**REQUIRED FORMAT: LETTER OF INTENT (LOI) FOR DEVELOPING PROGRAMS** (November 2024)

***Instructions: Complete the following chart and cut/paste it on the letterhead of the clinical facility. The LOI must be on the letterhead of the clinical facility.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of PT/PTA Educational Program** | | |  | | | |
| **Name of Clinical Facility** | | |  | | | |
| **Street** | | |  | | | |
| **City, State** | | |  | | | |
| **Phone #** | | |  | | | |
| **Email Address** | | |  | | | |
| Is a current, signed contract in place? | | | | | | **Yes / No** |
| In agreeing to the clinical education placements listed below, we acknowledge that these placements will: | | | | | |  |
| * Decrease the number of placements available to other programs we currently offer slots to | | | | | | **Yes / No** |
| * Not impact relationships with other educational programs as we are not currently contracted to capacity | | | | | | **Yes / No** |
| * Have no effect on site capacity as we are a new clinical education provider | | | | | | **Yes / No** |
| **Clin Ed Course (list all)** | **# of students** | **Type of Experience** | | | **Mm/yyyy of experience** | |
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| This letter only represents the intent to provide clinical education experiences and does not constitute a legal or binding agreement for contractual access. In addition, it does not preclude the necessity for the program to determine availability of clinical experiences in keeping with requests made by education programs annually on March 1st, which is the typical timing of such requests.  NOTE: LOIs are to be signed by the CCCE. If clinical site is more than 60 miles/1 hour away from the CCCE, a PT or PTA who could be a CI at the site must ALSO sign the LOI. | | | | | | |
| **CCCE Signature** | |  | | | | |
| **CCCE Print Name & Title** | |  | | | | |
| **DATE** | |  | | | | |
| **CI Signature (if needed)** | |  | | | | |
| **CI Print Name & Title (if needed)** | |  | | | | |
| **DATE** | |  | | | | |
| **LOI Reconfirmation Section** | | | | | | |
| **CAPTE will begin enforcing this requirement for AFC submissions starting with the AFC submissions due December 1, 2021. This section is to be completed if the LOI Section above is dated more than one year before the required CAPTE submission date of the AFC.** NOTE: LOIs are to be signed by the CCCE. If clinical site is more than 60 miles/1 hour away from the CCCE, a PT or PTA who could be a CI at the site must ALSO sign the LOI (if needed, add rows and include printed name & title). | | | | | | |
| By signing below, I/we are reconfirming the information above OR have made appropriate changes. | | | | | | |
| **CCCE Signature** | | | | **DATE** | | |
| **CCCE Print Name & Title** | | | |  | | |
| **DATE** | | | |  | | |
| **CI Signature (if needed)** | | | |  | | |
| **CI Print Name & Title (if needed)** | | | |  | | |
| **DATE** | | | |  | | |