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Contact: [accreditation@apta.org](mailto:accreditation@apta.org)

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**INSTRUCTIONS FOR COMPLETING THE**

**PROGRAM REVIEW REPORT**

**FOR**

**PHYSICAL THERAPIST EDUCATION PROGRAMS SEEKING CANDIDACY**

**USING THE STANDARDS AND REQUIRED ELEMENTS**

**GENERAL INTRODUCTION**

**These instructions have been modified to reflect the Standards and Required Elements.** Please review them carefully and contact staff in the Department of Accreditation should you have any questions.

The Program Review Report is used as a data source for CAPTE in their decision-making about the program seeking candidacy. This report is used by the team to document the quality of the program relative to the *Standards and Required Elements for Accreditation of Education Programs for the Preparation of Physical Therapists* and not just whether components are present or absent. An effort should be made in completing the Program Review Report to assist the reader's understanding of the program as a whole and in context to the environment in which the program operates.

The report submitted by the document and on-site teams should complement and validate, **not duplicate**, the Application for Candidacy (AFC). **DO NOT CUT AND PASTE DETAILS FROM THE AFC; duplicating the AFC does not provide information learned from the document review or the on-site visit.** In addition, the Program Review Report should clarify and interpret questionable areas of the program’s AFC by explaining areas that were unclear or not well developed in the report. These two reports should provide CAPTE with a comprehensive picture of the education program's activities as they relate to its objectives and to the Standards and Required Elements.

The Program Review Report should be concise but should include enough detail to provide evidence of quality relative to the Standards. The document and on-site teams’ report should be free from personal educational philosophy, prescriptive terms, and value-laden terms.

The Program Review Report should be candid, analytical and provide CAPTE with substance to use in the evaluation of the **quality** of the program. The attached guidelines should be used to develop a Program Review Report that will give CAPTE an accurate picture of the program, including its strengths and weaknesses. **It is essentia**l that the Program Review Report address any perceived problems identified through review of the Application for Candidacy by either confirming the existence of the problem or explaining why it is not perceived by the team to be of significant concern. A helpful Program Review Report clarifies evidence found on site that is not obvious from a review of the Application for Candidacy.

The following materials should be requested to be sent for CAPTE review:

1. A requested appendix that should have been in the Application for Candidacy but wasn't, e.g., a missing CV.

2. Documentary evidence provided during the visit that updates material submitted in the Application for Candidacy (AFC).

3. Information viewed on-site that the team believes is **critical** for CAPTE to understand the teams’ report or to fully understand the program. In this case, the on-site review team believes that the Program Review Report commentary alone would not provide sufficient information.

Only material which already exists can be requested. Please do not interpret this to mean that all materials that are typically left on-site should be sent, e.g., all exams, faculty evaluations, completed assessments of program graduates. Do not take copies of materials with you. Feel free to contact staff during the visit if you are not sure if a request should be made.

Should the on-site team determine it necessary for the program to provide additional material, it must be noted in **two** places in the Program Review Report: under the appropriate Element and on the Additional Materials Requested by the On-site Review Team Form found at the end of the report. When requesting additional materials, the reason for the request must be included, e.g., program is requested to provide a revised CV for Fred Smith with their response to this report because the one in the Application for Candidacy is incomplete.

Please encourage the program to wait until they receive a copy of the Program Review Report before uploading additional materials on the Portal or submitting to accreditation staff and then, to follow the instructions on the form. **A copy of the form is to be left with the program administrator**; this may be handwritten. A typed list must be included in the Program Review Report uploaded in the Portal.

**GUIDELINES FOR DEVELOPING THE DOCUMENT AND ON-SITE** **PROGRAM REVIEW REPORT**

1. **Please keep the following in mind:**

a. Although CAPTE alone determines compliance, the document review and on-site review teams do make judgments about the quality of the program.

b. These judgments **must** be made in the context of the program’s/institution’s mission and program outcomes, which have intentionally been reordered to be at the beginning of the AFC.

c. In order to help CAPTE determine compliance, the teams’ comments should not just state your conclusion. Instead, the comment **must** identify the information that leads to your conclusion.

d. Only substantive issues/concerns/problems related to the Standards and Required Elements should be delineated. Minor issues or issues that are not relevant to compliance **should not be addressed.** For example:

Substantive issue: On paper, there appears to be an adequate number of clinical sites for the overall clinical education program; however, review of identified clinical placements indicated that there is an insufficient number of confirmed clinical education placements for the first rotation.

Not a substantive issue: On paper, there appears to be an adequate number of clinical sites for the overall clinical education program; however, there appears to be a limited number of specialty practice sites beyond those commonly seen in physical therapy available for the last rotation. [Note: This is not substantive unless the program promised students that they would be placed in clinical experiences that are specialty practices. There is no requirement that all students have experiences in these types of settings.]

e. CAPTE can only use information that is part of the official record and that the program has had an opportunity to respond to. The Commission cannot use new information obtained during discussions between the primary reviewers and a Commissioner prior to CAPTE review of the program.

2. **Program Review Report Submission**

a. The document review team will have **21 days** to complete their portion of the Program Review Report in the Portal. The finalized draft of the document review will be submitted directly through the Portal. Note that the document reviewers should not be asking for revisions to major documents, such as syllabi and plan of study or other documents that would lead to curricular updates. Rather, the reviewers are to note what is missing, unclear, or inconsistent with the materials supporting compliance.

**Note:** If after the initial document review, the Accreditation staff has determined that the Application for Candidacy (AFC) should be returned AFC through the Portal. Once the AFC is resubmitted, the AFC will become available again in the Portal for the document reviewers. The document review team will have an **additional 21 days** to complete their portion of the Program Review Report in the Portal. Any new files uploaded into the bundle will be coded with the term “Revised” prior to the document name. An example is “Revised\_Program Asessment Matrix.pdf. Document reviewers will enter new findings based upon the AFC resubmission by using the term “Second Review” and your items/narrative below the original findings. The document reviewers finalized draft of the document review will again be submitted directly through the Portal.

b. Two weeks prior to start of the on-site visit, the program administrator is to provide the primary on-site reviewer with the following forms as a hard copy **and** as an electronic Word document.

* **General Information Form**
* **Persons Interviewed Form**
* **Materials Provided On-Site Form**

These forms are to be updated during the visit to reflect who were actually interviewed, identifying those who attended the Exit Summary, and indicating which on-site materials were reviewed.

c. The on-site primary reviewer will upload to the Portal **within 14 days of the visit** these forms in Microsoft Word as attachments:

* + Program Review Report
  + General Information Form
  + Updated Persons Interviewed Form
  + Materials Provided On-site Form

**If you should need more time** or have any difficulties with the program review, please contact Accreditation staff.

**All materials and documents are uploaded to the Portal.**

An electronic copy should be kept, along with all program materials, until receipt of the Summary of Action following the Commission's review of the first Compliance Report at which time you should destroy all materials related to the program. If the program initially had a split Compliance Report, you should keep all materials until the Summary of Action following the Commission's review of the second Compliance Report. Accreditation staff will remind you when it is time to destroy all materials.

1. **Program Review Report Format:**

The Standards and the Program Review Report only delineate the requested narrative evidence. For programs, the [Appendix](#AppendixList) and [On-site Materials](#OnSiteMaterialsList) Lists are included in the AFC Instructions and Forms packet. To facilitate your review, these two lists are found at the end of these instructions. These guidelines are provided to assist your determination if complete information was provided by the program. However, keep in mind that it is the wording of the Element, **and not the evidence list**, that delineates compliance.

Accreditation staff will delete the Evidence List from the Program Review Report during final editing.

1. **Writing the both the document and on-site review portions of the Program Review Report (PRR)**

a. Reviewers may choose to use this writing templates for organization. All findings and comments must be uploaded to the Portal

b. Provide the teams’ findings relative to each Element:

* + Enter your findings based upon assignment, this will be either the under the DOCUMENT REVIEWER COMMENTS or the ON-SITE REVIEW TEAM COMMENTS
  + Verify the AFC response, identifying sources of information utilized
  + Verify that any requested policies or documents ‘live’ where the AFC indicated they can be found
  + Clarify the AFC response, if necessary, identifying the sources of information and topics discussed during interviews
  + Identify any missing evidence; indicate if able to verify on-site, identifying the sources of information. If you are a document reviewer, do not ask for what is already expected to be reviewed on-site or enter notes to the other team.
  + Each set of reviews has an evidence chart (text boxes in the Portal) to document what information was used.

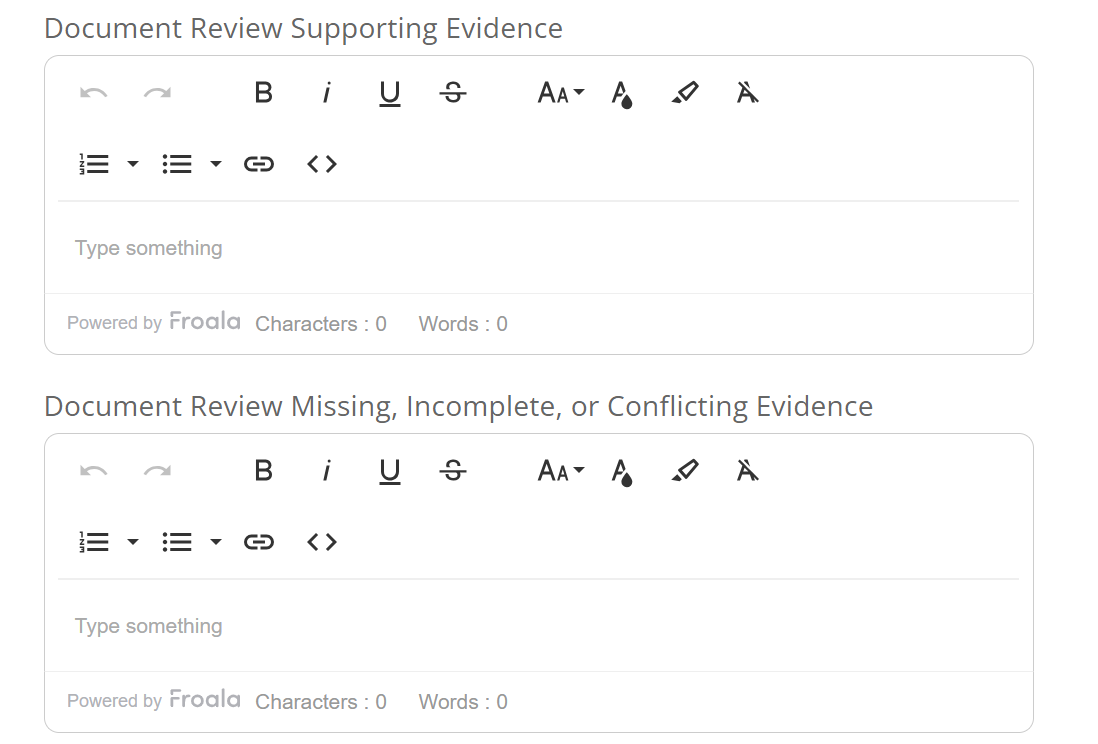
As examples: This is the evidence chart for the document review:

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
| * AFC | * Appendix: Curriculum Assessment Matrix |

This is the evidence chart for the on-site review:

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
| * AFC * Interviews with PD and faculty * Meeting minutes where curriculum is discussed |  |

This is an image from the Portal of the document reviewer fields:



Please note that, if the AFC does not contain all requested evidence, the Commission will determine if compliance can be determined with the information provided. Programs have been encouraged to provide full information.

* + Provide an assessment on what the program/institution does, keeping in mind:
    - * If it makes sense in light of their mission
      * Program outcomes
      * If what they do works for the program

On your writing template, the teams’ can note their findings for each Element to which the comment refers. Each section corresponds to a required entry in the Portal.

(►) under the “DOCUMENT REVIEWER COMMENTS or the ON-SITE REVIEW TEAM COMMENTS”; for example:

DOCUMENT REVIEWER COMMENTS:

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This is an example of the On-site text box.

**Required Documentation Uploaded with Naming Convention**

( ) None required for this element

* 1. After each set of team comments, there are two action items **for the program.**
     1. **Document reviewers request the following information to be made available to on-site review team.** 
        + List the information to be provided, if applicable (add additional lines as needed):
          1. Item:
          2. Item:

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AI-generated content may be incorrect.**

* + 1. **The On-site reviewers request the program submit as part of its institutional response following information:**
       - List the information to be provided, if applicable (add additional lines as needed):
         1. Item:
         2. Item:

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AI-generated content may be incorrect.

The program has the opportunity to respond to each element

* **INSTITUTION COMMENTS:**
* UPLOAD: Identify Additional Materials UPLOADED, if any:

1. The Program Review Report asks that the on-site reviewers provide an Exit Summary. This “**Overview of the Quality of the Physical Therapy Education Program” appears** at the beginning of the Program Review Report. Both the document review team and the on-site review teams must contribute to the drafting of this, and the document review team will share with the on-site reviewers during the hand-off meeting. The on-site review team will deliver this to the program during the final session. Remember that the **Overview** serves as the basis for the Exit Summary and, therefore, **should not be a repeat** of all **reviewers’** specific findings relative to individual Elements. Instead, it should provide summaries of each Standard that provides a sense of the overall quality of the program. Any problem identified in the Overview **must** also be addressed in the response to the related Element. And vice versa, if substantive issues are identified under an Element, general statements regarding the issue must also be included in the Overview. Programs should not be left with the impression of no issues, if in fact one exists.
2. **For the 7Ds:** The practice expectations in 7D have been placed into a table for your assistance in this template when doing the Program Review Report. **The Portal is the only place for the teams to comment on individual practice expectations.** Based on the document review of the AFC as well as the on-site materials and interviews, your review of all materials and on-site interviews, please indicate if the objectives and learning experiences (note no outcomes are needed at the time of AFC submission) **for each practice expectation** are reflective of entry level practice. A comment is **only** needed when the practice expectation:
   * is a strength of the program as identified through your review of the AFC, interviews, or outcome data; or
   * it does not appear to be sufficiently addressed in the objectives or learning experiences.

