**AFC CHECK-IN FORM**

**NAME OF PROGRAM: Date: \_\_\_\_\_\_\_\_\_\_**

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

Programs are to use an “X” in the first column to confirm that the format and information are present and correctly identified or place an “NA” when it is not applicable. Accreditation Staff will confirm the inclusion of each document in the downloaded bundle. As noted in the beginning of this document, should it be necessary for staff to reject the AFC as submitted, notification will be sent to the program director and the dean/person to whom the program director reports. Programs will be given **24 hours to correct the AFC.**

| **Yes/No** | | **AFC Check-in Form: REQUIRED (March 2025)** | |
| --- | --- | --- | --- |
| **Program** | **Staff** | **Item** | **Comment, if applicable** |
|  |  | AFC submitted on the Portal by due date for the assigned Candidacy Cycle | Date submitted: |
|  |  | The program director and an appropriate institutional administrator have attended a Developing Program Workshop | Dates and names of attendees: |
|  |  | AFC is submitted by the institution(s) where the education program is to be located and that will award the degree. |  |
|  |  | AFC is complete and includes all requisite information described in the mostcurrent instructions for completion/submission of the Application for Candidacy. |  |
|  |  | The Application has been submitted electronically using the CAPTE Accreditation Portal and the instructions for entering information have been followed. |  |
|  |  | The candidacy fee has been previously submitted in accordance with the established review cycle timeline | Date sent: |
|  |  | The conflict list has been previously submitted in accordance with the established decision cycle timeline. | Date submitted: |
|  |  | The Application for Candidacy and ALL accompanying documentation are in English. |  |
|  |  | The signed AFC signature page must be scanned and attached to the Preface as an appendix. The signature page from the AFC has been signed at least by the Chief Executive Officer(s) of the sponsoring institution(s) and the program administrator/director who has responsibility for the program, attesting to the accuracy of the information provided and indicating that the institution(s) and program  (i) agree not to enroll students in any courses that are part of the professional/technical phase of the program until Candidate for Accreditation status has been achieved,  (ii) agree not to enroll more than one cohort of students per academic year and not to increase class size until accreditation has been granted and the program is eligible to seek such changes, and  (iii) acknowledge CAPTE’s Rules [§8.5 and §8.14(a)] that the on-site visit for initial accreditation must occur in the penultimate term and that the initial accreditation decision will be made at CAPTE’s next regularly scheduled meeting following the on-site visit.  Note: Regularly scheduled CAPTE meetings occur only in the spring and fall |  |
|  |  | **The Application for Candidacy includes at the time of submission:** |  |
|  |  | AFC Check-In Form (this form in Word!) is complete; attached to Preface |  |
|  |  | A Preface that includes the following information:  (a) a discussion about why the institution believes that a physical therapy program is consistent with its mission and with other institutional program offerings and how existing institutional resources will foster the development of a quality program.  (b) a description of the process and information used by the institution to determine the need for the program and to determine planned class size in relation to current and future needs for physical therapy personnel, including a summary of the needs assessment that has been done. Such information should reflect local and regional data in addition to national data;  (c) a written statement of the plans for the number of students and frequency of cohorts to be admitted during the full implementation of the program, including plans for the number of students to be admitted to the charter class;  d) A written contingency plan for students if the program should fail to achieve candidate status and a contingency plan with a teach-out plan should the program fail to achieve accreditation status. The program must include information about how and when this contingency plan is communicated to prospective students. |  |
|  |  | Evidence that the institutional accrediting agency has approved the development/offering of the physical therapy education program/degree. If institutional accrediting agency approval is not necessary, a statement from the institutional accrediting agency to that effect, or other relevant official documentation, is required. |  |
|  |  | Evidence that the institution is accurately characterizing the program’s status in the accreditation process in all information provided to prospective students and the public, including on its website and in any materials used for student recruitment. |  |
|  |  | Evidence that the institution is providing accurate information to prospective students for the charter class that describes (provide the links):  (a) the planned timing of the CAPTE decision in relation to the graduation date, and  (b) the date of the first licensure examination for which the graduates would be eligible to sit. |  |
|  |  | Evidence that the institution has employed at least three full-time faculty members including the program director and the DCE and the program has hired, or has executed contracts with, sufficient faculty to implement the complete first two years of the program. The projected composition of the core and associated faculty necessary for the full implementation of the program must be determined, be reflective of the variety of faculty responsibilities delineated in Element 4M. At least 50% of the core faculty hold academic doctoral degrees for both the current and projected composition. |  |
|  |  | Clear evidence, as reflected in a current curriculum vitae, that the PT program director possesses at least the following minimum qualifications:   1. is a physical therapist who holds a current license to practice in any US jurisdiction; 2. holds an earned academic doctoral degree, 3. holds the rank of associate professor, professor, clinical associate professor, or clinical professor, and 4. has a minimum of six years of full-time higher education experience with a minimum of three years of full-time experience in a physical therapist education program. |  |
