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**INSTRUCTIONS FOR COMPLETING THE**

**PROGRAM REVIEW REPORT**

**FOR**

**PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS**

**USING THE STANDARDS AND REQUIRED ELEMENTS**

**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.

The Program Review Report is used as a data source for CAPTE in their decision-making about the program. This report is used by the team to document the quality of the program relative to the *Standards and Required Elements for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants* and not just whether components are present or absent. An effort should be made in completing the Program Review Report to assist the reader's understanding of the program as a whole and in context to the environment in which the program operates.

The report submitted by the review team should complement and validate, **not duplicate**, the Self-study Report (SSR). **DO NOT CUT AND PASTE DETAILS FROM THE SSR; duplicating the SSR does not provide information learned from the site visit.** In addition, the Program Review Report should clarify and interpret questionable areas of the program’s SSR by explaining areas that were unclear or not well developed in the report. These two reports should provide CAPTE with a comprehensive picture of the education program's activities as they relate to its objectives and to the Standards and Required Elements.

The Program Review Report should be concise but should include enough detail to provide evidence of quality relative to the Standards. The Program Review Report should be free from personal educational philosophy, prescriptive terms, and value-laden terms.

The Program Review Report should be candid, analytical and provide CAPTE with substance to use in the evaluation of the **quality** of the program. The attached guidelines should be used to develop a Program Review Report that will give CAPTE an accurate picture of the program, including its strengths and weaknesses. **It is essential** that the Program Review Report address any perceived problems identified through review of the Self-study Report by either confirming the existence of the problem or explaining why it is not perceived by the team to be of significant concern. A helpful Program Review Report clarifies evidence found that is not obvious from a review of the Self-study Report.

The following materials should be requested to be sent for CAPTE review:

1. A requested appendix that should have been in the Self-study Report but wasn't, e.g., a missing CV.

2. Documentary evidence provided during the visit that updates material submitted in the SSR.

3. Information viewed on site that the team believes is **critical** for CAPTE to understand the team's report or to fully understand the program. In this case, the team believes that the Program Review Report commentary alone would not provide sufficient information.

Only material which already exists can be requested. Please do not interpret this to mean that all materials that are typically left on-site should be sent, e.g., all exams, faculty evaluations, completed assessments of program graduates. Do not take copies of materials with you. Feel free to contact staff during the visit if you are not sure if a request should be made.

Should the team determine it necessary for the program to provide additional material, it must be noted in **two** places in the Program Review Report: under the appropriate Element and on the Additional Materials Requested by the On-site Review Team Form found at the end of the Program Review Report. When requesting additional materials, the reason for the request must be included; e.g., Program is requested to provide a revised CV for Fred Smith with their response to this report because the one in the self-study is incomplete.

Please encourage the program to wait until they receive access to the Program Review Report before submitting materials and then, to follow the instructions on the form. **A copy of the Additional Materials Requested is to be emailed to the program administrator** by the primary onsite reviewer and a typed list must be included in the Program Review Report.

**GUIDELINES FOR DEVELOPING THE PROGRAM REVIEW REPORT**

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

a. CAPTE alone determines compliance. The Program Review Team does not 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 program outcomes, which have intentionally been reordered to be at the beginning of the SSR.

c. In order to help CAPTE determine compliance, the team's comment 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 clinical placements for the past 2 cohorts indicated that more than 25% of each cohort did not have all 4 of the program’s required clinical experiences.

Not a substantive issue: On paper, there appears to be an adequate number of clinical sites; however, students noted that their choices are limited in the local vicinity of the University. [Note: This is not substantive unless the program has promised students local clinical experiences! There is no requirement that placements be local.]

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.

2. **Program Review Report Submissions**

a. The Program Review team will have 21 days to complete their portion of the Program Review Report in the portal.

b. At the start of the On-site visit, the program administrator is to provide the onsite primary reviewer with the following forms as an electronic Word document.

* **General Information Form**
* **Persons Interviewed Form**
* **Materials Provided On Site Form**

These forms are to be updated during the visit to reflect who were actually interviewed, identifying those who attended the Exit Summary, and indicating which on-site materials were reviewed.

c. The primary reviewer is responsible for submitting the following documents on the portal **within 14 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 Accreditation staff.

1. **PROGRAM REVIEW REPORT:**

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 SSR 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.

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 the under DOCUMENT REVIEWER COMMENTS or the ON-SITE REVIEWER COMMENTS
  + Verify the SSR response, identifying sources of information utilized;
  + Verify that any requested policies or documents ‘live’ where the SSR indicates they can be found;
  + Clarify the SSR response, if necessary, identifying the sources of information;
  + 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 On-site Review

|  |  |
| --- | --- |
| **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 inconsistent with the SSR narrative to support compliance with the Required Element: |
| * SSR | * Appendix: Curriculum Assessment Matrix |

This is the evidence chart for the On-site Review

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  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: |
| * SSR * Interviews with PD and faculty * Meeting minutes where curriculum is discussed |  |

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

* + Provide an assessment on what the program/institution does, keeping in mind:
    - * If it makes sense in light of their mission;
      * Program outcomes; and
      * If what they do works for the program

The teams’ comments, if any, 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 the ON-SITE REVIEWER COMMENTS”; for example:

DOCUMENT REVIEWER COMMENTS:

**Required Documentation**

( X ) None required for this element

* 1. 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 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:**
* Attach: Identify Additional Materials ATTACHED, if any:

**These two sections will be the only places the program can make changes to the Visit Report; the rest of the document will be password protected.**

1. Provide **An Overview of the Quality of the Physical Therapy Education Program** at the beginning of the Visit Report. Remember that the **Overview** serves as the basis for the Exit Summary and, therefore, **should not be a repeat** of the **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 Program Review Report. **This is the only place for the team to comment on individual practice expectations.** Based on the DOCUMENT review of the SSR as well as the On-site materials and interviews, please indicate if the objectives and learning experiences **for each practice expectation** are reflective of entry level practice (can use yes/no or √). A comment is **only** needed when the practice expectation:
   * is a strength of the program as identified through your review of the SSR, interviews, or outcome data; or
   * it does not appear to be sufficiently addressed in the objectives or learning experiences.

Note that each team can identify its comments in the table but using DR (Document review) or OR (on-site review) designator.

Given the limited time during the On-site visit, the team is NOT expected to review examples of learning experiences for **each** 7D. CAPTE wants to know if the description of where and how the practice expectation is covered in the curriculum, along with the examples of learning experiences described in the SSR, provide a picture of entry-level performance? If not, discussing how the content is taught with students, graduates, and faculty can assist the team in determining what was not well documented in the SSR versus what is not well covered in the curriculum.

Comments should include the source(s) of information used. Practice expectations that are identified by students, graduates, clinical instructors, or employers as not being satisfactorily addressed **should be discussed further** with core faculty in order for your response to elaborate on what and how the content is included in the curriculum. **Please provide the teams’ assessment regarding how well the practice expectation is covered, not just the comments from those interviewed.** 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 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 email 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 Self-study Report.**

8. DO **NOT** LEAVE A COPY OF THE REPORT WITH THE PROGRAM. It will be sent by the CAPTE staff to the program for their review and comment.