If more specific objectives are found during your review, identify the course and objective(s). Note that each team will have separate areas in the Portal to identify findings and will not need to use any designators seen in this template.

This screenshot below on an example of a completed document review shows how the fields MUST be completed. You need to type into the first and second fields the evidence, which may also include the SSR, exams, learning experiences, plan of study, etc. To confirm that you read about the appropriate objectives and learning experiences, you will need to type each category name and add an “X” as illustrated below. Again there are no expectations for outcomes at this time – do not type this in! If one or more of these are missing, then note that, such as ‘Objectives – missing’ instead of the “X.”

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AI-generated content may be incorrect.

Given the limited time during the on-site visit, this team is NOT expected to review examples of learning experiences for **each** 7D. CAPTE wants to know if the description of where and how the practice expectation is covered in the curriculum, along with the examples of learning experiences and outcomes described in the AFC, provide a picture of entry-level performance? If not, discussing how the content is taught with students, graduates, and faculty can assist the team in determining what was not well documented in the AFC versus what is not well covered in the curriculum.

Comments should include the source(s) of information used. Practice expectations that are identified by students, graduates, clinical instructors, or employers as not being satisfactorily addressed **should be discussed further** with core faculty in order for your response to elaborate on what and how the content is included in the curriculum. **Please provide the teams’ assessment regarding how well the practice expectation is covered, not just the comments from those interviewed.** An example of how to complete the [7D Table](#Chart) is provided in this document.

7. Complete the **Additional Materials Requested by the on-site review team** **form**, located at the end of the Program Review Report. If additional materials are not being requested, note that on the form. Otherwise, list what is being requested and leave one copy of the completed form with the program administrator. **Only** **materials that already exist and that were reviewed** **by the team should be requested on the form, unless requesting missing materials that should have been in the Application for Candidacy.**

8. Complete the signature attestation which is in the Portal.

9. FOR ON-SITE REVIEWERS, DO **NOT** LEAVE A COPY OF THE PROGRAM REVIEW REPORT WITH THE PROGRAM. It will be sent by the Department of Accreditation at APTA to the program for their review and comment.

**Download the most recent versions from the CAPTE website**

* **AFC Appendix List is from the Instructions and Forms packet.** Each Element indicates where in the SSR narrative the reviewers should refer to the item on the list.
* **AFC MATERIALS REQUIRED ON-SITE LIST is also found in the Instructions and Forms Packet.**
  + Instructions for reviewing and completing

**Program:** In the PROVIDED column, identify the file name and, if applicable, the location of each document. If not providing an item, indicate in the Program Provided column: **NA** if not applicable for your program.

**Review team:** In TEAM REVIEWED column, indicate with an “**X**” if reviewed, **NR** if not reviewed, **NA** if not applicable or **NF** if not found. For **NF,** include a comment under the applicable element.

**Programs are responsible for ensuring virtual/electronic access to required visit materials listed below, at least 14 calendar days prior to the start of the scheduled visit.** **This will allow team members to review documents prior to the visit. New or additional materials should only be provided if requested by the team. The Required Materials List must be provided when the team is given access to the materials.**

Possible options for sharing documents include, but are not limited to, a learning management system such as Blackboard, and an online secure document sharing platform.

Confidential documents that cannot be shared virtually, such as student and faculty files, need to be noted on the Required On-Site Materials List form and will need to be available during the on-site visit.

Documents that may be too large to share virtually, such as clinical contracts, can have samples included in the virtual submission of documents to the team members. The entire set of confidential files and large documents will then be reviewed during the on-site visit.

**Reviewer’s 7D Chart**

**The following are several examples of how this chart could be completed for different scenarios of the same Element when reviewing a SSR.**

| The 7D practice expectations have been placed into a table that to facilitate the Program Review Report. **This template allows teams to comment on individual practice expectations prior to entering information into the portal.** Based on your review of all materials and on-site interviews, please indicate if the objectives, learning experiences, and outcomes **for each practice expectation** appear to be reflective of entry level practice (can use yes/no or √). | **Indicate if reflective of entry level practice** | | | **COMMENT:**   * Comment is needed only when the practice expectation is a strength of the program OR does NOT appear to be sufficiently addressed for objectives or learning experiences. For the Portal, indicate the sources of information that led you to this opinion, for example, include comments from the AFC, appendices, interviews or other supporting evidence found on-site. * If more specific objectives are found during your review, identify the course and objective #(s). * FOR ALL OTHERS, NO COMMENT IS NEEDED. |
| --- | --- | --- | --- | --- |
| Objectives | Learning experiences |  |
| **Evaluation**  7D2 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. | Y | Y |  |  |
| **Diagnosis**  7D3 Describe a patient’s or client’s impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Function, Disability, and Health (ICF). | Y | Y |  | OR: On-site interviews with core faculty indicated that the use of the IFC framework is a program strength. |
| 7D4 Determine a diagnosis that guides future patient and client management. | Y | N  Y |  | DR: Objectives and learning experiences in the narrative were not directly related to this Element. However, review of syllabi indicated that objectives 4 and 5 in PT 978 (PT Practice I) and objectives 2 and 9 in PT 988 (PT Practice II) appropriately cover this practice expectation.  OR: Discussions with core and associated faculty confirmed planned learning experiences. |
| **Prognosis and Plan of Care**  7D5 Determine a prognosis that includes patient and client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. | Y | Y |  |  |
| 7D6 Establish a safe and effective plan of care in collaboration with appropriate parties of interest, including patients and clients, caregivers, payers, other professionals, and other appropriate individuals. | N  Y | Y |  | DR: Course objectives provided were not related to this Element. No planned outcome assessment measures were provided.  OR: Revised course objectives were provided. Interviews with faculty confirmed content. However, no planned outcomes were provided. |

**COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION**

**AMERICAN PHYSICAL THERAPY ASSOCIATION**

3030 Potomac Ave., Suite 100

Alexandria, Virginia 22305-3085

**PROGRAM REVIEW REPORT**

of

NAME OF INSTITUTION

NAME OF PHYSICAL THERAPY PROGRAM

DATE DOCUMENT REVIEW COMPLETED

DATE OF ON-SITE VISIT

This report represents the views of the Document Review team and On-Site Review team and was prepared after careful study of the program's Application for Candidacy and the information received and materials reviewed during the program review. The program administrator and the chief administrative officers of the institution are requested to review copies of the report and may comment on it before it is considered by the APTA Commission on Accreditation in Physical Therapy Education (CAPTE).

This report is a confidential document prepared as an educational service for the benefit of the program in physical therapy and for use by the Commission on Accreditation in Physical Therapy Education in determining an accreditation status based on compliance with the *Standards and Required Elements for Accreditation of Physical Therapists Education Programs.*

The United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or pre-accreditation status, contents of reports of on-site reviews, and accrediting or pre-accrediting actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)]. The institution and program must make accurate public disclosure of the accreditation or pre-accreditation status awarded to the program. If the institution or program chooses to disclose any additional information within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency’s street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Department of Accreditation finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then it, acting on behalf of CAPTE, will make public correction, and it reserves the right to disclose this Program Review Report in its entirety for that purpose.

PROGRAM REVIEW TEAM'S FINDINGS RELATED TO THE

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

**AN OVERVIEW OF THE QUALITY OF THE**

**PHYSICAL THERAPY EDUCATION PROGRAM**

**Note to on-site visit team: Accreditation Staff will place the three forms you receive at the start of the on-site visit into this report; therefore, you MUST receive a Word version in addition to a Document copy. The on-site primary reviewer** **team leader should upload these forms to the Portal when the Program Review Report is submitted. This includes the:**

1. **General Information Form**
2. **Person's Interviewed Form**
3. **Materials Provided On-site Form**

Provide a summary of the reviewers’ findings relative to each of the subsections delineated below. The Overview should be a summary and not a restatement of the comments under the specific Standard/Element. Confidential information obtained from review of faculty files should NOT be included in the overview or in the full Report**. *Both teams should contribute to this summary. Document reviewers begin with a draft of these subsections based on their findings. This draft is then shared only with the on-site reviewers who will further edit and deliver as part of the exit interview. The initial draft by the document review team should be shared with the on-site reviewers during the handoff meeting and NOT UPLOADED to the Portal.***

Any problem identified in the Overview must also be addressed in the response to the related Standard and/or Element. *Any significant problem identified in the report must be included; the program should not be surprised when they receive the full report. In addition, avoid extreme or excessive use of analogies or comments not grounded in fact as described in the findings related to the specific standard. This includes terms like “excellent” and “extraordinary.” Avoid prescriptive statements ('the program should do ….) as CAPTE is not prescriptive.* ***Confidential information obtained from review of faculty files must NOT be included in the overview OR in the full report.***

Include in the Overview and Related Standards & Elements a confirmation of the program’s maximum planned class size that was indicated in the Application for Candidacy, i.e., the maximum number of students that the program would admit for each cohort, even if the program anticipates a lower number of students for any cohort. The maximum number of students the program would/may enroll is the class size upon which the Candidacy and CAPTE Reviewers **must evaluate all resources**. For example, if the program indicates a maximum planned class size of 20 but indicates in the Application for Candidacy and/or appendices that it anticipates a class size of 14 for any cohort, resources MUST support a class size of 20 students. If there are not adequate resources for 20 students (e.g., space, faculty, clinical education experiences, etc.), then **Reviewers MUST describe a lack of support for the maximum planned class size under each related Element**.

Further, it is not adequate with respect to evaluating resources for the program to indicate during the Candidacy Program Review that it will change the maximum planned class size, as this number was a factor in staff’s determination of whether the program was eligible for review by the Candidacy Reviewers and CAPTE. Regardless of whether the program states that it is planning to, or would, reduce the number of students to satisfy expectations, the program must still be evaluated on the original maximum planned class size; such a change would constitute a significant revision to information in the Application for Candidacy.

**NOTE:** Data must be provided that demonstrates there is adequate planning and resources to meet the needs of the program and students through the **full implementation of the program** **(i.e., through graduation of the charter class).** If additional cohorts will be matriculated annually such that there are two cohorts when the program is evaluated by CAPTE to render a decision on whether to grant Initial Accreditation, there should be evidence that plans are in place to support a second cohort.

**AN OVERVIEW OF THE QUALITY OF THE**

**PHYSICAL THERAPIST EDUCATION PROGRAM**

The Candidacy Reviewers present a summary of their findings regarding the developing program and all materials and evidence reviewed as a whole, including how the strengths and/or deficiencies within the program impact upon each of the Standards and Elements. The gestalt is presented so that a sense of the quality of the program is described.

**Brief description of the program:** include location/setting, type of institution, number of students, degree offered, the number of faculty, the basic curricular model.

**STANDARD 1: MISSION, GOALS, OUTCOMES**

**STANDARD 2: ASSESSMENT, PLANNING**

**STANDARD 3: INSTITUTION & PROGRAM: INTEGRITY**

**STANDARD 4: PROGRAM FACULTY**

**STANDARD 5: STUDENTS**

**STANDARD 6: CURRICULUM PLAN**

**STANDARD 7: CURRICULAR CONTENT**

**SUMMARY OF THE CANDIDACY PROGRAM REVIEWERS’ FINDINGS**

**Based on a review of the program’s Application for Candidacy, analysis of material and information obtained during the program review; a tour of facilities and other resources of the institution and program; interviews with program faculty, administrative officials, faculty from other departments, and clinical educators, the Candidacy Reviewers find:**

**The following to be areas that appear to be well developed:**

**The following to be areas that appear insufficiently developed or areas in which further development will be needed:**

***Note: The above areas are those identified by the Candidacy Program Reviewers and may or may not be representative of the Commission’s findings. The burden of proof of satisfactory progress (readiness to matriculate students) rests with the program.***

APPLICATION FOR CANDIDACY

**PHYSICAL THERAPY PROGRAMS**

**Preface**

**Include the following in the Preface for the *Application for Candidacy*:**

a) a discussion about why the institution believes that a physical therapy program is consistent with its mission and with other institutional program offerings and how existing institutional resources will foster the development of a quality program.

b) a description of the process and information used by the institution to determine the need for the program and to determine planned class size in relation to current and future needs for physical therapy personnel, including a summary of the needs assessment that has been done. Such information should reflect local and regional data in addition to national data. (Note: While there may be student demand for a program, that alone is not sufficient for new program development; indeed, there should be an unmet need for the graduates of the program that will persist over time.)

c) a written statement of the plans for the number of students per class and the frequency of cohorts to be admitted during the full implementation of the program, including the plans for the number of students to be admitted to the charter class (note that class size may not increase during candidacy and only one cohort per calendar year may be matriculated); and

d) a contingency plan for students if the physical therapist program should fail to achieve candidate status and accreditation status, including information about how and when this plan is communicated to prospective students.

Appendices & On-site Material: See AFC Instructions & Forms for the three appendices required in the Preface.

REVIEWERS’ COMMENTS:

►

INSTITUTION COMMENTS:

IDENTIFY ADDITIONAL MATERIALS UPLOADED, IF REQUESTED BY REVIEWERS:

**Standard 1**

**The program has established achievement measures and program outcomes related to its mission and goals.**

**REQUIRED ELEMENTS:**

**1A** The mission\* of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides and with contemporary preparation\* of physical therapists.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** **Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.**

**( )** Describe the congruency of the program’s mission statement with the institution and unit(s) missions.

**( )** Describe the consistency of the program’s mission with contemporary professional expectations for the preparation of physical therapists.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**1B** The program has documented goals\* that are based on its mission and that reflect contemporary\* physical therapist education, research, and practice.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide student, graduate,\* faculty and program goals that are reflective of the program’s stated mission and that contribute to the achievement of expected program outcomes.

