**PERSONS INTERVIEWED FORM (Required On-site Form)** (November 2024)

**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 primary on-site reviewer 14 days prior to the start of the visit. Add/delete categories as appropriate for your program.

**The on-site 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 (CEO, CAO, Dean, etc.):**

**Program Director:**

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

**Associated Faculty:**

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

**Students enrolled in the first year of the program:**

**Students enrolled in the second year of the program:**

**Students enrolled in the third year of the program (if applicable):**

**Recent graduates of the program:**

**Employers of graduates of the program:**

**Attended the Open Session, if applicable:**

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

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