|  |  | Documentation of contractual access to sufficient clinical placements to meet the needs of the first full-time clinical experience and any integrated clinical experience(s) that may precede it. At a minimum, it is expected that there are sufficient clinical placements (as evidenced by signed Letters of Intent from a representative located at the physical therapy department that will provide the clinical education experience) for at least 150% of the expected number of students to be enrolled during the first year (e.g., if there will be a total of forty (40) students enrolled during the first year, the program is expected to have signed contracts with enough facilities to provide at least sixty (60) full-time experiences, as well as sixty (60) placements for any integrated clinical experience that precedes the first full-time experience, if any). Required documentation includes:  **NOTE:** Signature dates on LOI must be within one year of required CAPTE submission date of the Application for Candidacy. If dates are older than one year; the re-confirmation section of the LOI form must be completed. If an older LOI form was used, have the clinical site complete the reconfirmation section of the current form and submit both forms.  (a) copies of signed and dated Letters of Intent from the individual physical therapy sites that agree to provide at least one (1) clinical placement prior to the program’s achievement of initial accreditation. Letters of Intent are expected to be on the letterhead of the site and include the title and credentials of the individual who signs it. Hospitals, health care systems and health care companies, including private practices that provide physical therapy services at multiple sites are expected to provide individual Letters of Intent from each site that will take students, signed by a representative located at that site who is responsible for providing the clinical education experience.  (b) copies of the first page and the signature page of each fully executed (dated and signed by all parties) contract available at the time of AFC submission. If a contract delineates multiple physical sites, a copy of that information is to be included; and  (c) completed *Available Clinical Education Placements* table that delineates the minimum number of available placements per experience at each physical location. The table must include the name(s) of the signatory(ies) for each Letter of intent, which must include the person responsible for the clinical experience at the specific site, not just the signature of a representative of multiple sites for the same experience.  **IMPORTANT:** Note the following:   * If the Letter of Intent identifies a range in the number of students at a given site, CAPTE will use the lower number when calculating available placements. * Incomplete Letters of Intent will not be accepted. ALL requested information is required. * Names of individuals identified as the “CCCE” on the Available Clinical Education Placement Table MUST be the same as (or included in) the names of signatories on the respective Letters of Intent. * The names and signatures of administrative officials, HR representatives, business owners, or any other similar representatives of sites that do not provide clinical experiences may be included in Letters of Intent but are not acceptable as the sole signatories of Letters of Intent. * Each Letter of Intent MUST be signed by the by the CCCE. If clinical site is more than 60 miles/1 hour away from the CCCE, a PT who could be a CI at the site must ALSO sign the LOI. * If this expectation is not met, the AFC will NOT be eligible for review by the Commission.   **It is the responsibility of programs to contact the Accreditation Department staff to clarify this expectation if needed AND to monitor the Rules of Practice and Procedure for changes to the related requirements/expectations.** |  |
|  |  | Evidence that the curriculum includes integrated and full-time terminal clinical experiences |  |
|  |  | **To Be Complete, All Required Appendices Are Provided, using the following Required File Name** |  |
|  |  | AFC Check-In Form.doc (should be in Word) |  |
|  |  | Catalog Undergraduate.pdf (3+ PT Programs) |  |
|  |  | Catalog Graduate.pdf |  |
|  |  | CE Placements AvailableTable.pdf |  |
|  |  | CE Contracts.pdf (signed copies) |  |
|  |  | CE Letters of Intent.pdf |  |
|  |  | CE Placements Needed Full Implementation.pdf |  |
|  |  | CE Tool Assess Student.pdf (if applicable) |  |
|  |  | CE Written Agreement.pdf (Blank copy of agreement) |  |
|  |  | Clinical Education Handbook.pdf |  |
|  |  | Curriculum Assessment Matrix (no required format) |  |
|  |  | CV‐Last Name First Name.pdf (For each core faculty; for each associated involved in 50% or more of the contact hours of a course) |  |
|  |  | Enrollment agreement.pdf |  |
|  |  | Equipment Inventory.pdf |  |
|  |  | Handbook Institution Faculty.pdf |  |
|  |  | Handbook Institution Student.pdf |  |
|  |  | Handbook Program Faculty.pdf |  |
|  |  | Handbook Program Student .pdf |  |
|  |  | Institution Not Degree Granting.pdf (if applicable) |  |
|  |  | Institutional Accreditation Program Approval.pdf |  |
|  |  | Institutional Accreditation.pdf |  |
|  |  | Institutional Financial Responsibility Composite Score.pdf |  |
|  |  | Institutional State Authorization.pdf |  |
|  |  | Library Resources Needed.pdf |  |
|  |  | Needs Assessment.pdf |  |
|  |  | Organizational Chart.pdf |  |
|  |  | Other Policies.pdf |  |
|  |  | Plan of study.pdf |  |
|  |  | Planning Document.pdf |  |
|  |  | Policies and Procedures Program.pdf |  |
|  |  | Policy Location Chart.pdf |  |
|  |  | Practical Exam & Grading Rubric.pdf |  |
|  |  | Professional Development Plans.pdf |  |
|  |  | Program Assessment Matrix.pdf |  |
|  |  | Relevant Student Information.pdf |  |
|  |  | Scholarship-Last Name First Name.pdf for each core faculty member) |  |
|  |  | Syllabus ‐Course Prefix Name & Number.pdf (for each course) |  |
|  |  | Signature Page.pdf |  |
|  |  | Skills Check.pdf (if applicable) |  |
|  |  | Skill List Expected To Be Competent.pdf |  |
|  |  | Space.pdf |  |
|  |  | Student Recruitment Materials.pdf |  |
|  |  | URL Listing Table |  |
|  |  | Workload Form – Core Faculty.pdf |  |
|  |  | Workload Form – Associate Faculty.pdf |  |
|  |  | 7A PT Content Chart.pdf |  |
|  |  | 7B PT Content Chart.pdf |  |
|  |  | 7C PT Content Chart.pdf |  |
|  |  | 7D PT Curriculum Map.pdf |  |

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