**Evidence Chart:**

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| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

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**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

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**List the information to be provided, if applicable (add additional lines as needed):**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**1C** The program meets required student achievement measures.

**1C1** Graduation rates\* are at least 80% averaged over two-years. If the program admits more than one cohort per year, the two-year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** There is no expectation for this element at the time of Candidacy. Since the Portal requires a response for each narrative field, indicate that there is no expectation for this element at the time of Candidacy.

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**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **None required for this element**

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**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**1C2** Ultimate licensure pass rates\* are at least 85%, averaged over two years. **Note**: The Federation of State Boards of Physical Therapy labels this “weighted average ultimate pass rate.” When two years of data are not available, the one-year ultimate pass rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

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**( )** **Revised or new documents provided by program since the document review *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**1C3** Employment rates\* **as a physical therapist** are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two-year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

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**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Standard 2:**

**The program is engaged in effective, ongoing, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.**

**REQUIRED ELEMENTS:**

**2A** The program has a written and ongoing strategic plan\* that guides its future development. The strategic planning process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Strategic Planning Document (the Application for Candidacy must include a written strategic plan)

**( )** Naming Convention: Strategic Planning Document

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe and analyze the strategic planning process, including the opportunities for party of interest participation.

**( )** Analyze how the process takes into account changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Minutes of meetings in which program strategic planning is discussed

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2B** The program promotes a culture of justice,\* equity,\* diversity,\* inclusivity\* (or JEDI), belonging,\* and anti-racism.\*

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe how the program defines diversity as it relates to the program’s mission and goals.

**( )** Describe how the program’s mission, goals, and outcomes align with promoting a culture of JEDI, belonging, and anti-racism.

**( )** Provide two **total** examples of how the program incorporates JEDI, belonging, and anti-racism.

**( )** Describe the data collected, or that will be collected, to determine the extent to which the program promotes a culture of JEDI, belonging, and anti-racism.

**( )** Analyze the data collected, if available, to determine the extent to which the program promotes a culture of JEDI, belonging, and anti-racism.

**( )** Describe the program’s opportunities and challenges as they relate to JEDI, belonging, and anti-racism that have been identified through analysis of the data collected.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Meeting minutes where assessment data and subsequent actions discussed.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

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INSTITUTION COMMENTS:

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**2C** The program has documented and implemented ongoing, formal, and comprehensive program assessment processes designed to determine program effectiveness and used to foster program improvements that are aligned with the program mission, goals, and outcomes, and demonstrate contemporary practice.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )**  Program Assessment Matrix (forms packet)

**( )** Naming Convention: Program Assessment Matrix

**( )** Survey Forms

**( )** Naming Convention: Survey Forms

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide a description of the overall assessment process, which includes, but is not limited to, the areas outlined in Elements 2D1-2D7 and 2E that summarize the information in the Program Assessment Matrix.

**( )**  Describe how the program’s assessment processes are aligned with the mission and goals of the program and demonstrate contemporary practice.

**( )**  Describe the overall opportunities and challenges identified through analysis of cumulative assessment data. If other opportunities and challenges have been identified, describe them, and provide the source of evidence that led to that determination.

**Note: For Candidacy Programs Only: Candidacy programs are not required to have collected assessment data.**

**Evidence Chart:**

|  |  |
| --- | --- |
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**INSTITUTION COMMENTS:**

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D** For each of the following, provide an analysis of data collected and the conclusions drawn to determine how the program’s continuous assessment process meets the program mission, goals, outcomes, and needs.

**Note: For Developing Programs ONLY:** The Application for Candidacy should describe the ongoing, formal program assessment process that will be used for implementation and analysis for Elements 2D1-2D9.

**2D1** The admissions process, criteria, and prerequisites meet the needs and expectations of the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the available resources that support the admissions process.

**( )** Describe the ongoing, formal program assessment process that will be used to determine if the admissions process, criteria and prerequisites meet the needs and expectations of the program.

**Evidence Chart:**

|  |  |
| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D2** Program enrollment appropriately reflects available resources, program outcomes, and local, regional, and national workforce needs.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe how the program enrollment will appropriately reflect available resources, program outcomes, and local, regional, and national workforce needs.

**( )** Describe the ongoing, formal program assessment process that will be used to determine if program enrollment appropriately reflects available resources, program outcomes, and workforce needs.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Meeting minutes where assessment data and subsequent actions discussed

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D3** The collective core,\* associated,\* and clinical education faculty\* possess the expertise to meet curricular needs and expected program outcomes.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** **Describe how the individual faculty workloads, including teaching assignments, for the core faculty will be adequate to meet the program needs, for the first two years of the program and at full program implementation, with regard to:**

**( ) Student advising and mentorship.**

**( ) Admissions and recruitment activities.**

**( ) JEDI, belonging, and anti-racism.**

**( ) Educational administration.**

**( ) Curriculum development and student assessment.**

**( ) Instructional design.**

**( ) Associated faculty coordination.**

**( ) Clinical education program coordination.**

**( ) Shared program and institutional governance.**

**( ) Clinical practice.**

**( ) Evaluation of expected student outcomes.**

**( ) Describe the ongoing, formal program assessment process that will be used to determine if the collective core, associated, and clinical education faculty meet program and curricular needs.**

**( ) Provide an assessment of the extent to which the collective core, associated and clinical education faculty will meet program and curricular needs for the first two years of the program. Note: This element refers to the assessment of the collective faculty. Information regarding the process to assess individual faculty is addressed in Standard 4. Candidacy programs are to analyze data if available. Indicate instances where data is not yet available and why. Include how the collective core, associated, and clinical education faculty will meet the program and curricular needs in the first two years of the program.**

**( ) Identify the formula used to determine the percentage of time each core faculty member will spend in the different requested areas. Note: there is an expectation that a consistent formula be used; provide a rationale if any individual faculty member's workload deviates from this formula.**

**( ) Identify the core faculty employed to date, including the program director and clinical education coordinator, and describe how they meet program needs for content expertise in the program.**

**( ) Identify the core and associated faculty hired to cover all courses in the first two years of the program. Note: The program must have, or have contracts with, sufficient qualified faculty to implement the complete first two years of the program.**

**( ) Identify the number and qualifications of the core faculty necessary for the full implementation of the program that is reflective of content expertise needed and all the faculty activities delineated in the Element.**

**( ) Provide evidence that the timeline of hire for contracted faculty is adequate to allow faculty preparation for their respective responsibilities in the program.**

**( ) Identify the planned core faculty: student ratio\* and the planned average faculty: student lab ratio.**

**( ) Describe plans and timelines that are supported in the budget, for hiring an adequate number of additional qualified core and associated faculty during the implementation of the program.**

**( ) Provide faculty workload equivalent calculations\* for each faculty member on the individual Core Faculty Detail page(s).**

**( ) Provide information related to teaching responsibilities for each course in the appended Plan of Study.**

**( )** **Note:** Candidacy programs are to analyze data if available. Indicate instances where data is not yet available and why. Include how the collective core, associated, and clinical education faculty will meet the program and curricular needs in the first two years of the program.

**Evidence Chart:**

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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Meeting minutes where assessment data and subsequent actions discussed.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D4** Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** **Describe the mechanisms used to determine entry-level performance of students during clinical education experiences prior to graduation.**

**( ) Describe mechanisms that will be utilized when CI assessment suggest less than entry-level performance and how the program will manage each situation when a student does not meet entry-level clinical performance.**

**( ) Indicate that no students have yet to be enrolled in the program. Address the above two bullets.**

**Evidence Chart:**

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**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D5** Program graduates\* (post-degree conferral) meet the expected outcomes as defined by the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** No requirements for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** For each program graduate goal, list the expected outcomes that support the goal.

**( )** For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.

**( )** Indicate that no students have yet to be enrolled in the program. Candidacy programs are expected to provide a response to the two bullets above.

**Note:** Graduates are former students who have earned the DPT degree from the program.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Meeting minutes where assessment data and subsequent actions discussed

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D6** Program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to financial resources, administrative support staff and technology support staff, facilities, space, equipment, technology, instruction materials, library and learning resources, and student services.

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Portal Fields: Provide three years of allocations and expense data in the Portal section entitled Income Statement. Data must be provided for the academic year of the Candidacy Visit and each academic year through the full implementation of the program (e.g., through graduation of the charter class).

**Note:** Adequate financial resources are expected to be available to meet the increasing demands of the program as additional faculty, staff and students are involved in the program.

**Note**: **Allocations refers to the amounts** **budgeted** to the program; it should never be zero nor should it reflect all tuition dollars collected by the institution unless all tuition dollars are indeed allocated to the program.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed. Note: the portal language has been truncated from this full description of expectations.***

**( )** Describe **each** program resource and analyze data collected to determine the extent to which each resource is meeting, and will continue to meet, current and projected program needs including:

**( )** Financial resources:

▪ Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

**( )** Administrative and technology support staff:

▪ The program program has, or has ensured access to, adequate administrative assistant(s) and technical support services to meet expected program outcomes.

▪ The adequate administrative assistant(s) and technical support available to the program, including the administrative assistant support available for the clinical education program.

• Provide the plans with timelines that are supported in the budget for hiring additional administrative assistant(s) and technical support staff during the implementation of the program.

**( )** Space/Facilities

▪ Space is sufficient for faculty and staff offices, student advising, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

▪ The adequacy of faculty and staff office spaces to facilitate student advising, confidential meetings, office equipment, documents storage, and confidential materials security.

▪ All classroom and laboratory and storage space needed for the full implementation of the program and provide a timeline for occupancy.

▪ The space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.

▪ Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

▪ The adequacy of student access to laboratories for practice outside of scheduled class time.

▪ Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.

• Provide documentation of plans for occupancy of the research space as the core faculty are hired through the full implementation of the program.

▪ If plans for space are delayed, provide the contingency plan to ensure adequate and appropriate space for the first year of the program that will be available at the time of the Candidacy Visit.

**Note:** CAPTE expects that, at a minimum, the program has appropriate space and equipment to implement the first year of the program at the time of AFC submission. If plans for space are delayed, contingency plans must be in place that ensures adequate and appropriate space for the first year of the program that will be available by the time of the Candidacy Visit.

**( )** Equipment

▪ Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

▪ The adequacy of equipment and materials available, including equipment and supplies that reflect contemporary physical therapy practice needed to meet the curricular goals of the first year of the program.

• The equipment and materials available are sufficient to meet the needs of students according to the maximum planned class size.

• Provide a plan for acquisition of equipment and materials for the continued implementation of the program, including the timeline to acquire the additional items

▪ The process used to ensure that equipment is in safe working order.

▪ Access to equipment being borrowed/loaned or used off-site.

▪ The contingency plan should borrowed/loaned equipment is not available for remediation and testing.

**( )** Technology

▪ Instructional technology resources available to meet the needs of the first year of the program.

▪ The adequacy of the available instructional technology.

• Provide a plan for the acquisition of technology through the full implementation of the program.

**( )** Instruction materials

**( )** Library and learning resources

• The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty, and students for the full implementation of the program.

▪ The adequacy and accessibility of the library resources, including the technological resources, and related learning resource centers available to the program faculty and students.

• Provide the plan to acquire and/or provide access to the needed learning resources in a timely manner.

**( )** Student services

• The academic, counseling, health, disability, and financial aid services that will be available to program students, including the accessibility of these services for the physical therapist students. **NOTE**: Accessibility of these services for students taking distance education courses is requested in 6I8.

**Evidence Chart:**

|  |  |
| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Meeting minutes where assessment data and subsequent actions discussed

**( )** Job descriptions of secretarial/administrative and technical support staff.

**( )** If the program uses rented facilities, provide a copy of the written agreement

**( )** **If the program uses loaned equipment or uses equipment at facilities other than at the institution and, if there are written agreements for use of this equipment, provide a copy of the written agreement.**

**( )** **Inventory list of equipment**

**( ) List of equipment borrowed/loaned or used off-site**

**( )** **List of the library resources related to program needs for both program faculty and students.**

( ) **Documentation requested by the document review team, if appropriate *(List name in the table below):***

( ) **Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D7** Program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide a process for analysis of the information collected and the conclusions drawn to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.

**Evidence Chart:**

|  |  |
| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D8** The clinical sites available to the program are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Clinical Education Available Placement Table Form (forms packet) that that delineates available placements at each physical location. This is a required table that documents contractual access to sufficient (at least 150% of enrolled students) clinical placements to meet the needs of the first full-time clinical experience and any part-time clinical experiences that may precede it. Only include facilities for which signed contracts are in place AND for which complete Letters of Intent are provided. Do NOT indicate a range in the number of student placements as CAPTE will always use the smallest number.

**( )** Naming Convention: CE Available Placements Table

**( )** Copies of signed and dated Letters of Intent from the individual physical therapy sites that agree to provide at least one clinical placement prior to the program’s achievement of initial accreditation. Letters of Intent must be on the letterhead of the site and include the title and credentials of the individual who signs it. Hospitals, health care systems and health care companies, including private practices that provides physical therapy services at multiple sites must provide individual Letters of Intent from each site that will take students, signed by the individual located at that site who is responsible for providing the clinical education experience**. Refer to CAPTE’s Rules of Practice and Procedures regarding the current requirement for Letters of Intent delineated under §7.10 AFC Submission Requirements**

**( )** Naming Convention: CE Letters of Intent

**( )** Clinical Education Placements Needed for Full Program Implementation Form (forms packet) identifies the number and variety of clinical education placements that will be needed when the program is fully implemented.

**( )** Naming Convention: CE Placements Needed Full Implementation.pdf

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the process that will be used by the program to determine that the clinical education sites of experiences for the students are consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education course in the curriculum.

