

**7D7** Participate in efforts to ensure patient and health care provider safety.

**7D8** Participate in patient-centered interprofessional collaborative care.

**7D9** Participate in performance improvement/quality assurance activities.

**Community Health**

**7D10** Provide services and/or educational resources informed by cultural humility that address primary,\* secondary,\* and tertiary\* prevention, health promotion, and wellness to individuals, groups, and communities.

**7D11** Provide physical therapy services that address:

* JEDI, belonging,\* and anti-racism.\*
* Health care disparities\* and social determinants of health.\*

**Practice Management**

**7D12** Participate in organizational planning and operation of the physical therapy service as appropriate.

**7D13** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.

| The 7D practice expectations have been placed into a table that to facilitate the Program Review Report. This template allows teams to comment on individual practice expectations prior to entering information into the portal. Based on your review of all materials and on-site interviews, please indicate if the objectives, learning experiences, and outcomes for each practice expectation appear to be reflective of entry level practice (can use yes/no or √). | **Indicate if reflective of entry level practice** | | | **COMMENT:**   * **Comment is needed only when the practice expectation is a strength of the program OR does NOT appear to be sufficiently addressed for objectives, learning experiences, or outcomes. For the portal, indicate the sources of information that led you to this opinion, for example, include comments from the SSR, appendices, interviews or other supporting evidence found on-site (e.g., history of student performance, graduate or employer survey data, course materials, etc.)** * **If more specific objectives are found during your review, identify the course and objective #(s).** * **FOR ALL OTHERS, NO COMMENT IS NEEDED.** * **DR = document reviewers** * **OSR = onsite reviewers** |
| --- | --- | --- | --- | --- |
|  | Objectives | Learning experiences | Outcomes |  |
| Patient and Client Management  **7D1** Demonstrate appropriate clinical decisions and actions throughout the implementation of the plan of care established by the physical therapist: | | | |  |
| Obtain and review current information from physical therapy documentation, health records, patients and clients, caregivers, and family members related to general health status, consults, prior and current level of function before carrying out the physical therapy plan of care. |  |  |  |  |
| Recognize situations that require further clarification, supervision, or action by the supervising physical therapist. |  |  |  |  |
| Determine when an intervention is  inappropriate based on the review of  current information and patient  presentation. |  |  |  |  |
| Select interventions as determined by the supervising physical therapist, that are based on clinical data, to achieve goals and intended outcomes | | | |  |
| Modify, adjust, and discontinue interventions based on the patient response and clinical data in collaboration with the supervising physical therapist. |  |  |  |  |
| Contribute to the discontinuation of the episode of care and follow-up planning as directed by the supervising physical therapist. |  |  |  |  |
| Describe a patient’s or client’s impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Functioning, Disability and Health (ICF). |  |  |  |  |
| **Test and Measures** | | | | |
| **7D2** Select and perform components of data collection using appropriate tests and measures to measure and monitor patient responses before, during, and following physical therapy interventions in the following: | | | |  |
| * Cardiovascular system. |  |  |  |  |
| * Pulmonary system. |  |  |  |  |
| * Neurological system. |  |  |  |  |
| * Musculoskeletal system. |  |  |  |  |
| * Integumentary and lymphatic systems. |  |  |  |  |
| * Growth and human development. |  |  |  |  |
| * Pain and pain experiences. |  |  |  |  |
| * Psychosocial aspects. |  |  |  |  |
| * Mental health aspects. |  |  |  |  |
| **Interventions**  **7D3**  Select and perform physical therapy  interventions for each of the following as  identified in the plan of care established by  the physical therapist to achieve patient  and client goals and outcomes: |  |  |  |  |
| * Cardiovascular conditions |  |  |  |  |
| * Pulmonary conditions. |  |  |  |  |
| * Neurological conditions. |  |  |  |  |
| * Musculoskeletal conditions. |  |  |  |  |
| * Integumentary and lymphatic conditions. |  |  |  |  |
| * Metabolic conditions. |  |  |  |  |
| * Growth and human development. |  |  |  |  |
| * Pain and pain experiences. |  |  |  |  |
| **Delivery of Physical Therapy Services** | | | |  |
| **7D4**  Complete documentation that follows guidelines and documentation formats required by the legal framework of one’s jurisdiction, the practice setting, and other regulatory agencies. |  |  |  |  |
| **7D5**  Respond effectively to environmental emergencies that may occur in the clinical setting. |  |  |  |  |
| **7D6**  Educate others, using teaching methods  that are commensurate with the needs of  the learner, including participation in the  clinical education of students. Incorporate  cultural humility\* and social determinants of  health\* when providing patient and/or  caregiver education. |  |  |  |  |
| **Health Care Activities** | | | |  |
| **7D7**  Participate in efforts to ensure patient and  health care provider safety. |  |  |  |  |
| 7D8  Participate in patient-centered interprofessional collaborative care. |  |  |  |  |
| 7D9  Participate in performance improvement/quality assurance activities. |  |  |  |  |
| **Community Health** | | | |  |
| 7D10  Provide services and/or educational resources informed by cultural humility that address primary,\* secondary,\* and tertiary\* prevention, health promotion, and wellness to individuals, groups, and communities. |  |  |  |  |
| 7D11 Provide physical therapy services that address:  ● JEDI, belonging, and anti-racism |  |  |  |  |
| * Health care disparities\* and social determinants of health. |  |  |  |  |
| **Practice Management** | | | |  |
| 7D12  Participate in organizational planning and operation of the physical therapy service as appropriate. |  |  |  |  |
| 7D13  Participate in the financial management of  the practice setting, including accurate  billing and payment for services rendered. |  |  |  |  |