**Appendix List is from the Instructions and Forms packet: Yellow highlighting reflects recent changes that program may or may not have had at the time the SSR was developed**

| **row** | **Attach (Refer) to Element(s)** | **APPENDIX LIST (September 2024)**  **Required Self-study Report Appendices for PTA Programs** | **Required File Name** |
| --- | --- | --- | --- |
| **1** | **Preface** | **Signature Page** | Signature Page.pdf |
| **2** | **Preface** | [**Self-Study Report Check In Form**](#SSRCheckInList)**,** provided as a **Word** document | SSR Check In.doc |
| **3** | **1C1** | [Retention Rate Table](#RetentionRateTable) (forms packet) – Initial Programs Only | Retention Rate.pdf |
| **4** | **2A** | [Program Assessment Matrix](#AssessmentMatrix) (forms packet) | Program Assessment Matrix.pdf |
| **5** | **2A** | Planning document (no required format) | Planning document.pdf |
| **6** | **2C** | Curriculum Assessment Matrix (see forms for required format) | Curriculum Assessment Matrix.pdf |
| **7** | **2C** | **For Initial Accreditation Only:**  If appropriate, provide revised syllabi as appendix to 2C; file name should clearly indicate what it is: e.g., S-PT999 Revised Class of 2023.  CAPTE has to determine if the program experienced by the charter class should be accredited. Therefore, course syllabi in Course List and ALL 7A-D responses MUST represent curriculum experienced by the charter class. Revised syllabi are to be added as an appendix to 2C. | Syllabus‐Course Prefix & Number Revised Class of 20XX.pdf  (for example: Syllabus‐PT999 Revised Class of 2023.pdf) |
| **8** | **2D (2D1, 2D2, 2D3, 2D4, 2D5, 2D6, 2D7, 2D8, 2D9, 2E** | Program Assessment Matrix (see forms for required format) | Program Assessment Matrix.pdf |

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|  | **2D4** | **Instructions for Initial Accreditation Only:** See Part 8 in CAPTE's Rules of Practice and  Procedure for clinical education data required **no later than thirty (30) days prior to the CAPTE meeting.**  Two of the three required document are included here; see Element 2D4 for the third document. Email the required materials to [accreditation@apta.org:](mailto:accreditation@apta.org)  (1) A copy of the summary page of each student’s most recent evaluation (mid‑term or final); and  (2) An analysis of the performance of students (in aggregate) in clinical education based on feedback provided by clinical educators. | CE Student Performance  Summary.pdf;  CE Analysis of Student  Performance.pdf |
| **9** | **3C** | Provide an organizational chart that includes the location of the program within the organizational structure of the institution. Provide a workload form for core and associate faculty, an institutional Handbook and Program Handbook for Faculty, policies and procedures of the program (a combined PDF), and other policies (as appropriate). | Organizational Chart.pdf  Workload Form – Core faculty.pdf  Workload Form – Associate faculty.pdf  Handbook Institution faculty.pdf  Handbook program faculty.pdf  Other policies.pdf  Policies and procedures program.pdf |
| **10** | **3C (4D, 4E, 4G, 4I, 4K, 4M, 4N, 5A, 5C, 5D, 5E)** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the policiesand procedures related to academic standards, faculty roles, and faculty workload. Identify, as applicable, where the policies are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf  (Blank chart is found in Instructions & Forms.doc) |
| **11** | **3C** | [Core Faculty Workload Form](#CoreFacultyWorkloadDistributionForm) – 2/2024)(Forms packet). | Workload Form – Core Faculty.pdf |
| **12** | **3C** | [Associate Faculty Workload Form](#AssociatedFacultyWorkloadDistributionFor) (Forms packet). | Workload Form – Associate Faculty.pdf |
| **13** | **3D** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the policies and procedures related to equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students. Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf  Public facing policies URL listing.pdf |