**( )** Describe how the program will ensure a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

**( )** Confirm that, at a minimum, there are sufficient clinical placements for 150% of the planned class size that will be appropriate for the first full-time\* clinical education experience and any part-time experiences that precede it. For example, if the planned class size is 40, the program is expected to have fully executed written agreements with enough facilities and site-specific Letters of Intent to ensure 60 full-time clinical experiences in practice areas that support the first year of the program. At a minimum, this must include the first full-time clinical experience and any part-time experiences that precede it.

**( )** Describe the program’s expectations for the type of experience(s) appropriate for the first full-time clinical education experience and any part-time clinical experiences that may precede it.

**( )** Provide a summary of the number and array of clinical experiences that are expected to be available from the clinical facilities with which fully executed contracts and Letters of Intent (LOI) exist.

**( )** Provide a summary of the number and array of clinical experiences the program expects will be needed for each clinical education course in order to meet the expectations of Element 6H and the expectations of the program – when the program is fully implemented.

**( )** Provide a detailed plan for obtaining sufficient additional clinical sites/placements to ensure all students meet the expectations of Element 6H and the expectations of the program.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Meeting minutes where assessment data and subsequent actions discussed

**( )** **Summary of data collected about the qualifications of the clinical education faculty (e.g., years of experience, specialist certification, or other characteristics expected by the program) for the clinical education faculty at sites that will be used for the first full time clinical experience and any part time experience that precedes it.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2D9** There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient and client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Copies of the first page and signature page of each fully executed (date and signed by all parties) clinical education contract/written agreement that are available at the time of AFC submission. Must be submitted in a single PDF document, in alphabetical order by name of clinical site/corporation; PDF must be bookmarked with name on each contract. If a contract delineates multiple physical sites, a copy of that information is to be included, including the name of the facility, city & state

**( )** Naming Convention: CE Contracts

**( )** List the document(s) where the blank, sample program or university‐specific written agreement can be found. Include the name of the document(s) and page number(s) and/or specific URL reference(s). If not located in supporting document(s), provide the blank sample program or university‐specific written agreement.

**( )** Naming Convention: CE Written Agreements

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Briefly describe the provisions of the clinical education contracts used by the program.

**( )** Describe how the program maintains the currency of written agreements with clinical education sites.

**( )** Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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**( ) Narrative and/or required documentation was/were missing most requirements**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **Clinical education files that minimally contain:**

**• Fully executed clinical education written agreement**

**• Letter(s) of intent**

**• CSIF or equivalent information**

**Note: electronic files are acceptable**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**2E** The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate parties of interest including, at a minimum, program faculty, current students, graduates of the program, and at least one other party of interest group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. Clinical education assessment includes, at a minimum, the quality, quantity, variety of sites, and the appropriate length and placement within the curriculum to prepare students for their roles and responsibilities as physical therapists.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Curriculum Assessment Matrix (no required format)

**( )** Naming Convention: Curriculum Assessment Matrix

**( )** Survey Forms

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify the parties of interest from whom data is collected, the method(s) used to collect data, and the timing of the collection.

**( )** Describe how the curriculum assessment process considers the dynamic nature of the profession and the health care delivery system.

**( )** Describe the assessment process as to how student achievement measures (Elements 1C1 and 1C2) will be used to assess the curriculum.

**( )** Describe the assessment process as to how graduate outcomes (Element 1C3) will be used to assess the curriculum.

**( )** Describe the process as to how the curricular assessment will include a review of the required elements in Elements 6A through 6H.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Minutes of meetings in which curriculum evaluation, including clinical education, is addressed

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Standard 3:**

**The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution, program, and CAPTE), with demonstrated focus on quality assurance and improvement.**

**REQUIRED ELEMENTS:**

**3A** The sponsoring institution(s) is authorized under applicable law\* or other acceptable authority to provide postsecondary education and has degree-granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapist education program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Copy of institutional authorizations from the state to provide (1) postsecondary education & (2) the physical therapy professional program. If institution is in a collaborative arrangement with another institution to award degrees, provide requested information for the degree granting institution.

**( )** Naming Convention: Institutional State Authorization

**( )** **(**For private institutions) Evidence of the most recent USDE Financial Responsibility Composite Score (a PDF from the USDE website is acceptable).

**( )** Naming Convention: Institutional Financial Responsibility Composite Score

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( ) Identify the jurisdiction’s agency from which the institution has authority to offer the program and award the degree.**

**( ) If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree-granting institution.**

**( ) Indicate if the institution has authorization to provide clinical education experiences in other states, where required.**

**( ) If the program utilizes distance education, indicate that the institution has authorization to provide distance education in other states, where required.**

**( ) For private institutions, identify the most recent USDE Financial Responsibility Composite score**

**( ) In the Application for Candidacy address if jurisdiction’s approval is not necessary, provide the reason why it is not necessary. For private institutions, identify the most recent USDE Financial Responsibility Composite score. Note: Evidence of authorization to provide clinical experiences in other states must be available for review by the Candidacy Program Reviewers during the on-site visit. Authorization must be in the form of an official letter or email from the appropriate state agency directed to the institution/program. If no authorization is required, evidence that it is not required must be provided in the form of an official letter or email from the appropriate state agency directed to the institution/program. Students cannot be placed in clinical experiences until state authorization(s) is(are) obtained.**

**Note:** Evidence of authorization to provide clinical experiences in other states must be available for review by the Candidacy reviewers during the on-site visit. Authorization must be in the form of an official letter or email from the appropriate state agency directed to the institution/program. If no authorization is required, evidence that it is not required must be provided in the form of an official letter or email from the appropriate state agency directed to the institution/program.

**Note:** Students cannot be placed in clinical experiences until state authorization(s) is(are) obtained.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **Copy of authorization(s) to provide post-secondary education and the professional physical therapy program.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**List the information to be provided, if applicable (add additional lines as needed):**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**3B** The sponsoring institution(s) is accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Copy of the most recent institutional accreditation action

**( )** Naming Convention: Institutional Accreditation

**( )** If institutional accrediting agency approval is necessary, provide a copy of the institutional accrediting agency approval for offering the physical therapy education program; if institutional accrediting agency approval is not necessary, provide a statement from the institutional accrediting agency to that effect.

**( )** Naming Convention: Institutional Accreditation Program Approval.

**( )** If the program is located in an institution that is not the degree-granting institution, provide a copy of a written agreement with the degree-granting institution.

**( )** Naming Convention: Institution Not Degree Granting, if applicable

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.* *Note: the portal language has been truncated from this full description of expectations.***

**( )** For the degree granting institution, provide the accrediting agency name and the date that the current institutional accreditation status was granted.

**( )** Identify the accreditation approval needed to offer the professional physical therapy program. State the date that such approval was received. If institutional accrediting agency approval is not necessary, provide the reason why it is not necessary.

**( )** Provide documentation that the institution’s accreditation is in good standing. If sanctions, warning, probation, show cause or pending termination have been issued by the accrediting agency, provide a narrative explaining the reasons for the accreditation status and the impact on the program.

**( )** If in a collaborative arrangement, provide the above for the degree-granting institution

**( )** For institutions in countries other than the United States that are not accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation:

* Identify the agency or agencies that provide the authorization for the institution to provide (1) postsecondary education; and (2) the professional physical therapy program and indicate the dates such authorization was received. Provide contact information, including address, phone number, and email address.
* State the institution’s current accreditation status or provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.
* Provide evidence that the accrediting agency fulfills functions similar to those agencies or associations recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation. If the institution has an accreditation or external review status other than full accreditation of approval, describe the impact, if any, of the current institutional status on the program.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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**List the information to be provided, if applicable (add additional lines as needed):**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **Copy of cover letter of most recent institutional accreditation action. If the institution’s accreditation status is other than full accreditation, provide a copy of the most recent accrediting agency report on the institutional accreditation status.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**3C** Institutional policies related to academic standards support academic and professional judgments of the physical therapist program core faculty. The core faculty determine student progression through all stages of the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Organizational Chart, including location of the program within the organizational structure of the institution.

**( )** Naming Convention: Organizational Chart

**( )** Include in Policy Location Chart: (forms packet) **the institutional policies and practices that allow for faculty to employ academic freedom when making decisions.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** Naming Convention: Policy Location Chart

**( )** URL Listing Table

**( )** Naming Convention: URL Listing Table

**( ) Ha**ndbook Institution Faculty

**( )** Naming Convention: **Ha**ndbook Institution Faculty

**( )** Handbook Program Faculty, if available

**( )** Naming Convention: **Ha**ndbook Program Faculty

**( )** Program Policies and Procedures Manual, if available

**( )** Naming Convention: Program Policies and Procedures Manual

**( )** Other Policies

**( )** Naming Convention: Other Policies

**Note on other policies:** If the policies delineated in these Elements are not found in supporting documents or are located in a Union Contract, provide a copy of the relevant policies or Contract provisions in the bookmarked document titled: Other Policies.pdf. (Do not provide entire Contract)

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide institutional policies and practices that allow for faculty to employ academic freedom when making decisions.

**( )** Describe how the institution supports the professional judgment of the program faculty regarding academic regulations and professional behavior expectations of students.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Collective Bargaining Agreement or Union Contract, if applicable

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**3D** Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, prospective and enrolled students, and the public (i.e., vendors, standardized patients, other visitors).

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Include in Policy Location Chart (forms packet) the **policies and procedures related to** **equal opportunity and nondiscrimination for faculty, staff, prospective/enrolled students, and the public.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**( )** **Ha**ndbook Institution Faculty

**( )** Handbook Program Faculty, if available

**( )** If the other policies delineated in this Element are not found in supporting documents or are located in a Union Contract, provide a copy of the relevant policies or Contract provisions in the bookmarked document titled: Other Policies.pdf. (Do not provide entire Contract)

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide the institution’s equal opportunity and nondiscrimination statement(s).

**( )** Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective and enrolled students, and the public. (i.e., vendors, standardized patients, other visitors).

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**3E** Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Portal Fields:

**( )** Provide faculty workload data for each faculty member on the Core Faculty Details Section

**( )** Provide information related to teaching responsibilities in the Course Details page for each course.

**( )** Include in Policy Location Chart and URL Listing Table *(forms packet****)*** the **policies and procedures related to the rights, responsibilities, safety, privacy, and dignity of program faculty and staff.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL. At a minimum, provide policies/procedures that relate to:

**( )** Policies related to due process;

**( )** Policies describing confidentiality of records and other personal information;

**( )** Policies applicable to core faculty, including but not limited to:

**( )** Personnel policies, including merit, promotion, tenure;

**( )** Policies related to and opportunities for the participation of core faculty in the governance of the program and institution, including the responsibility for academic regulations specific to the program and the curriculum;

**( )** Program planning; and

**( )** Fiscal planning and allocation of resources.

**( ) Policies related to Core Faculty Workload**

**( ) Workload Form – Core Faculty** (forms packet)

**( ) Naming Convention: Workload Form – Core Faculty**

**( )** Policies applicable to associated faculty,

**( )** Policies applicable to clinical education faculty.

**( )** Policies related to staff.

**( )** Other relevant policies including patients and human subjects used in demonstrations and practice for educational purposes.

**( )** Handbook Institution Faculty

**( )** Handbook Program Faculty

**( )** Program Policies and Procedures Manual, if available

**( )** If the policies delineated in these Elements are not found in supporting documents or are located in a Union Contract, provide a copy of the relevant policies or Contract provisions in the bookmarked document titled: Other Policies.pdf. (Do not provide entire Contract)

**( ) URL Listing Table**

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide institutional and program policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff.

**( )** Describe how the program policies, procedures, and practices are made available to faculty and staff.

**( )**  Provide evidence that the core faculty workloads are within the defined institutional and program workload policies.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Collective Bargaining Agreement or Union Contract, if applicable

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**3F** Program specific policies and procedures are compatible with institutional policies and with applicable law.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Program Policies and Procedures Manual, if available

**( )** Include in Policy Location Chart (forms packet) the **policies and procedures policies and procedures are compatible with institutional policies and with applicable law.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL. At a minimum, provide policies/procedures that relate to:

**( )**  The program-specific policies and procedures that differ from those of the institution (e.g. admissions procedures, grading policies, policies for progression through the program, policies related to clinical education, faculty workload policies).

**( )** Policies and procedures that are compatible with applicable state and federal laws and regulations (e.g. Title IX, Health Insurance Portability and Accountability Act of 1996, NC-SARA). Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** Clinical Education policies for students; Tools used to assess performance of students

**( )** URL Listing Table

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe how the program policies and procedures are compatible with applicable state and federal laws and regulations (e.g., Title IX, Health Insurance Portability and Accountability Act of 1996, NC-SARA).

**( )**  List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies, related to clinical education, faculty workload policies) and describe how the policies and procedures differ and why.

**( )** Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Copy of state authorizations for clinical education experiences that occur out of state.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**3G** Policies, procedures, and practices exist for handling complaints, including a prohibition of retaliation following submission of a complaint. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Include in Policy Location Chart (forms packet) the policies and procedures **for handling complaints including a prohibition of retaliation following complaint submission.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide the relevant institutional or program policy(s) and procedure(s) that addresses handling complaints, (e.g., complaints (e.g. complaints from prospective and enrolled students, faculty, staff, clinical education sites, employers of graduates, the general public).

* This institutional or program policy and procedure should include the prohibition of retaliation.

**( )**  Describe how the policies are disseminated and applied consistently and equitably.

**( )**  Describe how the policies and procedures for handling complaints are made available to internal and external parties of interest.