**INSTITUTION COMMENTS:**

**PROVIDE ADDITIONAL MATERIAL FILE NAME, IF APPLICABLE**

**ADDITIONAL MATERIALS REQUESTED BY THE CANDIDACY ON-SITE REVIEW TEAM**

**TO BE PROVIDED WITH THE INSTITUTION’S RESPONSE**

**APTA Department of Accreditation**

**NOTE: REVIEWERS MUST NOT REQUEST ADDITIONAL MATERIALS THAT WERE NOT REVIEWED ON SITE OR THAT CONSTITUTE SIGNIFICANT REVISIONS TO THE APPLICATION FOR CANDIDACY.**

**Name of Institution:**

**The following materials are to be provided to CAPTE as part of the institution’s response to this Report.** At the time the Program Review Report with Institution Response is submitted, submit each document electronically to accreditation staff: **PTA Programs:** [**sharanzirges@apta.org**](mailto:sharanzirges@apta.org)

**The following instructions must be followed**:

1. **Format:** All documents must be in PDF format and **combined into one PDF submission**.
2. **Naming of additional files**: In order to clearly identify that it is part of the institution’s response, the file name **must begin with IR** (eg, IR\_CVBrown\_NewCore.pdf). If it is a revised document, then ‘revised’ must also be included in the file name (eg, IR\_RevisedClinEdHdbk.pdf). The document should be clearly named so that the reader will know what it is. Do not name by standard, unless it is a revised narrative response.
3. **Highlight Revisions**: Any revised document must have **all revisions highlighted**.
4. **Identified in Program Review Report:** The file name (e.g. IR\_Revised CVSmith.pdf) must be included in the IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF ANY box under each applicable standard.

PROGRAMS MUST NOT APPEND/UPLOAD ANY MATERIALS THAT WERE NOT EXPLICITLY AND SPECIFICALLY REQUESTED BY REVIEWERS!

**ADDITIONAL MATERIALS REQUESTED: (if none, state none; DO NOT DELETE page)**

**STANDARD** **REQUESTED MATERIAL(S)**

**PRIMARY TEAM MEMBER: IF ADDITIONAL MATERIALS ARE REQUESTED, EMAIL A COPY ON SITE TO THE PROGRAM AND SUBMIT THIS FORM WITH THE PROGRAM REVIEW** **REPORT.**

**If there are any core and/or associated faculty changes prior to review by CAPTE at its Fall 2023 meeting, the program is requested to provide full narrative responses to Element 4A (or 4D, if applicable), a CV and for core faculty, a current scholarship form.**

1. **Mission**: A statement that describes why the physical therapist assistant education program exists, including a description of any unique features of the program. [The mission is distinct from the program’s goals, which indicate how the mission is to be achieved.] [↑](#footnote-ref-1)
2. **Contemporary preparation**: Reflects the minimum skills required for entry-level preparation of the physical therapist assistant and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice. [↑](#footnote-ref-2)
3. **Goals**: The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc. [↑](#footnote-ref-3)
4. **Graduate and Student Achievement Measures:**  The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate). [↑](#footnote-ref-4)
5. **Graduation Rate**: The percentage of students who are matriculated in the first course in the professional program after the drop/add period and who complete the program. [↑](#footnote-ref-5)
6. **Licensure pass rate**: The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation. [↑](#footnote-ref-6)
7. **Employment rate**: The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist within 1 year following graduation. [↑](#footnote-ref-7)
8. **Distance Education**:  An educational activity characterized by separation of the faculty member from the student by either distance or time or both.  For the purposes of these standards, the following definitions also pertain:

   * 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 (face-to-face) interaction between the student and the faculty member(s).
   * Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.

   [↑](#footnote-ref-8)
9. **Practices**: Common actions or activities; customary ways of operation or behavior. [↑](#footnote-ref-9)
10. **Program faculty:** All faculty involved with the PTA program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty. [↑](#footnote-ref-10)
11. **Academic faculty**: Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty. [↑](#footnote-ref-11)
12. **Program director**: The individual employed full-time by the institution, as a member of the core faculty, to serve as the physical therapist assistant education program’s academic administrator: Chair, Director, Coordinator, etc. [↑](#footnote-ref-12)