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| **14** | **3C** | Include in [Policy Location Chart](#PolicyLocationChart) (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 used in demonstrations and practice for educational purposes. | Policy Location Chart.pdf |
| **15** | **3C (4D, 4E, 4G, 5C, 5E)** | Handbook Institutional Faculty, if available | Handbook Institution Faculty.pdf |
| **16** | **3C (4D, 4E, 4G, 5C, 5E)** | Handbook Program Faculty, if available | Handbook Program Faculty.pdf |
| **17** | **3C (3E, 4I, 4K, 4M, 4N, 5E)** | 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.)  If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf. | Other Policies.pdf |
| **18** | **3C (3E, 3F, 4D, 4E, 4L, 4M, 5E)** | Program Policies and Procedures Manual, if available | Policies and Procedures Program.pdf |
| **19** | **3E** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the policies and procedures related to maintaining compliance with accreditation policies and procedures. Identify, as applicable, where they are found, including the name of the  document, page number and/or URL. Note: it is acceptable for these to be part of a job description.  Collective Bargaining Agreement or Union Contract, if applicable. | Policy Location Chart.pdf  Collective Bargaining Agreement or Union Contract.pdf, (if applicable). |
| **20** | **4K (4N)** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the **policies and procedures related to clinical education** including, but not limited to, policies:  • for students;  • related to clinical instructor qualifications;  • related to clinical instructor responsibilities; and  • tools used in assessing the performance of students and the clinical instructor.  Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **21** | **4K (4N)** | Clinical Education Handbook, if available | Clinical Education Handbook.pdf |
| **22** | **4M** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the policies and procedures related to:  • expectations for students to demonstrate that they are competent and safe prior to engaging in clinical education; and  • the skills students must demonstrate competent and safe performance prior to engaging in clinical education.  Identify, as applicable, where they are found, including the name of the document, page number and/or URL. If information is included in course syllabi, identify which syllabi. | Policy Location Chart.pdf |
| **23** | **4M** | List of the skills in which students are expected to be able to perform safely and competently. If this information is found in program document(s) or course syllabi, identify the document(s) where this information is made available to students. | Skill List\_Expected To Be Competent.pdf |
| **24** | **5A** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the policies and procedures related to student recruitment and admission, including but not limited to:  • student recruitment, and  • maintenance of planned class size and prevention of over‐enrollment. Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **25** | **5A** | Student Recruitment Materials, if available | Student Recruitment Materials.pdf  URL listing table.pdf |
| **26** | **5B** | Indicate where each of the items identified in the narrative is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information; a URL by itself is NOT sufficient for requested items. At a minimum, provide a bookmarked PDF that includes: the cover page of the document (if applicable), a table of contents (if one exists), and copies of web pages related to the Required Element(s) being addressed | Relevant Student Information.pdf |
| **27** | **5B (6C)** | Relevant Catalog(s) Note: At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF. If only available via URL, put URL on a Word document and upload as an appendix. Be sure the URL is not password protected. | Catalog Undergraduate.pdf  Catalog Graduate.pdf |
| **28** | **5C** | Copy of enrollment agreement, if used | Enrollment agreement.pdf |
| **29** | **5C** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the **policies and** procedures related to students including, but not limited to:  • Policies related to due process;  • Policies describing confidentiality of records and other personal information;  • Safety of students when in the role of subjects or patient‐simulators;  • Policies related to calibration and safety check of laboratory equipment;  • Policies on what student information is shared with the clinical facility (e.g., criminal background check, academic standing) and the process used to share this information;  • Policies addressing requests for accommodation (in the classroom or clinical education) for students with disabilities;  • Information provided to students regarding potential health risks they may encounter throughout the education program and in clinical practice;  • Policies governing use of standard precautions;  • Policies governing the storage and use of any hazardous materials;  • Safety regulations and emergency procedures;  • Policies governing the use and maintenance of equipment;  • Policies related to clinical education experiences, including HIPAA and a patient’s right to refuse treatment by a student; and  • Policies regarding laboratory access by students outside scheduled class time. | Policy Location Chart.pdf |
| **30** | **5C** | Handbook Institutional Student | Handbook Institution Student.pdf |
| **31** | **5C** | Program Student Handbook, if available | Handbook Program Student .pdf |
| **32** | **5D** | Include in [Policy Location Chart](#PolicyLocationChart) (forms packet) the policies and procedures related to student retention, progression and dismissal. Identify, as applicable, where they are found, including the name of the document, page number and/or URL. | Policy Location Chart.pdf |
| **33** | **6A (6C, 6F)** | Plan of study | Plan of study.pdf |
| **34** | **6D (7A2, 7B1-3, 7C1-3, 7D1-13)** | [Plan of study](#RequiredPlanofStufy) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours, plus primary faculty and other instructors. (Forms packet).   1. Curriculum Table (optional for 7Ds)   **FOR INITIAL ACCREDITATION ONLY:** if the curriculum has changed since the start of the program, provide a plan of study for each cohort, clearly identifying which graduating cohort the plan of study is for. Contact Accreditation Department staff if you have any questions. | Plan of study.pdf  7D PTA Curriculum Table.pdf  7D PT Curriculum Table.pdf  Use the relevant form & name |
| **35** | **6E, 6G-PTA** | [Plan of study](#RequiredPlanofStufy) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours, plus primary faculty and other instructors. (Forms packet).   1. Curriculum Table (optional for 7Ds)   **FOR INITIAL ACCREDITATION ONLY:** if the curriculum has changed since the start of the program, provide a plan of study for each cohort, clearly identifying which graduating cohort the plan of study is for. Contact Accreditation Department staff if you have any questions. | CE Student Experiences.pdf  CE Sites Available.pdf  CE Written Agreement.pdf |
| **36** | **7A, 7C** | **7A table (optional for PTA), 7C table (optional for PTA)** | 7A table.pdf (optional), 7C table.pdf (optional) |
| **37** | **7B** | **Use the appropriate chart,** [7B PTA Content Chart](#Chart7BPTA) (forms packet) **OR** [7B PT Content Chart](#Chart7BPT) (forms packet) to identify sample objectives at the highest expect level for each content area delineated in Element 7B. | Use the relevant form & name:  7B PTA Content Chart.pdf  7B PT Content Chart.pdf |
| **38** | **7D1-13** | **Responses to 7D1-7D13 are to address each narrative bullet item for each intervention or test and measure identified**. For example, response for 7D2 and 7D3- address each narrative bullet for listed. At least one objective for each of the separate items. In order to accommodate this additional information, the narrative response for these elements can be provided as an appendix. Be sure the curriculum map contains an item for each intervention or test and measure. | 7D PTA Curriculum Table.pdf |
|  | **Related Elements** | **The following appendices are NOT attached to individual Elements but are uploaded as per the Self-Study Report instructions. The related elements are provided here to inform programs as to how these documents are used by the Reviewers.** |  |
| **39** | **Related Elements** | [URL Listing Table](#URLListingTable) (forms packet) | URL Listing Table.pdf |
| **40** | **Related Elements; DO NOT ATTACH to elements:**  **4A, 4D, 4G, 4I, 4K** | [CV](#CV) (forms packet); uploaded on the appropriate Core Faculty Information Page OR Associated Faculty Information Page; the latter for each associated faculty member who is involved in 50% or more of the contact hours of a course. **DO** include CVs for those working as Lab Assistants in courses where they are responsible for working with students 50% or more of lab contact hours. Ensure faculty teaching assignments are inclusive and current in the final section of each individual CV. | CV‐Last Name First Name.pdf  (for example: CV‐Smith Mary.pdf) |
| **41** | **Related Elements; DO NOT ATTACH to elements:**  **4A, 4D, 6D, 6E,**  **6F, 6G, 7A, 7B, 7C, 7D** | Course syllabi; **uploaded on the Course Details page for each course**.  See the relevant Element 6D for what each syllabus must contain:  PTA = Element 6D  PT = Element 6G  **FOR INITIAL ACCREDITATION ONLY**: if there have been changes in the curriculum since the program started -- develop the course list and provide syllabi for the curriculum experienced by the charter class as CAPTE must determine if the program experienced by the charter class will be accredited. Contact Accreditation Department staff to determine how best to provide the current curriculum. | Syllabus‐Course Prefix & Number.pdf  (for example: Syllabus‐PTA256.pdf) |
| **42** | **Related Elements; DO NOT ATTACH to elements:**  **4A, 4C, 4M, 6G** | A sample examination for each course; uploaded on the Course Details page for each course. A cumulative final, if given, is preferred. If no examination is given in the course: upload an assignment and its grading rubric.  For lab courses that include practice of clinical skills: provide a sample practical examination and its grading rubric. PTA Programs ONLY: In addition, if the program teaches students to perform mobilizations, include all practical exams and grading rubrics related to this content.  If a course has written and practical exams, a sample written and practical exam, with the grading rubric for the practical exam, are to be combined into one PDF document, bookmarked, and uploaded on the Course Detail Page for each relevant course.  For clinical education courses: only upload the student performance evaluation instrument if it is NOT the CPI, CIET or PTA Mac. Note: The Portal will not require an exam for any course identified as a clinical education course.  **FOR INITIAL ACCREDITATION ONLY:** if the curriculum has changed since the start of the program, provide exams for the curriculum experienced by the charter class as CAPTE must determine if the program experienced by the charter class will be accredited. Contact Accreditation staff to determine how best to provide exams for the current curriculum. | Exam‐Course Prefix & Number.pdf  (for example: Exam‐PTA256.pdf) |

