

SIGNATURE PAGE

Application for Candidacy

Institution Name

is submitting the required information in fulfillment of the Commission on Accreditation in Physical Therapy Education requirements for accreditation of a physical therapist assistant education program. The information submitted in this report is a true and accurate description of the institution and the physical therapist assistant education program with respect to the information requested. The signatures below attest to the accuracy of the information provided and indicate 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 every twelve (12) months 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.

**Chief Executive Officer of the Institution
& Administrative Title**

Date

**Chief Academic Officer of the Institution
& Administrative Title**

Date

**Academic Administrator of the Program
& Administrative Title**

Date

**Administrative Official of Unit in which the Program resides
& Administrative Title**

Date

Department of Accreditation
American Physical Therapy Association
3030 Potomac Ave., Suite 100
Alexandria, VA 22305-3085