

Review of Qualifications for New PTA Program Director

Name of Program Director (PD)	Date of Submission/Review
Effective Date of new PD	Name of Institution
<p>Documents Reviewed: Check all that apply</p> <p><input type="checkbox"/> CV <input type="checkbox"/> Letter <input type="checkbox"/> email <input type="checkbox"/> other (describe) _____</p>	
<p>Listed below are the qualifications as defined in Element 4F. Review of all documents submitted including but not limited to emails, word/pdf documents, and Curriculum Vitae must occur to determine compliance. This document will be used to support any further action by CAPTE. Notes are encouraged to document determinations of meeting qualification or lacking evidence.</p>	
<h2>PROGRAM DIRECTOR QUALIFICATIONS</h2>	
<p>Holds an active, unencumbered PT or PTA license/certification in any U.S. jurisdiction and in compliance with the state practice act in the jurisdiction where the program is located</p> <p><input type="checkbox"/> PT State Licensure _____ <input type="checkbox"/> PTA State Licensure/Certification _____</p> <p><input type="checkbox"/> Does Not hold PT or PTA License (does not meet qualifications)</p>	
<p>Minimum of a master's degree:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (does not meet qualifications)</p>	
<p>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 US jurisdiction; The CV submitted in support of this element must at a minimum include:</p> <ul style="list-style-type: none"> • Full-time work experience <u>and/or</u> part-time or PRN work • Position • Employer • Inclusive dates worked with annotations for break in service of longer than 30 days • Duties performed • Average number of hours worked per day or week (for all part-time/PRN work) <p><input type="checkbox"/> Yes <input type="checkbox"/> No (does not meet qualifications)</p>	
<p>Experience in classroom, lab, or clinical teaching experience:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (does not meet qualifications)</p>	
<p>Experience in administration, management, and leadership. Experience derived from the clinic is acceptable:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (does not meet qualifications)</p>	
<p>Provide evidence of a minimum of 60 contact hours on next page.</p>	

Program Director 60 Contact Hours

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. Or provide evidence of completion of the ABPTRFE Faculty (non-clinical) Residency program. Identify individual, where residency completed, and date of degree completion.

	Course Name & Provider	Course Description	Syllabi	Contact Hours	Course Completed? Yes/No	CAPTE Approved? Yes/No
Education Theory and Methodology			Upload with form if available			
Instructional Design			Upload with form if available			
Student Evaluation			Upload with form if available			
Outcome Assessment			Upload with form if available			