**On-site Material List is from the Instructions and Forms packet**

| **Row** | **Element(s)** | **Required Materials List for PTA Programs (September 2024)** | **PROGRAM PROVIDED: Indicate file name and, if applicable, folder name, see instructions if not provided** | **TEAM REVIEWED** |
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| **1** | **1C2** | FSBPT, or appropriate licensing agency, reports on performance of program graduates on the licensing exam |  |  |
| **2** | **2A** | Minutes of meetings in which program strategic planning is discussed |  |  |
| **3** | **2D4** | Data demonstrating each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience |  |  |
| **4** | **2B1-5, 2C, 2D1, 2D2, 2D3, 2D4, 2D5, 2D6, 2D7, 2D8,** | Meeting minutes where assessment data and subsequent actions discussed |  |  |
| **5** | **2C, 2D1, 2D2, 2D3, 2D4, 2D5, 2D6, 2D7, 2D8, 2D9, 2E** | Summary of assessment data collected in the last four years |  |  |
| **6** | **2D6** | Job descriptions of secretarial/administrative and technical support staff, if available |  |  |
| **7** | **2D6** | If the program uses loaned equipment or uses equipment at facilities other than at the institution and, if there are written agreements for use of this equipment, provide a copy of the written agreement |  |  |
| **8** | **2D6, 6D (PT)**  **2d6, 6C (PTA)** | List of the library resources related to program needs for both program faculty and students. |  |  |
| **9** | **2D8** | List of clinical education sites that have accepted at least one student annually in the last four years |  |  |
| **10** | **2D8, 6D (PT)**  **2D8, 6C (PTA)** | Compiled data of available sites for current academic year based on annual clinical experience requests |  |  |
| **11** | **2D9** | Provide a current (unexpired) written agreement for all active clinical sites. (Active clinical sites are those sites the program expects to use for students currently enrolled in the program.) |  |  |
| **12** | **3G** | Records of complaints if any |  |  |
| **13** | **4A, 4E (PT)** | Faculty/course evaluations for core faculty, which may be redacted |  |  |
| **14** | **4A, 4D (PTA)** | If applicable, an example of completed associated faculty development plans, which may be redacted |  |  |
| **15** | **4A, 4C, 6C, 6E, 6F, 7A-7C, 7D (PTA)**  **4A, 4D**  **6D, 6F, 6G, 6H, & 7D (PT)** | **For each course**, provide:   * two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.   two different examples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example |  |  |
| **16** | **4A, 4G, 4K (PT)** | Evidence of an active, unencumbered PT license in any United States jurisdiction and is in compliance with the state practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, core faculty who are PTs are licensed or regulated in accordance with their country's regulations. |  |  |
| **17** | **4A, 4F, 4J (PTA)** | List of clinical faculty development that has occurred within the last 3 years |  |  |
| **18** | **4D 4F (PT)** | If associated faculty are utilized, faculty/course evaluations for associated faculty, which may be redacted |  |  |
| **19** | **4C, 4E (PTA)** | Sample completed tool(s) used within the last year to assess student performance during clinical experiences |  |  |
| **20** | **4E (PT)** | At least two examples of completed core faculty development plans, which may be redacted |  |  |
| **21** | **4D (PTA)** | Minutes of meetings at which the curriculum is discussed |  |  |
| **22** | **4F (PT)** | If applicable, an example of completed associated faculty development plans, which may be redacted |  |  |
| **23** | **4E (PTA)** | Two sample graded practical exam rubrics for each course that includes the practice of clinical skills |  |  |
| **24** | **4H** | Evaluations of the program director |  |  |
| **25** | **4F (PTA)** | Summary data of clinical education faculty assessments |  |  |
| **26** | **4I** | Program budget documents |  |  |
| **27** | **4H (PTA)** | Financial Aid Brochure, if one exists |  |  |
| **28** | **4L (PT)** | Evaluations of the clinical education coordinator(s) from multiple sources (e.g., students, clinical education faculty) |  |  |
| **29** | **4J (PTA)** | Records of ongoing calibration and safety check of laboratory equipment |  |  |
| **30** | **4L (PT)** | List of clinical faculty development that has occurred within the last three years |  |  |
| **31** | **4L (PT)** | Sample communications within the last year between the clinical education coordinator(s) and the clinical sites and between the ACCE/DCE and the students |  |  |
| **32** | **4L (PT)** | Sample completed tool(s) used within the last year to assess student performance during clinical experiences |  |  |
| **33** | **4K (PTA)** | Sample evaluations of courses and faculty for distance education courses, which may be redacted |  |  |
| **34** | **4N (PT)**  **4L (PTA)** | Minutes of meetings at which academic regulations are discussed |  |  |
| **35** | **4N**  **4M (PTA)** | Minutes of meetings at which the curriculum is discussed |  |  |
| **36** | **4O (PT)**  **4M (PTA)** | Minutes of meetings prior to student engagement in clinical education where the core faculty determine the:  • expectations for safety in student performance; and  • list of skills in which students are expected to be able to perform safely and competently |  |  |
| **37** | **4O (PT)**  **4M (PTA )** | Two sample graded practical exam rubrics for each course that includes the practice of clinical skills |  |  |
| **38** | **4P (PT)**  **4N (PTA)** | Examples of completed tools used to evaluate clinical teaching effectiveness of CIs |  |  |
| **39** | **4P (PT)**  **4N (PTA)** | Summary data of clinical education faculty assessments |  |  |
| **40** | **4P (PT)**  **4N (PTA)** | Summary of data collected about the qualifications of the clinical education faculty (e.g., years of experience, specialist certification, or other characteristics expected by the program) for the clinical education faculty in the active clinical education sites |  |  |
| **41** | **5B** | Financial Aid Brochure, if one exists |  |  |
| **42** | **5E** | If an enrollment agreement is used, provide signed enrollment agreements for ALL enrolled students; provide by cohort in alpha order by last name of student. Provide an alpha list, by cohort, of the last name of all students enrolled in the program. |  |  |
| **43** | **6A** | If there is a state-mandated curriculum plan, provide a copy |  |  |
| **44** | **6D, 7D (PT)**  **6C, 7D (PTA)** | Examples of teaching materials that support instructional methods described in narrative |  |  |
| **45** | **6D (PT)**  **6C (PTA)** | Comprehensive exam at end of program or comprehensive exams administered at different points in the program, if given |  |  |
| **46** | **6G (PT)**  **6F (PTA)** | Sample evaluations of courses and faculty for distance education courses, which may be redacted |  |  |
| **47** | **4L, 6H (PT)**  **4K, 6G (PTA)** | Clinical education files for clinical sites used, or planned to be used, by currently enrolled students. At minimum, clinical education files are expected to include a current Clinical Site Information Form or equivalent data and student evaluations of clinical experiences |  |  |

**7D Chart**

| 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. |
| --- | --- | --- | --- | --- |
| 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. |  |  |  |  |

**COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION**

**AMERICAN PHYSICAL THERAPY ASSOCIATION**

3030 Potomac Ave., Suite 100

Alexandria, Virginia 22305-3085

## DOCUMENT AND ON-SITE VISIT REPORT

of

NAME OF INSTITUTION

NAME OF PROGRAM

DATE DOCUMENT REVIEW COMPLETED

DATE OF ON-SITE VISIT

This report represents the views of the DOCUMENT review team and the on-site review team and was prepared after careful study of the program's Self-study Report and the information received and materials reviewed during the site visit. The Program Administrator 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 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; (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 Visit Report in its entirety for that purpose.

DOCUMENT AND ON-SITE 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**

**Both teams should contribute to this summary. First draft by the Document Review team and then finalized by the Visit Team.**

**Note to on-site Visit team: Accreditation Staff will place the three forms you receive at the start of the on-site visit portion into this report; therefore, you MUST receive a Word version in addition to a DOCUMENT copy. The primary reviewer** **should email these forms to staff when the Visit Report is sent. This includes the:**

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

**Brief description of the history of the program**

**Brief description of the program:** include location/setting, type of institution, number of cohorts, number of students, degree offered, number of faculty, the basic curricular model.

*Provide a summary of the teams’ findings relative to each of the Standard delineated below. This should be a summary and not a restatement of the comments under the specific Elements. Any significant problem identified in the report must be included; the program should not be surprised when they receive the full report.* ***Confidential information obtained from review of faculty files must NOT be included in the overview OR in the full report.***

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

**STANDARD 2: ASSESSMENT, PLANNING**

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

**STANDARD 4: PROGRAM FACULTY**

**STANDARD 5: STUDENTS**

**STANDARD 6: CURRICULUM PLAN**

**STANDARD 7: CURRICULAR CONTENT**

***Please note:*** *Any problem identified in the Overview* ***must also*** *be addressed in the response to the related standard. In addition, avoid extreme or excessive use of analogies or comments not grounded in fact as described in the findings related to the specific standard. This includes terms like “excellent” and “extraordinary.” Avoid prescriptive statements ('the program should do ….) as CAPTE is not prescriptive.*

**Standard 1**

**The program has established achievement measures and program outcomes related to its mission and goals.**

**REQUIRED ELEMENTS:**

**Refer to the Glossary for CAPTE’s definition wherever an asterisk (\*) follows a term.**

**1A The mission\* 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\* of physical therapist assistants.**

**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 ) 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 for On-Site 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**

( ) **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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|  |  |

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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**1B** The program has documented goals\* that are based on its mission and reflect contemporary physical therapist assistant education, research, and practice.

**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 ) or highlight to indicate that the topic has been adequately addressed.**

**( )** Provide student, graduate,\* faculty, and program goals that reflect the program’s stated mission and that contribute to the achievement of program outcomes.

**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):**

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2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site 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**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**1C** The program meets required achievement measures as determined by the program.

**1C1** Graduation rates\* 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%.

**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

( ) Retention Rate table (for initial visits only)

**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.**

**( )** Only comment for narrative needed is to refer to the Graduation Rate Table in the finalized report

**( )** If outcomes fall below 60%, provide assessment in Standard 2.

( )Initial Accreditation only: Indicate there are no graduates and provide expected timeframe to collect and analyze data, provide the Retention Rate Table

( ) If the program graduates more than one cohort of students in an academic year, data will be required for each cohort.