**( )**  Describe how the party of interest would file a complaint.

**( )**  Provide the URL from the program or institutional website where policies for handling complaints are located.

**( )**  Describe how the records of complaints are, or would be, maintained by the program.

**Evidence Chart:**

|  |  |
| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Records of complaints, if any

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Standard 4:**

**The program faculty are qualified for their roles and effective in carrying out their responsibilities.**

**REQUIRED ELEMENTS:**

**Individual Academic Faculty\***

**4A** Each core faculty member has doctoral preparation,\* contemporary expertise\* in assigned teaching areas, and demonstrated effectiveness in teaching and evaluation of student learning. In addition, core faculty who are physical therapists hold an active, unencumbered PT license in any United States jurisdiction and are in compliance with the state practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, core faculty who are PTs are licensed or regulated in accordance with their country's regulations. (**Proviso:** CAPTE began enforcing the requirement for doctoral preparation of all core faculty effective Jan. 1, 2020, except for individuals who were enrolled in an academic doctoral degree\* program on that date, in which case the effective date will be extended to Dec. 31, 2025; this will be monitored in the Annual Accreditation Report).

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately. Note: the portal language has been truncated from this full description of expectations.***

**( )** Portal Fields: on the Core Faculty Details Section

**( )** Identify each core faculty’s doctoral preparation.

**( )** Describe the individual’s effectiveness in **both** teaching and evaluation of student learning. (e.g., peer evaluations, student evaluations).

**( )** For core faculty who are PTs, identify if each holds an active, unencumbered PT license in any United States jurisdiction and in compliance with the state practice act in the jurisdiction where the program is located.

**( )** Identify teaching assignments by prefix, number and title and indicate content assigned and role in course.

**( )** Provide evidence of the individual’s contemporary expertise specific to assigned teaching content in the DPT program. This evidence **may** include:

* + - Education (including post-professional academic work, residency, fellowship, and continuing education).
    - Clinical expertise specifically related to teaching areas (e.g.: certification as a clinical specialist, residency, fellowship).
    - Consultation and service related to teaching areas.
    - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences)
    - Other evidence that demonstrates contemporary expertise, for example
      * Scholarship (e.g., publications, grant activities, and presentations related to teaching areas)
      * Written evidence of evaluation of course materials by a content expert
      * Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study)
      * Formal mentoring (include description of experiences, time frame and qualifications of mentor).

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Details Section

**( )** Naming Convention: CV‐Last Name First Name.pdf

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Provide a brief statement describing the jurisdictional requirements for faculty engaging in teaching and scholarship in the jurisdiction where the program is located. Include URL, verification, or other evidence.

**( )** The only additional response needed in the 4A text box is to refer to the Core Faculty Detail Section for each core faculty member.

**Note:** The program director will attest that each core faculty member who is a physical therapist (by name) is within the guidelines and requirements of the practice act in the jurisdiction where the program is located.

**Evidence Chart:**

|  |  |
| --- | --- |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Provide contracts/MOAs/Letters of Agreement with Faculty not working yet for the program.

**( )** **For courses in the first term of the professional (PT) curriculum** **provide**:

**( )** **Sample course materials,** samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.

**( )** Samples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( )** Evidence of **active, unencumbered PT license for each core faculty who is a physical therapist in any United States jurisdiction and is in compliance with the state practice act in the jurisdiction where the program is located. For CAPTE accredited programs outside the United States, evidence of licensure or regulated in accordance with their country's regulations.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4B** Each core faculty member has a well-defined, ongoing scholarly agenda\* that reflects contributions to the profession and is aligned with the mission of the institution.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Core Faculty Scholarship Forms

**( )** Naming Convention: Scholarship-Last Name First Name

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Briefly describe how each core faculty’s scholarly agenda is aligned with the institution’s mission.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4C** Each corefaculty member has a record of institutional and/or professional service\* that is consistent with the institution’s mission and expectations and with the program’s mission and goals.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the institution’s mission and expectations as they relate to faculty service.

**( )** Describe the program’s mission and goals as they relate to faculty service.

**( )** Describe how each core faculty member’s service activities align with and contribute to the institution’s mission and expectations and to the program’s mission and goals.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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1. Item:
2. Item:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4D** Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness **both** in teaching and in evaluation of student learning.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately. Note: the portal language has been truncated from this full description of expectations.***

**( )** Portal Fields: on the Associated Faculty Details Section for associated faculty who are involved in **50% or more of the contact hours of the course, including lab assistants in courses where they are responsible for working with students for 50% or more of lab contact hours**: In completing the Qualifications box on this Portal page:

**( )** Describe the individual’s effectiveness in **both** teaching and evaluation of student learning (e.g., peer evaluations, student evaluations).

**( )** For associated faculty who are PTs, identify if each holds an active, unencumbered PT license in any United States jurisdiction and in compliance with the state practice act in the jurisdiction where the program is located.

**( )** Identify teaching assignments by prefix, number and title and indicate content assigned and role in course.

**( )** Provide evidence of the individual’s contemporary expertise specific to assigned teaching content in the DPT program. This evidence **may** include:

* + - Education (including post-professional academic work, residency, fellowship, and continuing education).
    - Clinical expertise specifically related to teaching areas (e.g.: certification as a clinical specialist, residency, fellowship).
    - Consultation and service related to teaching areas.
    - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences)
    - Other evidence that demonstrates contemporary expertise, for example
      * Scholarship (e.g., publications, grant activities, and presentations related to teaching areas)
      * Written evidence of evaluation of course materials by a content expert
      * Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study)
      * Formal mentoring (include description of experiences, time frame and qualifications of mentor).

**( )** CV (forms packet); uploaded on the appropriate Associated Faculty Details Section

**( )** Workload Form - Associated Faculty (forms packet)

**( )** Naming Convention: Workload Form - Associated Faculty

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** For each associated faculty member who is involved in **less than 50%** of the contact hours of a course, provide the following information

* Name and credentials.
* Content taught.
* Applicable course number(s) and title(s).
* Total contact hours.
* Source(s) of contemporary expertise specifically related to assigned responsibilities.

**( )** For associated faculty who are involved in **50% or more** of the contact hours of the course, including lab assistants in courses where they are responsible for working with students for 50% or more of lab contact hours, the only response needed in the 4D text box is to refer to the Associated Faculty Detail Section for each associated faculty member.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X)******or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Provide contracts/MOAs/Letters of Agreement with Faculty not working yet for the program

**( )** **For courses in the first term of the professional (PT) curriculum** **provide**:

**( )** **Sample course materials,** samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.

**( )** Samples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4E** Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Include in Policy Location Chart (forms packet) the policies and procedures for core faculty **including faculty evaluation and development.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**( )** Professional Development Plan. For Each Core Faculty Member employed at time of AFC submission

**( )** Naming convention: Professional Development Plans

**( )** Handbook Institutional Faculty

**( )** Handbook Program Faculty, if available

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the faculty evaluation process, including how it addresses teaching, service, and any additional responsibilities.

**( )** Describe the process that is and will be used to link faculty development plans to the assessment of the individual and to program improvement (e.g., if one or more faculty members receives student feedback regarding poor test item writing, the faculty development plan(s) should include instruction in development of test items).

**( )** Describe assessment done to date to determine core faculty development needs prior to the implementation of the program.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

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**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

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**List the information to be provided, if applicable (add additional lines as needed):**

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2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X)******or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **Faculty and course evaluations done to date for core faculty, which may be redacted.**

**( )** **At least two examples of completed core faculty development plans, which may be redacted.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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1. Item:
2. Item:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4F** Evaluation of associated faculty occurs and results in a plan to address identified needs.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Include in Policy Location Chart (forms packet) the policies and procedures for associated faculty **including faculty evaluation and development.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**( )** Professional Development Plan. For Each Associated Faculty Member employed at time of AFC submission

**( )** Handbook Institutional Faculty

**( )** Handbook Program Faculty, if available

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the formal processes for regular evaluation of associated faculty.

**( )** Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.

**( )** Describe assessment done to date to determine associated faculty development needs prior to the implementation of the program.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**List the information to be provided, if applicable (add additional lines as needed):**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Program Director\***

**4G** The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include **all** of the following:

* Is a physical therapist who holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations.
* Has an earned academic doctoral degree or previous CAPTE-granted exemption.
* Holds the rank of associate professor, professor, clinical associate professor, or clinical professor.
* Has a minimum of six years of full-time\*higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE accredited entry-level physical therapist education program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Details Section for the program director

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.* *Note: the portal language has been truncated from this full description of expectations.***

**( )** Describe how the program director meets the following qualifications:

* + Is a physical therapist.
  + Holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations.
  + Has an earned academic doctoral degree or previous CAPTE-granted exemption.
  + Has the rank of associate professor, professor, clinical associate professor, or clinical professor.
  + Has a minimum of six years of full time higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE accredited entry-level in a physical therapist education program.
* Has experience/professional development/education in administration, management, and leadership. Experience and professional development derived from the clinic is acceptable.
* Professional development and/or education in **all** of the following: educational theory and methodology, instructional design, student evaluation, and outcome assessment.
* Has experience in fiscal management. Experience derived from the clinic is acceptable.
* Has experience or formal training in program evaluation, assessment, and curriculum development.
* Is familiar with CAPTE accreditation requirements and has experience with other accreditation and/or regulatory agencies. Experience derived from the clinic is acceptable.
* Has prior engagement at the academy/academic institutional level (i.e., faculty senate).

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **Evidence of an active, unencumbered PT license in any United States jurisdiction and is in compliance with the state practice act in the jurisdiction where the program is located, For CAPTE accredited programs outside the United States, evidence of licensure or regulated in accordance with their country's regulations.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4H** The program director provides effective leadership for the program, including responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation/professional development.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Program Policies and Procedures Manual, if available

**( )** Program Director job description, if available

**( )** Naming convention: Job Description Program Director

**( )** Handbook Institutional Faculty

**( )** Handbook Program Faculty, if available

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.* *Note: the portal language has been truncated from this full description of expectations.***

**( )** Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (e.g., admissions, library) involved with the program.

**( )** Describe the effectiveness of the mechanisms used by the program director to communicate with external parties of interest (e.g., advisory board, community partners, clinical faculty) involved with the program.

**( )** Describe the responsibility, role, and effectiveness of the program director for assessment and planning.

**( )** Describe how the workload allocates sufficient time for administrative responsibilities.

**( )** Describe the effectiveness of the program director in promoting a culture of JEDI, belonging, and anti-racism as they relate to faculty, staff, students, and other parties of interest.

**( )** Describe the responsibility, role, and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning.

**( )** Describe the responsibility, role, and effectiveness of the program director for faculty evaluations/professional development.

**( )** Describe the process used to assess the program director as an effective leader.

**( )** Describe the responsibilities and effectiveness of the program director to date for each of the bullets above.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4I** The program director has appropriate decision-making authority over the financial/budgetary resources to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Handbook Institutional Faculty, if applicable

**( )** Collective Bargaining Agreement or Union Contract, if applicable

**( )** Handbook Program Faculty, if available

**( )** If the policies delineated in these Elements are not found in supporting documents or are located in a Union Contract, provide a copy of the relevant policies or Contract provisions in the bookmarked document titled: Other Policies.pdf. (Do not provide entire Contract)

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the mechanisms that are in place for participation in shared decision-making processes between the program director and the institution, to ensure that the program director has **appropriate** decision-making authority over the financial/budgetary resources related to the program.

**( )** Describe the mechanisms that are in place for the program director to receive feedback from the institution (i.e., chair, dean, provost) regarding the input the program director provides in the shared decision-making process.

**( )** Describe the responsibility and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning of the program.

**( )** Describe the program director’s role in financial management of the program, including:

* Input into tuition rates and fee structures related to the program.
* Input into financial aid processes as related to the program.
* Input into program expense decisions related to personnel.
* Input into program expense decisions external to personnel (e.g., equipment, supplies).
* Input into the size of the program cohort and number of cohorts.
* The ability to advocate for additional resources where appropriate.

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Program budget documents

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4J** The program director is responsible for compliance with accreditation policies and procedures. Program policies, procedures, and practices provide for compliance with the accreditation policies and procedures including:

**4J1** Maintenance of accurate information, easily accessible\* to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement), and current student achievement measures.

**4J2** Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.

**4J3** Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.

**4J4** Timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education.

**4J5** Coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Include in Policy Location Chart (forms packet) indicate where each of the items identified is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information; a URL by itself is NOT sufficient for requested items

**( )** Maintaining compliance with accreditation policies and procedures. Note: it is acceptable for these to be part of a job description.

**( )** Responsibility for determining and implementing academic standards

**( )** URL Listing Table

**( )** Handbook Program Faculty, if available

**( )** If the policies delineated in these Elements are not found in supporting documents or are located in a Union Contract, provide a copy of the relevant policies or Contract provisions in the bookmarked document titled: Other Policies.pdf. (Do not provide entire Contract)

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** If one or more of these activities have been delegated to include another individual by the program director, identify the individual(s).

**Note:** Developing programs are not authorized to use the CAPTE logo; the CAPTE logo may only be used by accredited programs.

**Evidence Chart:**

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| --- | --- |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( )** **Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Director of Clinical Education\***

**4K** The director of clinical education is a physical therapist who holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice must include experience as a site coordinator of clinical education or clinical instructor in physical therapy, or a minimum of two years of experience in teaching, curriculum development, and administration in a physical therapist education program. For CAPTE-accredited programs outside the United States, the clinical education coordinator is licensed or regulated in accordance with their country's regulations.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** CV (forms packet); uploaded on the appropriate Core Faculty Details Section for the director(s) of clinical education.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify the core faculty member(s) who is (are) designated as the director of clinical education. If this individual has a different title in your program, describe it.

**( )** If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.

**( )** Describe how the director(s) of clinical education meet(s) the following qualifications:

* Has doctoral preparation.
* Holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located.
* Has a minimum of three years of full-time (or equivalent) post-licensure clinical practice.
* Has a minimum of two years of clinical practice as an SCCE or CI or two years of experience in teaching, curriculum development, and administration in a physical therapist education program.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Evidence DCE holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the state practice act in the jurisdiction where the program is located**. For CAPTE accredited programs outside the United States, evidence of licensure or regulated in accordance with their country's regulations.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

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| --- | --- |
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4L** The director(s) of clinical education is effective in clinical teaching and mentoring, and in developing, conducting, and coordinating the clinical education program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

**( )** Program Policies and Procedures Manual, if available

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

Narrative:

**( )** Describe the effectiveness of the director(s) of clinical education in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:

* Organizational, interpersonal, problem-solving, and counseling skills.
* Ability to work with clinical education faculty (SCCEs and CIs) to address the diverse learning needs of the students.

