**PERSONS INTERVIEWED FORM**

**Name of Institution:**

**The program** is to list the **names, credentials, and titles** (or areas of responsibility) of those individuals with whom the team is scheduled to meet during the site visit of the physical therapy education program. One electronic (**Word**) copy of this form is to be provided to the Team Leader 14 days prior to the start of the visit. Add/delete categories as appropriate for your program.

**The team** is to update the list to reflect who was actually interviewed. In addition, **PLACE AN ASTERISK (\*)** beside the name of each person who attends the Exit Summary.

**Administrative Officers (President, Provost, Dean, etc.):**

**Program Director:**

**Core Faculty: (for this list, do not include the program director)**

**Associated Faculty:**

**Clinical Education Faculty (CCCEs and CIs):**

**Advisory Committee, if applicable:**

**Admissions Committee, if applicable:**

**Students accepted into the first class, if applicable:**

**Attended the Exit Summary only, if applicable:**