**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 for On-Site 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**

( ) **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):**

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

**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**1C2** Ultimate licensure pass rates\* are at least 85%, averaged over two years. **Note**: The Federation of State Boards of Physical Therapy labels this “weighted average ultimate pass rate.” 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%.

**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.**

( ) Most current FSBPT Pass Rate Report.

**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 most current first-time pass rates through the Federation of State Board of Physical Therapy (FSBPT) for the past two academic years.

( )Provide the most current two-year ultimate pass rate for your program through the Federation of State Board of Physical Therapy (FSBPT) based on the following data:

* + - Number of graduates who took the examination at least once;
    - Number of graduates who passed the exam after all attempts;

( ) If program graduates do not routinely take the FSBPT exam, provide equivalent data.

( ) If outcomes fall below 85%, provide assessment in standard 2

( )Initial Accreditation only: Indicate there are no graduates and provide expected timeframe to collect and analyze data

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

( ) FSBPT, or appropriate licensing agency, reports on performance of program graduates on the licensing exam

( ) **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:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**1C3** Employment rates, \* **as a physical therapist assistant**, 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%.

**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 ) or highlight to indicate that the topic has been adequately addressed.**

**( )** Provide the two-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment as a physical therapist assistant and the number of graduates employed within one year of graduation.

**( )** If outcomes fall below 90%, provide assessment in Standard 2.

( ) Initial Accreditation only: Indicate there are no graduates and provide expected timeframe to collect and analyze data

**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**

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**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 for On-Site 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**

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**Standard 2**

**The program is engaged in effective, ongoing, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.**

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

**( )** Program Assessment Matrix (forms packet)

**( )** Survey Forms

( ) Strategic planning 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 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.

( ) **For initial accreditation only:** The Self-Study Report should provide evidence of strategic plan implementation and analysis to date.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Minutes of meetings in which program planning is discussed

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**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 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.

**Evidence Chart:**

|  |  |
| --- | --- |
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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Summary of data collected in last 2 years.

( ) Meeting minutes where assessment data and subsequent actions discussed

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

( ) None 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.**

**( )** Provide a description of the overall assessment process, which includes, but is not limited to, the areas outlined in Elements 2D1-2D7 and 2A 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 through analysis of cumulative assessment data. If other opportunities and challenges have been identified, describe them, and provide the source of evidence that led to that determination.

**( )**  Describe two examples of change resulting from the assessment process within the last four years (if four years available). For each example, describe the rationale for the change and describe the process, timeline, and results (if available) of reassessment to determine if the change resulted in program improvement.

**( ) INITIAL Accreditation Only:** The Self-Study Report should provide evidence of strategic plan implementation and analysis to date.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Minutes of meeting where program assessment is discussed

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

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.

**Initial accreditation:** The Self-Study Report should provide evidence of strategic plan implementation

and analysis for Elements 2D1-2D9.

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

( ) **Program 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.**

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

**( )** Provide an analysis of data collected and the conclusions drawn to determine the extent to which the admission process, criteria, and prerequisites meet the needs and expectations of the program.

**( )** If any student achievement (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Meeting minutes where admission and prerequisite data were discussed.

( ) Summary of assessment of data collected in the last 4 years.

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**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 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.**

**( )** Provide an analysis of data collected and the conclusions drawn to determine the optimal program enrollment considering resources, program outcomes, and local, regional, and national workforce needs.

**( )** Identify data collected, student achievement and outcomes, and graduate outcomes used to describe conclusions reached, and describe or identify changes made related to program enrollment to address the findings or conclusions.

**( )**  If any changes have been made, provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**( )**  If any student achievement (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Summary of assessment data collected in the last 4 years

( ) Meeting minutes where assessment data and subsequent actions were discussed.

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** **Program 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.**

**( )** 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 faculty assignments achieve the expected program outcomes related to all of the bullets below:

Student advising and mentorship.

Admissions and recruitment activities.

JEDI, belonging, and anti-racism

Educational administration.

Curriculum development and student assessment.

Instructional design.

Associated faculty coordination

Clinical education program coordination

Shared program and institutional governance.

Clinical practice.

Evaluation of expected student outcomes.

**( )**  Analyze the data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet curricular needs and expected program outcomes.

**( )**  Analyze the effectiveness of the faculty-to-student lab ratios in meeting program outcomes.

**( )**  Analyze the data collected and the conclusions drawn to determine the extent to which the clinical education faculty meet curricular needs and expected program outcomes.

**( )** If any student achievement (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Summary of assessment data collected in the past 4 years related to the program meeting its expected outcomes

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**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 assessment matrix.pdf**

**( ) CE student performance.pdf**

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

**( )**  Provide evidence that each student who completed the program within the last year demonstrated entry-level clinical performance by the end of their last clinical education experience.

**( )**  If applicable, describe mechanisms utilized when CI assessment suggested less than entry-level performance and how the program managed each situation when a student did not meet entry-level clinical performance.

**( )**  If any student achievement (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**Initial accreditation**: Indicate that students have not yet completed their last clinical education experience and provide the expected time frame to collect and analyze this data.

Note: The program will be required to provide additional information prior to CAPTE’s initial accreditation decision; please refer to Part 8 of CAPTE’s Rules of Practice and Procedure, accessible at www.capteonline.org, for detailed information about what must be provided and the timing of the request.

**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):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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

**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Data demonstrating each student who completed the program within the last year demonstrated entry-level performance by the end of his/her last clinical experience

( ) Summary of assessment data collected in the last 4 years

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** For each goal for program graduates, list the expected outcomes that support the goal.

**( )** For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.

**( )** Analyze data collected from graduates and their employers to determine the extent to which the graduates meet the program’s expected graduate outcomes.

**( )**  If the program has more than one cohort, provide an analysis for each cohort.

**( )**  If any student achievement (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**Initial accreditation:** Indicate that there are no graduates, provide response to first two bullet points, and provide the expected time frame to collect and analyze graduate data.

**Evidence Chart:**

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

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Summary of graduate data collected in the past 4 years.

( ) Minutes of meetings at which program assessment is discussed.

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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, clinical education, equipment, technology, instruction, materials, library and learning resources, and student services.

**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 assessment matrix.pdf

( ) CE sites available.pdf

( ) CE written agreement.pdf

( ) Job description of secretarial/administrative and technical support staff

**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.

● Administrative and technology support staff.

● Facilities.

● Clinical education.

● Equipment.

● Technology.

● Instruction materials.

● Library and learning resources.

● Student services.

**( )**  If any student achievement (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**Evidence Chart:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Summary of assessment data collected in the last 4 years

( ) Minutes of meetings at which program assessment is discussed.

( ) **List of the library resources related to program needs for both program faculty and students.**

( ) **If the program uses loaned equipment or uses equipment at facilities other than at the institution and, if there are written agreements for use of this equipment, provide a copy of the written agreement.**

( ) **Inventory list of equipment**

( ) **List of equipment borrowed/loaned or used off-site**

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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1. Item:
2. Item:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** Program 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.**

**( )** Provide an analysis of the information collected and the conclusions drawn 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 (Elements 1C1 and 1C2) or expected program outcomes 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. Identify data collected, describe conclusions reached, and describe or identify changes made related to the admissions process, criteria, prerequisites, and student support to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Meeting minutes where policies and procedures are assessed.

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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

1. Item:
2. Item:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

( ) Clinical Education Sites Available Form (forms packet) that demonstrates, for each clinical education experience, the number of clinical sites needed and the number of clinical sites available to the program based on the aggregate results of requests for clinical education placements. **This information should be based on experiences routinely available to the program and not the maximum sites available through a contract with the facility/corporation. See Self-study Report On-site Materials for documentation needed to support this information.**

**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 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 ensures 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.