**( )** Describe how the director of clinical education fosters a culture that promotes JEDI, belonging, and anti-racism in the clinical environment.

**( )** Describe the process used to inform students and clinical faculty in the program’s nondiscrimination policies and to monitor adherence to these policies during clinical education experiences.

**( )** Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (SCCEs and CIs), and students:

**( )** Describe how the clinical education faculty are informed of their responsibilities.

**( )** Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (SCCEs and CIs), and students.

**( )** Describe the process used to monitor that the academic regulations are upheld.

**( )** Describe the methods used to assign students to clinical education experiences.

**( )** Describe how the program works to ensure that the supervision and feedback provided to students are appropriate for each student in each clinical education experience.

**( )** Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

**( )** Describe the mechanism used to provide clinical teaching and mentoring to clinical faculty.

**( )** Has a workload that allows sufficient release time for administrative responsibilities.

**Evidence Chart:**

|  |  |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **Evaluations of the director(s) of clinical education from multiple sources (e.g., students, clinical education faculty).**

**( )** **List of clinical faculty development that has occurred within the last three years**

**( )** **Sample communications within the last year between the clinical education coordinator(s) and the clinical sites.**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Collective Academic Faculty**

**4M** The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with an academic doctoral degree) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations, and assigned program responsibilities. **A DPT, either entry-level or post-professional, does not, by itself, meet the 50% requirement.** **Note**: The 50% requirement can also be fulfilled by the following: a minimum of 40% of the core faculty **have** **completed** an academic doctoral degree, and 10% of the core faculty **are actively enrolled** in an academic doctoral degree program. For programs with 10 or fewer core faculty, a maximum of one core faculty member may count for the 10% exception.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** CV (forms packet); **uploaded on the Core and Associated Faculty Details’ Sections**; the latter for each associated faculty member who is involved in 50% or more of the contact hours of a course including lab assistants in courses where they are responsible for working with students for 50% or more of lab contact hours.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Indicate the percentage of core faculty who hold an academic doctoral degree.

**( )** Indicate if any core faculty are actively enrolled in an academic doctoral degree. Identify name, where they are enrolled, and their expected date of degree completion.

**( )** Describe the blend of clinical specialization within the core and associated faculty in the program.

**( )** Describe the effectiveness of the blend to meet program goals and expected outcomes of the program’s mission and the institutional expectations related to assigned teaching, scholarship, and service.

For the **first two years** of the program:

**( )** Describe how the current blend of core and associated faculty meets the needs of the program and ensures the achievement of all program activities.

**( )** Identify how the program meets the expectation for at least 50% of the core faculty holding an academic doctoral degree.

For **full program implementation**:

**( )** Describe the expected faculty composition for the full cohort of core and associated faculty and provide a specific timeline for hiring these individuals.

**( )** Describe how the program will continue to meet the expectation for at least 50% of the core faculty holding an academic doctoral degree.

**( )** Describe how the expected blend of core and associated faculty will meet the needs of the program and ensure the achievement of all program activities.

**( )** Describe the plans to acquire additional faculty for future cohorts.

**Note:** **For Developing Programs ONLY:** At the time of AFC submission, the institution must employ at least three qualified full-time core faculty, including the program director and director of clinical education, and have, or have contracts with sufficient qualified faculty to implement the complete first two years of the program. The projected composition of the core and associated faculty necessary for the full implementation of the program must be determined, be reflective of the variety of faculty responsibilities delineated in Element 2D3 and be consistent with the institution’s expectations for faculty qualifications. In addition, at least 50% of the core faculty hold academic doctoral degrees for both the current and projected composition.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4N** The collective core faculty hold primary responsibility (in collaboration with appropriate communities of interest) for initiating, adopting, evaluating, and upholding academic regulations specific to the program and compatible with institutional policies, procedures, and practices. The regulations address:

* Admission requirements.
* Grading policy.
* Minimum performance levels, including those relating to professional and ethical behaviors.
* Student progression through the program.
* Development, review, and revision of the curriculum with input from other appropriate communities of interest.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Program Policies and Procedures Manual, if available

**( )** If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

( ) Naming Convention: Catalog Graduate

**( )**  Undergraduate Catalog, if applicable

( ) Naming Convention: Catalog Undergraduate, if applicable.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the process by which academic regulations specific to the program are developed, adopted and evaluated by the core faculty.

**( )** Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Minutes of meetings at which academic regulations are discussed

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**4O** The collective core faculty are responsible for assuring that students are professional, competent, safe, and ready to progress to clinical education.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Program Policies and Procedures Manual, if available

**( )** List of the skills in which students are expected to be able to perform safely and competently. If this information is found in program document(s) or course syllabi, identify the document(s) where this information is made available to students.

**( )** Naming Convention: Skill List-Expected To Be Competent

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the processes and criteria used by the core faculty to determine students are professional, competent and safe in the skills identified by the core faculty and that the students are ready to engage in clinical education.

**( )** Describe how the program will ensure that critical safety elements are identified in the competency testing process.

**( )** Describe what happens if a student is found to not be safe and ready to progress to clinical education.

**( )** Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

**Evidence Chart:**

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| --- | --- |
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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Minutes of meetings prior to student engagement in clinical education where the core faculty determine the:

1. expectations for safety in student performance; and
2. list of skills in which students are expected to be able to perform safely and competently

**( )** **For each course in the first term of the PT curriculum** **provide**:

1. two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.
2. two different examples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

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**Evidence Chart:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Clinical Education Faculty\***

**4P** Clinical education faculty are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience and are effective role models and clinical teachers.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Clinical Education Handbook, if available

**( )** Naming convention: Clinical Education Handbook

**( )** Include in Policy Location Chart and *(forms packet****)*** the **policies and procedures related to clinical education** including, but not limited to, policies:

* Related to clinical instructor qualifications;
* Related to clinical instructor responsibilities; and
* Tools used in assessing the performance of students and the clinical instructor. Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe how the program determines that clinical instructors are meeting the expectations of this Element, including:

**( )** The program’s expectations for the clinical competence of the CIs.

**( )** The program’s expectations for clinical teaching effectiveness of the CIs.

**( )** How the clinical education sites are informed of these expectations.

**( )** How these expectations are monitored.

**( )** Identify the assessment tool(s) used during clinical education experiences and describe how CIs are trained in the appropriate use of the tool(s).

**( )** Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.

**( )** Address the plans for meeting each of the bullets above.

**Evidence Chart:**

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**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Standard 5:**

**The program recruits, admits, and graduates students consistently using equitable program policies, procedures, and practices.**

**REQUIRED ELEMENTS:**

**5A** The program has written policies, procedures, and practices that are related to student **recruitment** and **admission** and are based on appropriate and equitable criteria and applicable law and meet the needs of the program.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Student Recruitment Materials, if available

**( )** Naming Convention: Student Recruitment Materials

**( )** Include in Policy Location Chart (forms packet) the policies and procedures **related to student recruitment and admission**, including but not limited to:

* Student recruitment and admission.
* Maintenance of planned class size and prevention of over‐enrollment. Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**( )** Program Policies and Procedures Manual, if available

**( )** If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify where all program policies, procedures, and practices related to student recruitment and admission are located.

**( )** Describe how program policies, procedures, and practices recruit and admit students that are consistent with the mission and goals of the institution and program.

**( )** Describe how the program supports JEDI, belonging, and anti-racism through its recruitment and admissions policies, procedures, and/or practices.

**( )** Describe how the program policies, procedures, and practices maintain planned class size and identify related policies to prevent over enrollment.

**( )** Describe how the program will ensure that prospective students are provided with information about policies, procedures, and practices related to recruitment, admission and their rights.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**5B** Prospective and enrolled students are provided with relevant information about the institution and program. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Include in Policy Location Chart (forms packet) indicate where each of the items identified is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information; a URL by itself is NOT sufficient for requested items.

**( )** Potential for clinical education requirements, such as drug screening criminal background check

**( )** Information related to academic, counseling, health, and disability services is available to students

**( )** Information related to financial aid services is available to students

**( )** Catalogs

**( )** Recruitment and admissions information, including admissions criteria, transfer of credit policies, and any special considerations used in the process.

**( )** Academic calendars

**( )** Grading policies.

**( )** Technical standards or essential functions, if used.

**( )** Acceptance and matriculation rates.

**( )** Student outcomes including, but not limited to, the most current two-year data available for graduation rates, employment rates, and first-time and ultimate pass rates on licensing examinations.

**( )** Costs of the program including tuition, institutional fees, programs fees, course fees, clinical education, and refund policies

**( )** Student Financial Fact Sheet

**( )** Information and/or resources related to student debt

**( )** Process for filing a complaint with CAPTE

**( )** Job/career opportunities

**( )** Availability of student services

**( )** Health and professional liability insurance requirements

**( )** Information about the curriculum

**( )** Information about the clinical education program requirements, including travel expectations to clinical sites

**( )** Access to and responsibility for the cost of emergency services during off-campus educational experiences

**( )** URL Listing Table

**( )** Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient** **as a permanent record is required.**

**( )** Catalog Graduate

**( )** Naming Convention: Catalog Graduate

**( )** Catalog Undergraduate, if applicable

**( )** Naming Convention: Catalog Undergraduate

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.* *Note that portal may list these items in a different order.***

**( )** Describe how and when the following information is provided to prospective and enrolled students:

* + Catalogs.
  + Recruitment and admissions information, including admissions criteria, transfer of credit policies and any special considerations used in the process.
  + Academic calendars.
  + Grading policies.
  + Technical standards or essential functions, if used.
  + Acceptance and matriculation rates.
  + Student outcomes including, but limited to, the most current two-year data available for graduation rates, employment rates, first time and ultimate pass rates on licensing examinations.
  + Costs of the program including tuition, institutional fees, programs fees, course fees, clinical education, and refund policies.
* Student Financial Fact Sheet.
* Information and/or resources related to student debt.
* Availability of financial aid.
* Enrollment agreement\*, if used.
* Process for filing a complaint with CAPTE.
* Job/career opportunities.
* Availability of student services.
* Health and professional liability insurance requirements.
* Information about the curriculum.
* Information about the clinical education program requirements, including travel expectations to clinical sites.
* Required health information.
* Potential for other clinical education requirements, such as drug testing and criminal background checks.
* Access to and responsibility for the cost of emergency services during off-campus educational experiences.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X)******or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Financial Aid Brochure, if one exists

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**5C** The program has written policies, procedures, and practices that address the **rights**, **responsibilities, safety, privacy, and dignity of program students** and are applied consistently and equitably as students progress through the program.

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Program Policies and Procedures Manual, if available

**( )** Include in Policy Location Chart (forms packet) the **policies and procedures related to rights, responsibilities, safety, privacy, and dignity of the students.** Identify, as applicable, where they are found, including the name of the document, page number and/or URL.

**( )** URL Listing Table

**( )** If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

**( )** Handbook Institutional Student

**( )** Naming Convention: Handbook Institution Student

**( ) Handbook** Program Student

**( )** Naming Convention: Handbook Program Student

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify where all program policies, procedures, and practices that address the rights, responsibilities, safety, privacy, and dignity of the students are located.

**( )** Describe how program policies and procedures that affect students are disseminated to students and program faculty.

**( )** Describe how the program supports JEDI, belonging, and anti-racism through its program policies, procedures, and/or practices that address the rights, responsibilities, safety, privacy, and dignity of program students.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

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**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

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**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**5D** The program has written policies, procedures, and practices that address **remediation** and **dismissal** while optimizing student success and retention. Remediation, retention, and dismissal policies, procedures, and practices are based on appropriate and equitable criteria and applicable law. 

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Handbook Institution Student

**( )** Handbook Program Student

**( )** Include in Policy Location Chart (forms packet) indicate where each of the items identified is located; include the name of document(s) and the page number and/or specific URL reference(s) where the policies can be found. If the items are not located in supporting document(s), provide a copy of the relevant information; a URL by itself is NOT sufficient for requested items

**( )** Remediation, dismissal, student success, and retention

**( )** Requests for accommodation (in the classroom or clinical education) for students with disabilities

**( )**  Practices related to remediation, retention, and dismissal

**( )** URL Listing Table

**( )** If the policies delineated in these Elements are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify where all program policies, procedures, and practices related to student remediation, retention, and dismissal are or will be located.

**( )** Describe the mechanism by which students receive regular reports of academic and clinical performance and progress:

**( )** Describe the program policies, procedures, and practices that relate to remediation, retention, and dismissal when unsafe practices are identified and/or knowledge, skills, and/or abilities are deficient.

**( )** Describe how the program supports JEDI, belonging, and anti-racism through its program policies, procedures, and/or practices related to remediation, retention, and dismissal.

**( )**  Describe the resources available to support and optimize student success for those students that require remediation and/or are at risk of dismissal.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**5E** Enrollment agreements, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Copy of enrollment agreement, if used.

**( )** Naming Convention: Enrollment agreement

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify whether enrollment agreements are used.

**( )** If used:

* + Provide evidence that the agreements are consistent across enrollees for a given cohort.
  + Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements;
  + Indicate when in the enrollment process the student is required to sign the agreement.

