**For Use During AFC On-Site (March 2025)**

**MATERIALS REQUIRED ON-SITE FORM**

**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 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 Materials Required On-Site 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.

| **Row** | **Element(s)** | **AFC Materials Provided On-site for PT Programs (March 2025)** | **PROGRAM PROVIDED: Indicate file name and, if applicable, folder name, see instructions if not provided** | **TEAM REVIEWED** |
| --- | --- | --- | --- | --- |
|  | **Preface** | Needs assessment data collected |  |  |
|  | **2A** | Minutes of meetings in which program strategic planning is discussed |  |  |
|  | **2B, 2C, 2D1, 2D2, 2D3, 2D4, 2D5, 2D6, 2D7, 2D8,** | Meeting minutes where assessment data and subsequent actions discussed  |  |  |
|  | **2D6** | Job descriptions of secretarial/administrative and technical support staff, if available |  |  |
|  | **2D6** | If the program uses rented facilities, provide a copy of the written agreement |  |  |
| 1. **8**
 | **2D6** | 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 |  |  |
|  | **2D6** | Inventory list of equipment |  |  |
|  | **2D6** | List of equipment borrowed/loaned or used off-site |  |  |
|  | **2D6, 6D**  | List of the library resources related to program needs for both program faculty and students. |  |  |
|  | **2D8** | 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. |  |  |
|  | **2D9, 4P**  | 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 |  |  |
|  | **2E** | Minutes of meetings in which curriculum evaluation, including clinical education, is addressed |  |  |
|  | **3A** | Copy of authorization(s) to provide post-secondary education and the professional physical therapy program. |  |  |
|  | **3B** | 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. |  |  |
|  | **3C, 3E** | Collective Bargaining Agreement or Union Contract, if applicable |  |  |
|  | **3F** | Copy of state authorizations for clinical education experiences that occur out of state. 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 |  |  |
|  | **3G** | Records of complaints, if any |  |  |
|  | **4A, 4D** | Provide contracts/MOAs/Letters of Agreement with Faculty not working yet for the program |  |  |
|  | **4A, 4E** | Faculty and course evaluations done to date for core faculty, which may be redacted |  |  |
|  | **4A, 4D****6D, 6F, 6G, 6H, & 7D**  | **For each course in the first term of the 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 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
 |  |  |
|  | **4A, 4G, 4K**  | 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, core faculty who are PTs are licensed or regulated in accordance with their country's regulations. |  |  |
|  | **4I**  | Program budget documents |  |  |
|  | **4N**  | Minutes of meetings at which academic regulations are discussed |  |  |
|  | **4N** | Minutes of meetings at which the curriculum is discussed |  |  |
|  | **4O**  | Minutes of meetings prior to student engagement in clinical education where the core faculty determine the:• expectations for safety in student performance; and• list of skills in which students are expected to be able to perform safely and competently |  |  |
|  | **5B** | Financial Aid Brochure, if one exists |  |  |
|  | **5E** | If enrollment agreements have been used to date, provide a copy of the signed enrollment agreement.  |  |  |
|  | **6A** | If there is a state-mandated curriculum plan, provide a copy |  |  |
|  | **6D** | Examples of teaching materials that support instructional methods described in narrative |  |  |
|  | **6G** | Sample evaluations of faculty for distance education courses done to date, which may be redacted |  |  |

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