**Evidence Chart:**

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

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Summary of assessment data collected in the last 4 years

( ) Minutes of meetings where data and subsequent actions were discussed.

( ) **List of clinical education sites that have accepted at least one student annually in the last 4 years.**

( ) **Compiled data of available sites for current academic year based on annual clinical experience requests.**

( ) **Provide a current (unexpired) written agreement for all active clinical sites. (Active clinical sites are those sites the program expects to use for students currently enrolled in the program.)**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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:**

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

( ) List the document(s) where the blank, sample program or university‐specific written agreement can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s). If not located in supporting document(s), provide the blank sample program or university‐specific written agreement.

**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.

**Evidence Chart:**

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

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

( ) Summary of assessment data collected in the last 4 years

( ) Minutes of meetings where data and subsequent actions were discussed.

( ) **Provide a current (unexpired) written agreement for all active clinical sites. (Active clinical sites are those sites the program expects to use for students currently enrolled in the program.)**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 number and variety of clinical sites and the appropriate length and placement within the curriculum.

**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 (no required format)

( ) Survey Forms

**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) is 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 is assessed, including, at minimum, an assessment of the number and variety of clinical sites and the appropriate length and placement within the curriculum.

**( )**  Provide a summary and analysis of the outcomes from the most recent curriculum assessment including clinical education.

**( )**  Describe two curricular changes, including to the clinical education process, in response to the summary and analysis made within the last four years.

**Evidence Chart:**

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

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

( ) Summary of assessment data collected in the last 4 years

( ) Minutes of meetings in which curriculum evaluation, including clinical education, is addressed

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**Standard 3**

**The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution, program, and CAPTE), with demonstrated focus on quality assurance and improvement.**

**REQUIRED ELEMENTS:**

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

**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.**

**( ) Identify the jurisdiction’s agency from which the institution has authority to offer the program and award the degree.**

**( ) 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,\* indicate that the institution has authorization to provide distance education in other states, where required.**

NOTE: States and institutions that are recognized by SARA meet the conditions related to distance education and clinical education experiences.

**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:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***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) or the professional physical therapy program (PT Programs).**

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

( ) **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:

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**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:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** Provide evidence that the institution’s accreditation is in good standing. When sanctions, warning, probation, show cause or pending termination have been issued by the accrediting agency, explain 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:

o Identify the agency or agencies that provide the authorization for the institution to provide (1) 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.

o 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.

o 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.

**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:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) **Copy of cover letter of most recent institutional accreditation action. If the institution’s accreditation status is other than full accreditation, provide a copy of the most recent accrediting agency report on the institutional accreditation status.**

( ) **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: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

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

**( )** Portal Fields: Provide information related to teaching responsibilities in the Course Details page for each course.

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

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

( ) the **policies and procedures** **related to academic standards, faculty roles, and faculty workload.** Identify, as applicable, where the policies are found, including the name of the document, page number and/or URL.

( ) the **policies and procedures** **related to the rights, responsibilities, safety, privacy, and dignity or program faculty and staff.** Identify, as applicable, where the policies are found, including the name of the document, page number and/or URL.

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

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

**( )** Other Policies (if needed)

**Note on 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 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 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.**

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

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

( )Collective Bargaining Agreement or Union Contract, if applicable

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 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) 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)

**( ) Public facing policies and website 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.**

**( )** 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).

**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 REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site 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**

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**3E** Policies, procedures, and practices[[1]](#footnote-1) that affect the rights, responsibilities, safety, privacy, and dignity of program faculty[[2]](#footnote-2) and staff are written, disseminated, and applied consistently and equitably.

**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.**

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

**( )** 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.

**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:**

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

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Collective Bargaining Agreement or Union Contract, if applicable

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

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** 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 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.

**Evidence Chart:**

|  |  |
| --- | --- |
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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site 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**

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

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**Evidence Chart:**

|  |  |
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1. Item:
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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 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.**

**( )** 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).

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

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

( ) **Inspection of the complaints and their resolution**

**( ) Policy on filing complaints, how complaints are processed, and location of policies.**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**Standard 4**

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

**REQUIRED ELEMENTS:**

**Individual Academic Faculty**[[3]](#footnote-3)

**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 for Document Review: 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:

● For each core faculty member, identify the number of years of full-time (or equivalent), post-licensure clinical experience in physical therapy practice.

● Describe the individual’s effectiveness in **both** teaching and evaluation of student learning.

● For core faculty who are PTs or PTAs, identify if each holds an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and are in compliance with the state practiced act in the jurisdiction where the program is located.

● Identify teaching assignments by prefix, number, and title and indicate content assigned and role in course.

● Provide evidence of the individual’s contemporary expertise specific to assigned teaching content in the PTA program. This evidence **may** 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, fellowship).

● Consultation and service related to teaching areas.

● Course materials that reflect the level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings and references, learning experiences).

● Other evidence that demonstrates contemporary expertise, for example:

● Scholarship (e.g., publications, grant activities, and presentations related to teaching areas).

● Written evidence of evaluation of course materials 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).

● Formal mentoring (include description of experiences, time frame, and qualifications of mentor).

( ) CV (forms packet); uploaded on the appropriate Core Faculty Details Section

**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.

**The program director will attest that each core faculty member (by name) is within the guidelines and requirements of the practice act in their jurisdiction.**

**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:

►

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) **Faculty/course evaluations for core faculty, which may be redacted**

( ) Two different **samples of course materials, assignments, graded exams and other evidence of student work**

( ) **Examples of teaching materials that support instructional methods described in narrative**

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 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 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:**

|  |  |
| --- | --- |
| **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:**

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**( ) 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 for On-Site 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**

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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

1. Item:
2. Item:

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

**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 for Document Review: 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.

( ) Workload Form Associated Faculty

**( )** In completing the Qualifications box on this portal page:

● Describe the individual’s effectiveness in both teaching and evaluation of student learning.

● Associated faculty who are PTs or PTAs, hold an active, unencumbered PT license or PTA license/certification in any United States jurisdiction and are in compliance with the practice act in the jurisdiction where the program is located.

● Identify teaching assignments by prefix, number, and title and indicate content assigned and role in course.

● Provide evidence of the individual’s contemporary expertise specific to assigned teaching content. This evidence can include:

● Education (including post-professional academic work, residency, and continuing education).

● Provide evidence of the individual’s contemporary expertise specific to assigned teaching content. 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, fellowship).

● Consultation and service related to teaching areas.

● Course materials that reflect the level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings and references, learning experiences).

● Other evidence that demonstrates contemporary expertise, for example:

● Scholarship (e.g., publications, grant activities, and presentations related to teaching areas).

● Written evidence of evaluation of course materials 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).

● Formal mentoring (include description of experiences, time frame, and qualifications of mentor).

**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:**

|  |  |
| --- | --- |
| **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:**

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

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) **If associate faculty are utilized, faculty/course evaluations for associate faculty, which may be redacted.**

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

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2. Item:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 for Document Review: 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

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

**( )** Handbook Program Faculty, 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 faculty evaluation process, including how it addresses teaching, service, and any additional responsibilities.