**( )** Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:

* + Catalogs.
  + Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process.
  + Academic calendars.
  + Grading policies.
  + Technical standards or essential functions, if available.
  + Acceptance and matriculation rates.
  + Student outcomes including but not limited to, the most current two-year data available for graduation rates, employment rates, and first-time and ultimate pass rates on licensing examinations.
  + Costs of the program including tuition, institutional fees, programs fees, course fees, clinical education, and refund policies.
* Student Financial Fact Sheet.
* Information and/or resources related to student debt.
* Availability of financial aid.
* Enrollment agreement, if used.
* Process for filing a complaint with CAPTE.
* Job/career opportunities.
* Availability of student services.
* Health and professional liability insurance requirements.
* Information about the curriculum.
* Information about the clinical education program requirements, including travel expectations to clinical sites.
* Required health information.
* Potential for other clinical education requirements, such as drug testing and criminal background checks.
* Access to and responsibility for the cost of emergency services during off-campus educational experiences.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

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**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X)******or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** If an enrollment agreement have been used to date, provide a copy of the signed enrollment agreement

**( ) Documentation requested by the document review team, if appropriate *(list name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**Standard 6:**

**The program has a comprehensive curriculum plan.**

**REQUIRED ELEMENTS:**

**6A** The comprehensive curriculum plan includes the didactic and clinical education components of the curriculum. It is based on information about the contemporary practice of physical therapy; standards of practice; current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory; and the mission of the program.

The curriculum includes the didactic and clinical portions of the DPT program. The entire curriculum consists of a minimum of 96 weeks (of instruction completed in a minimum of six semesters or the equivalent. The clinical education portion includes a minimum of 30 weeks of full-time clinical education experiences, based on a minimum of 32 hours/week.

Upon satisfactory completion of the program the institution awards/confers the Doctor of Physical Therapy, or DPT, as the entry-level degree for physical therapists.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** The Plan of Study (forms packet) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** Naming Convention: Plan of Study

**( )** Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.**

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

**( )** Describe how the curriculum plan relates to the mission of the program.

**( )** Identify the length of the program in semesters (or equivalent) and in semester credit hours\* (or equivalent).

**( )** Identify the number of weeks of full-time clinical education.

**( )** State the degree conferred.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

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**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **If there is a state-mandated curriculum plan, provide a copy**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from Visit Documents and Interviews:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was consistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6B** The curriculum includes an expectation that students enter the professional program with a baccalaureate degree.

As an alternate pathway prior to entering the physical therapy program, students may complete three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** If the program requires **all** students to hold an earned baccalaureate degree prior to admission, a statement to that effect is the only response required.

**( )** If the program allows an alternate pathway so that students are not required to hold an earned baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of coursework, including upper division courses in at least one content area that is the equivalent of a minor at the institution.

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
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**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( ) None required for this element**

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6C** The specific prerequisite course work is determined by the program’s curriculum plan.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** None required for this element

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify the prerequisite course work for admission into the DPT program.

**( )** Describe the rationale for inclusion of each specific prerequisite course, including the knowledge and skills that students are expected to possess upon entrance into the PT specific courses in the program.

**( )** Analyze the adequacy of the prerequisite course work to prepare students to be successful in the professional program.

**Evidence Chart:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6D** The curriculum is a series of organized, sequential, and integrated courses designed to facilitate

achievement of the expected student outcomes, including the expected student learning

outcomes described in Standard 7,

* The curriculum is based on an educational philosophy that translates into learning experiences.
* The learning objectives are stated in behavioral terms that reflect the breadth and depth of the course content, including the expected level of student performance.
* The instructional methods are based on the nature of the content, the needs of the learners, and the defined expected student outcomes.
* The learning experiences lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness.
* The curriculum includes health care disparities, social determinants of health, and JEDI, belonging, and anti-racism.
* Assessment of student learning processes determine whether students achieve the learning objectives, occur on a regular basis, include the cognitive, psychomotor, and affective domains as related to learning objectives and include expectations for safe practice during all activities.
* The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** The Plan of Study (forms packet) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** Course Syllabi; uploaded on the Course Details page for each course

**( )** Naming Convention: Syllabi‐Course Prefix & Number

**( )** Relevant Catalog(s) **Note:** At the very least, all Catalog pages relevant to the program must be combined and provided as a PDF; **URLs by themselves are insufficient as a permanent record is required.**

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** **Describe the educational philosophy of the curriculum.**

**( )** **Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.**

**( )** **Describe how course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.**

**( )** **Describe the instructional methods and learning experiences that facilitate student achievement of the objectives.**

**( )** **Describe how the learning experiences lead to achievement of the expected student outcomes for individuals across the life span and continuum of care, including individuals with chronic illness.**

**( )** **Describe how the curriculum provides learning opportunities regarding health care disparities, social determinants of health, and JEDI, belonging, and anti-racism.**

**( ) Describe the formative and summative evaluation mechanisms that measure student achievement of objectives.**

**( )** **Describe how the clinical experiences and didactic curriculum are organized, sequenced, and integrated. Clinical education includes both integrated and full-time terminal experiences.**

**Evidence Chart:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** For each course in the first term of the professional curriculum provide: two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities that support instructional methods described in narrative.

**( )** For each course in the first term of the professional curriculum provide: two different examples of evaluation mechanisms to be used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

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INSTITUTION COMMENTS**:**

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6E** The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** The Plan of Study (forms packet) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** Course syllabi; **uploaded on the Course Details section for each course**

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Only response needed is to refer the reader to the course syllabi.

**( )** Complete syllabi are required for ALL professional courses in the curriculum, including all of the syllabi components delineated in the Appendix list for this element. Course objectives must be sufficiently detailed to demonstrate that the content required for each 7D Element (7D1-7D25) is covered; broad course objectives are insufficient. All course syllabi must be fully developed at the time of Application for Candidacy submission. Each syllabus **must** include at least the following:

* + Title and number.
  + Description.
  + Department offering course.
  + Credit hours.
  + Instructor(s).
  + Contact hours (lecture and laboratory).
  + Course prerequisites.
  + Course objectives.
  + Schedule, outline of content, and assigned instructor for each class and lab session.
  + Description of learning activities (e.g., case studies, videos, presentations, group work, assignments).
* Mode of delivery (e.g., in person, hybrid, synchronous, asynchronous).
  + Describe the substantive and regular interaction that occurs with each mode of delivery.
  + Methods of student evaluation/grading
  + Learning resources (textbooks, e-books, videos).

**( )**  **Note**: If the program or institution requires a syllabus format that does not include all of the above, the required syllabi plus an addendum is acceptable. For the purpose of accreditation review, all of the above are required.

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**ON-SITE REVIEW TEAM COMMENTS:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6F** The didactic and clinical education curriculum includes intra-professional\* (PT/PTA) and interprofessional\* (PT with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intra-professional and interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Course syllabi; uploaded on the Course Details page for each course

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** For **intra-professional** education (didactic and clinical) describe the intentional learning activities that:

* + - Involve students, faculty, and/or PT/PTA clinicians.
    - Address the effectiveness of the learning activities in preparing students and graduates for team-based PT/PTA collaborative care.
    - Include the responsibilities and legal aspects of the direction and supervision of physical therapist assistants.

**( )** For **interprofessional** education (didactic and clinical) describe the intentional learning activities that address:

* + - Values and ethics.
    - Communication.
    - Professional roles and responsibilities.
    - Teamwork.

**Evidence Chart:**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6G** If the curriculum includes courses utilizing distance education, the program provides the following evidence.

**Note:** The USDE has updated the definition of Distance Education. Please see the Glossary for the updated definition.

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Course Syllabi: uploaded on the Course Details Section for each course

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the use of distance education in the curriculum, if any. If no distance education methods are used, state as such.

**( )** Provide evidence that faculty teaching by distance is effective in the provision of distance education within the curriculum.

**( )** Describe how the program ensures substantive, regular, monitored, and **planned** interactions between students and faculty.

**( )** Describe the mechanism(s) used to confirm student identity during course activities and when testing occurs at a distance.

**( )** Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.

**( )** Describe how distance education\* students have access to academic, health, counseling, disability, and financial aid services.

**( )** If distance education is to be utilized, describe the planned use for each bullet above.

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**:***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Sample evaluations of faculty for distance education courses, which may be redacted, if available.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**6H** The clinical education component of the curriculum includes clinical education experiences for each student that encompass health and wellness, prevention, management of patients/clients with diseases and conditions representative of those commonly seen in practice across the life span and the continuum of care; in practice settings representative of those where physical therapy is practiced.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** Course syllabi; uploaded on the Course Details page for each course

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe the clinical education practice settings in which **all** students are required to participate that are appropriate for the first full-time and any part-time clinical experiences.

**( )** Describe how the program will monitor that each student has the required experiences.

**( )** Describe the expectations for management of all aspects of patient and client services as appropriate to the specific clinical experience across the life span and continuum of care.

**Evidence Chart:**

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**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **For each course in the first term of the PT curriculum** **provide**:

1. two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.
2. two different examples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

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INSTITUTION COMMENTS:

**Standard 7**

**The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.**

**NOTE:** [**APTA Guide to Physical Therapist Practice 4.0**](https://guide.apta.org/)and the FSBPT Content Analysis are two reference documents for this section. CAPTE expects programs to identify any additional resources that assisted the program in curriculum assessment and development.

**REQUIRED ELEMENTS:**

**7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral, and movement sciences necessary for entry-level practice.

Topics covered include:

* Anatomy, physiology, pathology, and cellular/tissue health throughout the life span for the included body systems:
  + Cardiovascular.
  + Endocrine and metabolic.
  + Gastrointestinal.
  + Genital and reproductive.
  + Hematologic.
  + Hepatic and biliary.
  + Immune.
  + Integumentary.
  + Lymphatic.
  + Musculoskeletal.
  + Neurological.
  + Pulmonary.
  + Renal and urologic systems.
* Body system interactions.
* Differential diagnosis.
* Health and surgical conditions seen in physical therapy.
* Genetics.
* Exercise science.
* Biomechanics.
* Kinesiology.
* Neuroscience.
* Motor control and motor learning.
* Diagnostic imaging.
* Nutrition.
* Pharmacology.
* Pain and pain experiences.
* Psychosocial aspects of health and disability.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** The Plan of Study (forms packet) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** 7A PT Content Chart (forms packet), to identify examples of course objectives that demonstrate the progression to the highest expected level of student performance for each content area delineated in Element 7A.

**( )** Naming Convention: 7A PT Content Chart

**( )** Course syllabi; uploaded on the Course Details section for each course.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe where and how each of the delineated biological, physical, behavioral, and movement sciences content areas is included in the professional curriculum. Do not include prerequisite courses.

**( )** Provide two to five examples of course objectives that demonstrate the progression to the highest expected level of student performance, including course prefix and number, course name, objective number, and the full wording of the objective.

Topics covered include:

**( )** Anatomy, physiology, pathology, cellular and tissue health throughout the life span for the included body systems:

**( )** Cardiovascular.

**( )** Endocrine and metabolic.

**( )** Gastrointestinal.

**( )** Genital and reproductive.

**( )** Hematologic.

**( )** Hepatic and biliary.

**( )** Immune.

**( )** Integumentary.

**( )** Lymphatic.

**( )** Musculoskeletal.

**( )** Neurological.

**( )** Pulmonary.

**( )** Renal and urologic systems.

**( )** Body system interactions.

**( )** Differential diagnosis.

**( )** Health and surgical conditions seen in physical therapy.

**( )** Genetics.

**( )** Exercise science.

**( )** Biomechanics.

**( )** Kinesiology.

**( )** Neuroscience.

**( )** Motor control and motor learning.

**( )** Diagnostic imaging.

**( )** Nutrition.

**( )** Pharmacology.

**( )** Pain and pain experiences.

**( )** Psychosocial aspects of health and disability

**Evidence Chart:**

|  |  |
| --- | --- |
| **Evidence from AFC, Required Documents, and Additional Materials Provided by the Program Reviewed:**  List evidence that verified support for compliance with the Required Element: | **Missing, Incomplete, or Conflicting Evidence:**  List evidence that could not be verified nor was inconsistent with the AFC narrative to support compliance with the Required Element: |
|  |  |

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

**( ) Narrative and/or required documentation was/were conflicting information**

**( ) Narrative and/or required documentation did not address this required element**

**Document Reviewers request the following information to be made available to on-site review team.**

**List the information to be provided, if applicable (add additional lines as needed):**

1. Item:
2. Item:

DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **For each course in the first term of the PT curriculum** **provide**:

1. two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.
2. two different examples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

**Evidence Chart:**

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**The on-site review team requests the program submit as part of its institutional response following information:**

**List the information to be provided, if applicable (add additional lines as needed):**

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**7B** The physical therapist professional curriculum includes content and learning experiences in ethics, values, professional responsibilities, service, and leadership in the ever-changing health care environment.

7B1 Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical

Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.

7B2 Provide learning experiences to develop service and leadership skills and abilities that

address the following:

* Legislative and political advocacy.
* Community collaboration.
* Health care disparity.

7B3 Practice within the legal framework of one’s jurisdiction(s) and relevant federal and state

requirements

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** The Plan of Study (forms packet) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** 7B PT Content Chart to identify examples of course objectives that demonstrate the progression to the highest expected level of student performance for each content area delineated in Element 7B.

**( )** Naming Convention: 7B PT Content Chart

**( )** Course syllabi; uploaded on the Course Details page for each course.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Describe where and how the physical therapist professional curriculum includes content and learning experiences in ethics, values, responsibilities, service, and leadership in the ever-changing health care environment.

**( )** Provide two to five examples of course objectives that demonstrate the progression to the highest expected level of student performance, including course prefix and number, course name, objective number, and the full wording of the objective.

**( )** 7B1 Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.

**( )** 7B2 Provide learning experiences to develop service and leadership skills and abilities that

address the following:

**( )** Legislative and political advocacy.

**( )** Community collaboration.

**( )** Health care disparity.

**( )** 7B3 Practice within the legal framework of one’s jurisdiction(s) and relevant federal and state

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**Evidence Chart:**

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**Document Reviewer’s Summative Comments:**

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DOCUMENT REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **For each course in the first term of the PT curriculum** **provide**:

1. two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.
2. two different examples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below):***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**7C** 7C The physical therapist professional curriculum provides learning experiences in lifelong learning, education, and health care disparities\* in the ever-changing health care environment.

