**GENERAL INFORMATION FORM-** AFC/OSV (March 2025)

**(This a required multi-page form for the on-site visit portion of the AFC Program Review, even if there are no changes since submission of the AFC.)**

One (1) electronic (**Word**) copy of this form is to be provided to the primary on-site reviewer at the start of the visit.

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| **GENERAL INFORMATION FORM** (March 2025) | | | | | | | | | | | | | | |
| **INSTITUTION** | | | | | | | | | | | | | | |
| **Institution name** | | |  | | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | | |
| **Name of Chief Executive Officer** | | |  | | | | | | | | | | | |
| **Administrative title** | | |  | | | | | | | | | | | |
| **Telephone number** | | |  | | | | | | | | | | | |
| **Institutional accrediting agency** | | |  | | | | | | | | | | | |
| **Current accreditation status** | | |  | | | | | | | | | | | |
| **Date granted** | | |  | | | | | | | | | | | |
| **Unit or school in which the program resides** | | |  | | | | | | | | | | | |
| **Name of administrative official of the unit or school in which the program resides** | | |  | | | | | | | | | | | |
| **Administrative title** | | |  | | | | | | | | | | | |
| **ACADEMIC ADMINISTRATOR OF THE PROGRAM** | | | | | | | | | | | | | | |
| **Name of Academic Administrator** | | |  | | | | | | | | | | | |
| **Administrative title** | | |  | | | | | | | | | | | |
| **Telephone number** | | |  | | | | | | | | | | | |
| **E-mail address** | | |  | | | | | | | | | | | |
| **PROGRAM** | | | | | | | | | | | | | | |
| **Title of program** | | |  | | | | | | | | | | | |
| **Address (if different than institution address)** | | |  | | | | | | | | | | | |
| **Telephone number** | | |  | | | | | | | | | | | |
| **Year program expects to graduate first class** | | |  | | | | | | | | | | | |
| **Degree to be granted from program** | | |  | | | | | | | | | | | |
| **CURRICULUM DESIGN CHARACTERISTICS** | | | | | | | | | | | | | | |
| **Identify type of term:**  **e.g., Semesters, Quarters** | |  | **# of terms in academic year** | | | | |  | | | **Total # of terms to complete degree** |  | | |
| **Length of professional coursework in weeks (including exam week; count exam week as one week)** | | | | | | | |  | | | | | | |
| **Expected start date of penultimate (2nd to last) term for charter class:** | | | | | | | | **Expected end date of penultimate (2nd to last) term for charter class:** | | | | | | |
| **CLINICAL EDUCATION** | | | | | | | | | | | | | | |
| **Total hours of clinical education** | |  | **# of weeks of full-time clinical education** | | | | | | | | |  | | |
| **CORE FACULTY** | | | | | | | | | | | | | | |
| **Number of core faculty** | **PT full-time core** | | | | | |  | | | **Non-PT full-time core** | | | |  |
| **PT part-time core** | | | | | |  | | | **Non-PT part-time core** | | | |  |
| **Number of FTEs this represents (CAPTE calculations)** | | | | | | |  | | |  | | | | |
| **Number of vacancies in allocated core faculty positions** | **Full-time** | | | | | |  | | |
| **Part-time FTEs** | | | | | |  | | |
| **Total number of faculty the program plans to have when the program is fully implemented** | | | | | | |  | | |
| **Faculty/Student Ratio: Expected core faculty to student ratio** | | | | |  | | **Faculty/Student Ratio: Expected average faculty to student ratios during laboratory experiences** | | | | | |  | |
| **ADJUNCT FACULTY** | | | | | | | | | | | | | | |
| **Number of adjunct faculty who will teach ½ the contact hours of a course** | | | | | | | | | | | | |  | |
| **Number of FTEs represented by the above number of adjunct faculty (CAPTE calculations)** | | | | | | | | | | | | |  | |
| **Number of other adjunct faculty who are expected to teach in the program** | | | | | | | | | | | | |  | |
| **List the names and credentials of core and adjunct faculty members who will teach in the physical therapist program, at the very least this should include faculty to implement the first two years of the curriculum. Identify the F.T.E. (using CAPTE calculation)** **for each person. (See instructions regarding calculation of F.T.E. allocations below)** (insert rows as needed) | | | | | | | | | | | | | | |
| **CORE FACULTY** | | | | | | | | | | | | | | |
| **NAME** | | | | **F.T.E.** | | | | | | **Date Employed** | | | | |
|  | | | |  | | | | | |  | | | | |
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| **ADJUNCT FACULTY (those that have responsibilities in 50% or more of a course, including lab assistants)** | | | | | | | | | | | | | | |
| **NAME** | | | | **F.T.E.** | | | | | **Date Employed** | | | | | |
|  | | | |  | | | | |  | | | | | |
|  | | | |  | | | | |  | | | | | |
| **STUDENTS** | | | | | | | | | | | | | | |
| **Number of students for whom faculty will have advising responsibilities in the first two years of the program** | | |  | | | **Planned class size of the 1st class of students to be enrolled - this is the number for all future class starts until there is approval through the substantive change process for adding more students. The program must demonstrate resources throughout the AFC to start this planned class size.** | | | | | | |  | |
| **Expected date of enrollment of the 1st class of students into the professional program** | | |  | | | **Expected date of graduation of the 1st class from the professional program** | | | | | | |  | |

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