**( )** Provide a recent (within past three years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

**Evidence Chart:**

|  |  |
| --- | --- |
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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) At least two examples of sample course materials, assignments, graded exams and other evidence of student work

( ) Examples of teaching materials that support instructional methods described in narrative

( ) **Faculty/course evaluations for core faculty, which may be redacted**

( ) **At least two examples of completed core faculty development plans, which may be redacted**

( ) **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: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

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

1. Item:
2. Item:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**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.pdf**

**( ) Handbook institution faculty.pdf**

**( ) Handbook program faculty.pdf**

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

**( ) Provide two examples within the past three years of development activities used by the program to address identified needs of associated faculty. (Note: CAPTE does not require that each associated faculty member participate in a development activity in the past three years. This requirement pertains to the aggregate of associated faculty.)**

**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:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) **Faculty/course evaluations for associated faculty, which may be redacted**

( ) **At least two examples of completed associated faculty development plans, which may be redacted**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.

ATTN: The reviewers (both document and onsite) WILL NOT review the last bullet in 4F. Per CAPTE board approval this process is completed by the CAPTE STAFF.

**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.**

**( )** 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 how the program director meets 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.

**Evidence Chart:**

|  |  |
| --- | --- |
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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***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 the program director.**

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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

1. Item:
2. Item:

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

**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**Program Director**[[4]](#footnote-4)

**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 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)

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

**( )** Handbook Program Faculty, 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 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.

**( )**  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.

**( )**  Describe the responsibility, role, and effectiveness of the program director for assessment and planning.

**( )**  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.

**( )**  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.

**( )**  Provide two examples within the last five years of effective leadership, which may relate to:

o A vision for physical therapist assistant education.

o Understanding of and experience with curriculum content, design, and evaluation.

o Employing strategies to promote and support professional development.

o Proven effective interpersonal and conflict management skills.

o Ability to facilitate change.

o Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits).

o Effective experience in short- and long-term planning.

o Active service on behalf of physical therapist assistant professional education, higher education, the larger community, and organizations related to their academic interest.

o Effective management of human and fiscal resources.

o Commitment to lifelong learning.

o Active role in institutional governance.

o Program accomplishments.

**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**

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**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:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( )Evaluations of the program director

( ) **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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 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 Director job description, if available

( ) Handbook Institutional Faculty

( ) Handbook Program Faculty, 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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**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

( ) Evaluations of the program director

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

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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:

• **4I1** Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement), and current student achievement measures.

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

**( ) Policies and procedures program.pdf**

**( ) Policy location chart.pdf**

**( ) 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.**

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

**Evidence Chart:**

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| --- | --- |
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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 for Document Review: 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 clinical coordinator.**

**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.

**Evidence Chart:**

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

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

( ) Evidence DCE holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the state practice act in the jurisdiction where the program is located**.**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 for Document Review: 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 clinical education** including, but not limited to, policies:

• for students;

• related to clinical instructor qualifications;

• related to clinical instructor responsibilities; and

• tools used in assessing the performance of students and the clinical instructor.

**( )** 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.

**( )** Clinical Education 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 effectiveness of the DCE/ACCE in planning, developing, coordinating, and facilitating the clinical education program, including the 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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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) **Evaluations of the clinical education coordinator(s) from multiple sources (e.g., students, clinical education faculty).**

( ) **List of clinical faculty development that has occurred within the last three years**

( ) **Sample communications within the last year between the clinical education coordinator(s) and the clinical sites and between the ACCE/DCE and the students**

( ) **Sample completed tool(s) used within the last year to assess student performance during clinical experiences**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 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

( ) Handbook Faculty

( ) Clinical Education Handbook

( ) Handbook Program Student

( ) Handbook Institutional Student

( ) Undergraduate Catalog

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

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

( )Minutes of meetings at which academic regulations are discussed

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 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.

**( )** Include in Policy Location Chart (forms packet) the policies and procedures

related to:

* expectations for students to demonstrate that they are competent and safe prior to engaging in clinical education;
* the skills students must demonstrate competent and safe performance prior to engaging in clinical education.

**( )** Identify, as applicable, where they are found, including the name of the document, page number and/or URL. If information is included in course syllabi, identify which syllabi.

**( )** A sample examination for each course; uploaded on the Course Details page for each course.

**( )** List of the skills in which students are expected to be able to perform safely and competently. If this information is found in program document(s) or course syllabi, identify the document(s) where this information is made available to students.

**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 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 ensures 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.

**Evidence Chart:**

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

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

( )Minutes of meetings prior to student engagement in clinical education where the core faculty determine the:

1. expectations for safety in student performance; and
2. list of skills in which students are expected to be able to perform safely and competently

( ) Two sample graded practical exam rubrics for each course that includes the practice of clinical skills.

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.**

**( )** 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.

**( )** Include in Policy Location Chart (forms packet) the policies and procedures related to clinical education including, but not limited to, policies:

* for students;
* related to clinical instructor qualifications;
* related to clinical instructor responsibilities; and
* tools used in assessing the performance of students and the clinical instructor.

**( )** Identify, as applicable, where these policies and procedures are found, including the name of the document, page number and/or URL.

**( )** Clinical Education 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 how the program determines that clinical instructors 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) used during clinical education experiences and describe how CIs are trained in the appropriate use of the tool(s).
* Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.

**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**

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

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

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

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) Examples of completed tools used to evaluate clinical teaching effectiveness of CIs

( ) Summary data of clinical education faculty assessments.

( ) Summary of data collected about the qualifications of the clinical education faculty (e.g., years of experience, specialist certification, or other characteristics expected by the program) for the clinical education faculty in the active clinical education sites.

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**Standard 5**

**The program recruits, admits, and graduates students consistently using equitable program policies, procedures, and practices.**

**The program recruits, admits, and graduates students consistently using equitable program policies, procedures, and practices.**

**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.

**( ) URL listing table.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 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.

**Evidence Chart:**

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

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site 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**

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** Indicate where each of the items identified in the narrative is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information; a URL by itself is NOT sufficient for requested items.

**( )** Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.**

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

( ) Financial Aid Brochure, if applicable

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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

**( )** Include in Policy Location Chart (forms packet) the **policies and procedures related to students including,** but not limited to:

**( )** 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

**( )** Program Student 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.**

**( )** 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.

**Evidence Chart:**

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

**Required Documentation for On-Site 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

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

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.**

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

**( )** 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.

**( )** Include in Policy Location Chart (forms packet) the policies and procedures related to student retention, progression and dismissal. Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** Handbook Institutional Student

**( ) Handbook Institution Student**

**( ) Handbook Program Student**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following.**

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

**( )** Describe the mechanism by which students 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.

**Evidence Chart:**

|  |  |
| --- | --- |
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( ) 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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**( )** Handbook Institutional Student

( ) Copy of enrollment agreement, if used.

( ) 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 whether enrollment agreements are 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.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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

( ) If an enrollment agreement is used, provide signed enrollment agreements for ALL enrolled students; provide by cohort in alpha order by last name of student. Provide an alpha list, by cohort, of the last name of all students enrolled in the program.

( ) **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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

( ) Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.**

**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 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 therapist assistant 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 academic weeks.

( ) State the degree granted.

**Evidence Chart:**

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

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

( ) **If there is a state-mandated curriculum plan, provide a copy**

( ) **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:

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**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:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**6B** The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based[[5]](#footnote-5).

**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.**

**( )** 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.

**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):**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:

**( ) 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**

**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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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.**

**( )** 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.

**( )** Course syllabi; uploaded on the Course Details page for each course

**( )**  A sample examination for each course, uploaded on the Course Details page for each course

**( )** Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.**

**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 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. This includes both integrated and full-time terminal experiences.

**Evidence Chart:**

|  |  |
| --- | --- |
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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**

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

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

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1. Item:
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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:

**( ) 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**

**Evidence Chart:**

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

**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.**

**( )** 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.

**( )** Course syllabi; uploaded on the Course Details page for each course

**( )** Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.**

**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:** 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.
* 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.).