7C1 Provide learning experiences in contemporary physical therapy knowledge and practice including:

* Evidence-informed practice.\*
* Interpretation of statistical evidence.
* Clinical reasoning and decision making.
* Scholarly inquiry.

7C2 Provide teaching and learning experiences to improve skills and abilities to educate and

communicate in a manner that meets the needs of the patient, caregiver, and other health care

professionals.

7C3 Provide learning experiences that advance understanding of health care disparities\* in

relation to physical therapy.

A. Recognize and adjust personal behavior to optimize inclusive and equitable patient care

and patient care environments.

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** 7C PT Content Chart (forms packet) that identifies examples of course objectives that demonstrate the progression to the highest expected level of student performance for each content area delineated in Element 7C

**( )** Naming Convention: 7C PT Content Chart

**( )** Course syllabi; uploaded on the Course Details page for each course.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

( ) Describe where and how the physical therapist professional curriculum includes content and learning experiences in lifelong learning, teaching and learning, health care disparities\* in the ever-changing health care environment.

**( )** Provide two to five examples of course objectives that demonstrate the progression to the highest expected level of student performance, including course prefix and number, course name, objective number, and the full wording of the objective.

**( )** 7C1 Provide learning experiences in contemporary physical therapy knowledge and practice including:

**( )** Evidence-informed practice.\*

**( )** Interpretation of statistical evidence.

**( )** Clinical reasoning and decision making.

**( )** Scholarly inquiry.

**( )** 7C2 Provide teaching and learning experiences to improve skills and abilities to educate and

communicate in a manner that meets the needs of the patient, caregiver, and other health care

professionals.

**( )** 7C3 Provide learning experiences that advance understanding of health care disparities\* in

relation to physical therapy.

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**Evidence Chart:**

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**Document Reviewer’s Summative Comments:**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X)******or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** **For each course in the first term of the PT curriculum** **provide**:

1. two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities.
2. two different examples of evaluation mechanisms used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

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ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**The on-site review team requests the program submit as part of its institutional response following information:**

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1. Item:
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INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**7D** The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for entry-level practice of physical therapy for patient and client management in the **ever-changing health care environment.**

**DOCUMENT REVIEWER COMMENTS:**

**Required Documentation: *Use a check (X) or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** The Plan of Study (forms packet) that list courses by term and includes prefix, #, title, credits, and student contact hours broken down by lecture, lab, independent study and clinical hours.

**( )** Course syllabi; uploaded on the Course Details page for each course.

**Program’s Narrative on the Required Element: *The program’s descriptive text should specifically address the following. Use a check (X) to indicate that the topic has been adequately addressed.***

**( )** Identify the sources that inform the decision-making process to determine curricular content as a

whole, such as professional resources and organizations, parties of interest feedback, or networking.

**( )** For each of the following 7D elements:

* + Describe where the content is presented in the curriculum and provide example(s) and descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum); and
  + Provide **two to five examples** of course objectives examples of course objectives that demonstrate the progression to the highest expected level of student performance, including **course prefix and number, course name, objective number, and the full wording of the objective.** Include objectives from clinical education courses, if applicable.
  + Describe outcome data that may include qualitative and/or quantitative evidence, which demonstrates the level of actual student achievement for each practice expectation 7D1-7D25.

**Document Reviewer’s Summative Comments:**

**( ) Narrative and required documentation were complete and inclusive**

**( ) Narrative and/or required documentation was/were missing some requirements**

**( ) Narrative and/or required documentation was/were missing most requirements**

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**ON-SITE REVIEW TEAM COMMENTS:**

**Required Documentation for On-Site Review**: ***Use a check (X)******or (NA) to indicate that the program included the required material(s) and identified appropriately.***

**( )** For each course in the first term of the professional (PT) curriculum provide:

* two different samples of course materials, including but not limited to: assignments, class activities (role playing, group discussions, discussion boards, etc.), lecture outlines, PowerPoint presentations, handouts, lab activities
* two different examples of evaluation mechanisms to be used by the program to measure students’ achievement of course objectives, including but not limited to: skill checks, practical exams, assignments, and the corresponding grading rubrics for each example.

**( ) Documentation requested by the document review team, if appropriate *(List name in the table below)***

**( ) Revised or new documents provided by program since the document review *(List name in the table below):***

ON-SITE REVIEW TEAM SUMMARY COMMENTS, IF NEEDED:

►

**Note to either team: add a team comment above if there is a need for a comment that pertains to all or most of the 7Ds**

| The 7D practice expectations have been placed into a table that to facilitate the Program Review Report. **This template allows teams to comment on individual practice expectations prior to entering information into the portal.** Based on your review of all materials and on-site interviews, please indicate if the objectives, learning experiences, and outcomes **for each practice expectation** appear to be reflective of entry level practice (can use yes/no or √). | **Indicate if reflective of entry level practice** | | | **COMMENT:**   * Comment is needed only when the practice expectation is a strength of the program OR does NOT appear to be sufficiently addressed for objectives, learning experiences, or outcomes. For the portal, indicate the sources of information that led you to this opinion, for example, include comments from the AFC, appendices, interviews or other supporting evidence found on-site (e.g., history of student performance, graduate or employer survey data, course materials, etc.) * If more specific objectives are found during your review, identify the course and objective #(s). * FOR ALL OTHERS, NO COMMENT IS NEEDED. | |
| --- | --- | --- | --- | --- | --- |
| Objectives | Learning experiences | Outcomes |
| Patient and Client Management  Screening and Examination  7D1 Complete an examination and screening to inform patient and client management: | | | |  | |
| * Perform a comprehensive subjective examination. |  |  |  |  | |
| * Perform a systems review. |  |  |  |  | |
| * Select and administer age-appropriate tests and measures that assess each of the following throughout the life span: | | | |  | |
| * Cardiovascular system |  |  |  |  | |
| * Pulmonary system. |  |  |  |  | |
| * Neurological system. |  |  |  |  | |
| * Musculoskeletal system. |  |  |  |  | |
| * Integumentary and lymphatic systems. |  |  |  |  | |
| * Growth and human development. |  |  |  |  | |
| * Pain and pain experiences |  |  |  |  | |
| * Psychosocial aspects. |  |  |  |  | |
| * Mental health aspects |  |  |  |  | |
| * Determine when patients and clients need further examination or consultation by a physical therapist or referral to other professional(s). |  |  |  |  | |
| * Provide physical therapist services through direct access. |  |  |  |  | |
| **Evaluation**  7D2 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. |  |  |  |  | |
| **Diagnosis**  7D3 Describe a patient’s or client’s impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Function, Disability, and Health (ICF). |  |  |  |  | |
| 7D4 Determine a diagnosis that guides future patient and client management. |  |  |  |  | |
| **Prognosis and Plan of Care**  7D5 Determine a prognosis that includes patient and client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. |  |  |  |  | |
| 7D6 Establish a safe and effective plan of care in collaboration with appropriate parties of interest, including patients and clients, caregivers, payers, other professionals, and other appropriate individuals. |  |  |  |  | |
| 7D7 Determine and supervise the components of the plan of care that may be directed to the physical therapist assistant based on: | | | |  | |
| * Team-based care. |  |  |  |  | |
| * The needs of the patient or client. |  |  |  |  | |
| * The education, training, and competence of the PTA. |  |  |  |  | |
| * Jurisdictional law and payor policies. |  |  |  |  | |
| * Facility policies |  |  |  |  | |
| 7D8 Determine and supervise activities that may be directed to unlicensed support personnel based on: | | | |  | |
| * The needs of the patient or client. |  |  |  |  | |
| * The education, training, and competence of the unlicensed personnel. |  |  |  |  | |
| * Jurisdictional law and payor policies. |  |  |  |  | |
| * Facility policies. |  |  |  |  | |
| 7D9 Create a discontinuation of the episode of care plan that optimizes success for the patient in moving along the continuum of care. |  |  |  |  | |
| **Interventions**  7D10 Select and perform physical therapy interventions for each of the following to achieve patient and client goals and outcomes: | | | | |  | |
| * Cardiovascular conditions |  |  |  |  | |
| * Pulmonary conditions. |  |  |  |  | |
| * Neurological conditions. |  |  |  |  | |
| * Musculoskeletal conditions. |  |  |  |  | |
| * Integumentary and lymphatic conditions. |  |  |  |  | |
| * Metabolic conditions. |  |  |  |  | |
| * Human development. |  |  |  |  | |
| * Pain and pain experiences. |  |  |  |  | |
| Management of the Delivery of Physical Therapy Services  7D11 Monitor and adjust the plan of care to optimize patient or client health outcomes. |  |  |  |  | |
| 7D12 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments of body functions and structures, activity limitations, and participation restrictions. |  |  |  |  | |
| 7D13 Educate others, using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. Incorporate cultural humility\* and social determinants of health when providing patient and/or caregiver education. |  |  |  |  | |
| 7D14 Manage the delivery of care consistent with administrative policies and procedures of the practice environment, including environmental emergencies. \* |  |  |  |  | |
| 7D15 Complete documentation related to Elements 7D1-7D13 that follows guidelines and specific documentation formats required by jurisdiction’s practice act, the practice setting, and other regulatory agencies |  |  |  |  | |
| 7D16 Participate in the case management process. |  |  |  |  | |
| **Health Care Activities**  7D17 Participate in activities for ongoing assessment and improvement of quality services. |  |  |  |  | |
| 7D18 Participate in patient-centered interprofessional collaborative practice |  |  |  |  | |
| 7D19 Use health informatics\* in the health care environment. |  |  |  |  | |
| 7D20 Assess health care policies and their potential impact on the ever-changing health care environment and practice. |  |  |  |  | |
| **Community Health**  7D21 Provide physical therapy services informed by cultural humility that address primary, \* secondary, \* and tertiary\* prevention, health promotion, and wellness to individuals, groups, and communities. |  |  |  |  | |
| **7D22** Provide physical therapy services that address: | | | | |  | |
| * JEDI, belonging, and anti-racism. |  |  |  |  | |
| * Health care disparities\* and social determinants of health |  |  |  |  | |
| **Practice Management**  **7D23** Assess, document, and minimize safety risks of individuals and the health care provider | | | |  | |
| * Design and implement strategies to improve safety in the health care setting as an individual and as a member of the interprofessional health care team. |  |  |  |  | |
| * Follow the safety policies and procedures of the facility. |  |  |  |  | |
| 7D24 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. |  |  |  |  | |
| 7D25 Participate in practice management activities that may include marketing, public relations, regulatory and legal requirements, risk management, staffing, and continuous quality improvement. |  |  |  |  | |

INSTITUTION COMMENTS:

UPLOAD: Identify Additional Materials UPLOADED, if any:

**ADDITIONAL MATERIALS REQUESTED BY THE CANDIDACY ON-SITE REVIEW TEAM**

**TO BE PROVIDED WITH THE INSTITUTION’S RESPONSE**

**APTA Department of Accreditation**

**NOTE: REVIEWERS MUST NOT REQUEST ADDITIONAL MATERIALS THAT WERE NOT REVIEWED ON SITE Or that constitute significant revisions to the Application for Candidacy.**

**The following materials are to be provided to CAPTE as part of the institution’s response to this report.** At the time the Document and On-site Program Review Report with Institution Response is submitted, submit each document electronically via the Portal.

**The following instructions must be followed**:

1. **Format:** All documents must be in PDF format. All large documents must be bookmarked.
2. **Naming of document**: In order to clearly identify that it is part of the institution’s response, the file name **must begin with IR** (e.g., IR\_CVBrown\_NewCore.pdf). If it is a revised document, then ‘revised’ must also be included in the file name (e.g., IR\_RevisedClinEdHdbk.pdf). The document should be clearly named so that the reader will know what it is. Do not name by standard, unless it is a revised narrative response.
3. **Highlight Revisions**: Any revised document must have **all revisions highlighted**.
4. **Identified in Program Review Report:** The file name (e.g. IR\_Revised CV Smith.pdf) must be included in the Identify Additional Materials Uploaded, if any box under each applicable standard.

PROGRAMS MUST NOT APPEND/UPLOAD ANY MATERIALS THAT WERE NOT EXPLICITLY AND SPECIFICALLY REQUESTED BY REVIEWERS!

**ADDITIONAL MATERIALS REQUESTED: (if none, state none; DO NOT DELETE page)**

**STANDARD REQUESTED MATERIAL(S)**

**ON-SITE PRIMARY TEAM MEMBER: IF ADDITIONAL MATERIALS ARE REQUESTED, LEAVE A COPY ON SITE WITH THE PROGRAM AND SUBMIT THIS FORM WITH THE PROGRAM REVIEW REPORT. Only material viewed on site or missing from the Application for Candidacy can be requested**

**If there are any** **core and/or associated faculty changes prior to review by CAPTE at its DATE TBD meeting, the program is requested to provide full narrative responses to Element 4A (or 4D, if applicable), a CV and for core faculty, a current scholarship form.**

**Program Review Report**

**Representing the**

**Commission on Accreditation in Physical Therapy Education**

**Names and Signatures of the Document and On-site Teams**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Institution**

**Name of Physical Therapy Program**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of the Completed Document Review**

**Primary Document Review Team Member**

**Secondary Document Review Team Member**

**\_\_\_**

**Date of the On-Site Visit**

**Primary On-Site Team Member**

**Secondary Team Member**

Each of the above signers hereby reaffirms his/her commitment to maintain the confidentiality of all information relating to the accreditation of this physical therapist education program and promises not to make copies of, disclose, discuss, describe, distribute or disseminate, in any manner whatsoever, either orally or in written form, any confidential information received or generated, and not to use any confidential information for personal or professional benefit or for any other reason, except directly in connection with service to CAPTE.

**SIGNATURE PAGE**