**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:**

**General Education/Supportive Faculty (PTA PROGRAMS ONLY):**

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

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

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

**Recent graduates of the program:**

**Employers of graduates of the program:**

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

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