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

**Note**: for **Initial Accreditation ONLY:** provide the curriculum and syllabi for the charter class as CAPTE must make an accreditation decision based on their curriculum. If curricular changes have occurred since the program started, provide a summary of the changes and the rational for the changes in Element 2E.

**Evidence Chart:**

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

**Required Documentation for On-Site Review**:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.**

**( )** Course syllabi; uploaded on the Course Details page for each course

**( ) CE student experiences.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.**

* 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) describe the intentional learning activities that address:
  + Values and ethics.
  + Communication.
  + Professional roles and responsibilities.
  + Teamwork.

**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:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:

**( ) None required for this element**

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.**

**( )** Course syllabi; uploaded on the Course Details page for each course

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

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

**( )** Describe how the program ensures substantive, regular, monitored, planned interactions between students and faculty.

**( )** 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.

**Evidence Chart:**

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

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:

( ) Sample evaluations of courses and faculty for distance education courses, which may be redacted

**( ) 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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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:**

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

**( )** Course syllabi; uploaded on the Course Details page for each course

( ) For the most recent graduating class, a table that demonstrates that each student has completed the clinical education experiences required by the program, as well as the expectations in Element 6L1-6L5 (PT). Documentation for each student should include the name of the facility **and** type(s) of experience (e.g., in-patient, out-patient, acute care, rehabilitation, home care, pediatrics, etc.).

( ) **For Initial Accreditation Only**: Provide the above information for the charter class. (see Part 8 of CAPTE's Rules of Practice and Procedure that is required no later than 30 days prior to CAPTE meeting).

**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 students are required to participate.
* Describe how the program monitors 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.

**Evidence Chart:**

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| --- | --- |
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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:

( ) Clinical education files for clinical sites used, or planned to be used, by currently enrolled students. At a minimum, clinical education files are expected to include a current Clinical Site Information Form or equivalent data and student evaluations of clinical experiences

**( ) 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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**Standard 7**

**The curriculum includes content, learning experiences, and student testing and evaluation processes 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 health care environment.**

**NOTE:** [APTA Guide to Physical Therapist Practice 4.0](https://guide.apta.org/)and the FSBPT Content Analysis are two reference documents for this section. CAPTE expects programs to identify any additional resources that assisted the program in curriculum assessment and development.

**REQUIRED ELEMENTS:**

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

**7A1** Topics covered include 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.

**NOTE**: General education courses are courses not designated as applied general education coursework by the institution or program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: 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.

**( )** Course syllabi; uploaded on the Course Details page for each course

**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 written communication, and biological, physical, behavioral and social sciences are included in the PTA curriculum. Note that 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.

**Evidence Chart:**

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1. Item:
2. Item:

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**INSTITUTION RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**7A2** A complement of professional 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 for Document Review: 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.

**( )** Course syllabi; uploaded on the Course Details page for each course

**( ) 7D PTA Curriculum table.pdf**

**Program’s Narrative on the Required Element: The program’s descriptive text should specifically address the following. Use a ( X ) check 🗹 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. Do not include prerequisite courses.

**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 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**

**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 for On-Site Review**:

**( ) 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:**

|  |  |
| --- | --- |
| **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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 theStandards of Ethical Conduct (APTA) and APTA Core Values for the Physical Therapist and Physical Therapist Assistant.

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

1. Legislative and political advocacy.
2. Community collaboration.
3. Health care disparity.

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

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: 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.

**( ) Use the appropriate chart,** 7B PTA Content Chart (forms packet) to identify sample objectives at the highest expect level for each content area delineated in Element 7B.

**( )** Course syllabi; uploaded on the Course Details page for each course

**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:**

|  |  |
| --- | --- |
| **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 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**

**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 for On-Site Review**:

**( ) 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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| --- | --- |
| **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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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:**

**Required Documentation for Document Review: 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.

**( )** Course syllabi; uploaded on the Course Details page for each course

**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 lifelong learning, teaching and learning, and health care disparities\* in the ever-changing health care environment.

**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 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**

**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:

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

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:

**( ) 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):**

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2. Item:

**Evidence Chart:**

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| --- | --- |
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|  |  |

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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

**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.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation for Document Review: 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.

**( )** Course syllabi; uploaded on the Course Details page for each course

**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 sources that inform the decision-making process to determine curricular content as a whole, such as professional resources and organizations, stakeholder feedback, and networking.
* For each of the following 7D elements:
  + Describe where the content is presented in the curriculum and provide example(s) and 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 **two to five** examples of course objectives that demonstrate the progression to the highest expected level of student performance, including course **prefix and number, course name, objective number, and the full wording of the objective.** Include objectives from clinical education courses, if applicable.
* Describe outcomes data that may include qualitative and/or quantitative evidence, which demonstrates the level of actual student achievement for each practice expectation 7D1-7D13.

**For initial accreditation only**, describe the planned outcome and how the program will determine the actual level of student achievement for each practice expectation.

Note to either team: add a team comment above if there is a need for a comment that pertains to all or most of the 7Ds

| 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. |
| --- | --- | --- | --- | --- |
| 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 RESPONSE:**

List the file name if additional materials are being uploaded for this element:

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

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

**APTA Department of Accreditation**

**The following materials are to be provided to CAPTE as part of the institution’s response to this report.** At the time the DOCUMENT and On-site Visit Report with Institution Response is submitted, submit each document electronically in the CAPTE portal.

**The following instructions must be followed**:

1. **Format:** All documents must be in PDF format. All large documents must be bookmarked.
2. **Naming of document**: 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 Visit 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.

**Should the program want to provide materials not requested by the team, these instructions must be followed for all materials being provided AFTER the on-site visit.**

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

**STANDARD REQUESTED MATERIAL(S)**

**PRIMARY TEAM MEMBER: IF ADDITIONAL MATERIALS ARE REQUESTED, LEAVE A COPY ON SITE WITH THE PROGRAM AND SUBMIT THIS FORM WITH THE DOCUMENT AND ON-VISIT REPORT. Only material viewed on site or missing from the Self-study Report can be requested.**

**Initial Accreditation Only:**

**PROGRAM DIRECTORS: IF YOU ARE SCHEDULED FOR AN INITIAL ACCREDITATION DECISION:**

Section 8.12(d) of CAPTE Rules of Practice and Procedure requires programs seeking initial accreditation to provide the following information for the charter class no later than thirty (30) days prior to the CAPTE meeting at which the program will be reviewed; the files should be in PDF format with the file names specified below and emailed to [teresaemmons@apta.org](mailto:teresaemmons@apta.org). The due date to receive your program’s materials is \_\_\_\_\_\_\_\_\_\_\_.

(i) **CE Student Experiences.pdf** -- a list of each student’s clinical placements and an indication of the type of experience provided (e.g., in-patient, out-patient, acute care, rehabilitation, home care, pediatrics, etc);

(ii) **CE Student Performance Summary.pdf** -- a summary of each student’s most recent evaluation (mid-term or final); and

(iii) **CE Analysis of Student Performance.pdf** -- an analysis of the performance of students (in aggregate) in clinical education based on feedback provided by clinical educators.

1. **Practices**: Common actions or activities; customary ways of operation or behavior. [↑](#footnote-ref-1)
2. **Program faculty: A**ll faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty. [↑](#footnote-ref-2)
3. **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-3)
4. **Program director**: The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program’s academic administrator: Dean, Chair, Director, Coordinator, etc. [↑](#footnote-ref-4)
5. **Competency based education**: Education processes that focus more on what students learn, rather than where or how long the learning takes place. Instead of evaluating student progress on the amount of time spent in a classroom (using the credit hour, which is the default standard for measuring progress), students receive college credit based on their actual demonstration of skills learned. Competency-based education programs are often designed to allow students to learn and progress at their own pace. [↑](#footnote-ref-5)