PROPOSED
STANDARDS AND REQUIRED ELEMENTS
FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS
Draft 3 - September, 2014

Standard 1
The program meets graduate achievement measures and program outcomes related to its mission and goals.

REQUIRED ELEMENTS:

1A  The mission\(^1\) of the program is written and compatible with the mission of the institution, the unit(s) in which the program resides, and with contemporary preparation\(^2\) of physical therapists.

Evidence of compliance:
Narrative:
- Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
- Provide an analysis of the congruency of the program’s mission statement with the institution and unit(s) missions.
- Provide an analysis of the consistency of the program’s mission with contemporary professional norms for the preparation of physical therapists.

1B  The program has documented goals\(^3\) that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.

Evidence of compliance:
Narrative:
- Provide the goals for the program, including those related to:
  - Students and graduates (e.g., competent practitioners, leaders in the profession);
  - Faculty (e.g., adding to the body of knowledge in physical therapy, achieving tenure and promotion, involvement in professional associations; improving academic credentials); and/or
  - the program (e.g., contributing to the community, development of alternative curriculum delivery models).
- Provide a description of how the goals reflect the program’s stated mission.

1C  The program meets required student achievement measures\(^4\) and its mission and goals as demonstrated by actual program outcomes.

1C1  The program meets expected student and graduate achievement measures.

1C1a  Graduation rates\(^5\) 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

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\(^1\) **Mission**: A statement that describes why the physical therapist education program exists, including a description of any unique features of the program. [The mission is distinct from the program’s goals, which indicate how the mission is to be achieved.]

\(^2\) **Contemporary preparation**: reflects the minimum skills required for entry-level preparation of the physical therapist and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice.

\(^3\) **Goals**: The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

\(^4\) **Graduate and Student Achievement Measures** the measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate)

\(^5\) **Graduation Rate**: The percentage of students who matriculated in the first course in the professional program and who complete the program.
be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.

**Rationale for 80% graduation rate:** 1 SD below the mean over last 8 years

**Rationale for 2 years:** current 3 year average is inconsistent with USDE 2-year rule that limits the time a program can be out of compliance with a criterion to 2 years. While draft #1 and #2 commentary suggested the return to utilizing 3 years of data as it might ‘help’ a program that had 1 ‘bad’ year, the CRG notes that a 3 year rate also increases the time period that a lower rate must be utilized, often making it difficult for a program to come into compliance in two years even after an identified problem has been rectified.

Evidence of compliance:

**Portal Fields:**
- Provide two years of graduation data in the section entitled Graduation Rate Data for the years identified on the Portal. Use the Graduation Rate Table to collect the graduation data. Identify the number of cohorts admitted each year; data will be required for each cohort. (Note: the majority of this information will be prefilled from previously entered AAR data; correct as necessary.)

**Narrative:**
- Identify the 2-year graduation rate calculated by the data entered into the Graduation Rate Data Section on the Portal.
- Provide the retention rate for current cohorts using the Retention Rate Table.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

**1C1b** Ultimate licensure pass rates are at least 90%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 90%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate 2-year licensure pass rate of at least 90%.

**Rationale for 90% licensure rate:** Despite the fact that more than 10% of respondents to the 2nd Draft of the Evaluative Criteria disagreed or seriously disagreed with the proposed increase for graduate performance on the licensure examination, the CRG felt the vast majority of programs are still meeting or exceeding the proposed minimum requirement. Based on the level of feedback it appears the majority of respondents and the PT education community, are prepared to embrace this change to facilitate continuous improvement of the program and graduate performance over time. Programs should not be settling for the minimum acceptable level of graduate performance as continuous improvement is part and parcel of what accreditation represents. Additionally, the minimum acceptable ultimate pass rates has remained unchanged during the last revision and of the Evaluative Criteria in 2006.

**Rationale for 2 years:** current 3 year average is inconsistent with USDE 2-year rule. Calculation of the most recent 2 year averages resulted in similar numbers as the 3 year averages. Further, using 2 years instead of 3 allows a bad year to “drop out” of the calculation sooner.

**Evidence of compliance:**

**Narrative:**
- Provide the most current licensure pass rate data available through the Federation of State Board of Physical Therapy (FSBPT); provide the data per cohort if more than one cohort is accepted in an academic year; provide:

<table>
<thead>
<tr>
<th>3 yrs (10, 11, 12) N=198 for programs in which 3 yrs of data exists</th>
<th>Rate Falls Below 80%</th>
<th>Rate Falls Below 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% (n=2) of programs</td>
<td>3% (N=6) of programs</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2 yrs (11, 12) N=198 for programs in which 2 yrs of data exists</th>
<th>Rate Falls Below 80%</th>
<th>Rate Falls Below 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1% (n=2) of programs</td>
<td>4% (n=8) of programs</td>
<td></td>
</tr>
</tbody>
</table>

Licensure pass rate: The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE).
• First time pass rates for each cohort for the past two academic years
• 2-year ultimate pass rate based on the following data for each cohort:
  o Number of graduates per cohort who took the examination at least once;
  o Number of graduates per cohort who passed the exam after all attempts;
  o Pass rate per cohort based on the numbers above
• **NOTE:** if licensure pass rates for graduates in the last academic year have not yet stabilized, provide the data for the past 3 years and the 2-year rate for the cohorts for which the data has stabilized.
• If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
• If the program’s 2-year pass rate is equal to or greater than 90%, no additional information is required.
• If the program’s 2-year pass rate is less than 90%, describe the comprehensive assessment done; identify the factors the core faculty believe impact graduate performance on the licensure exam. Identify steps taken or planned to address these factors, if applicable. Identify the timeline to come into compliance.
• If program graduates do not routinely take the FSBPT exam, provide equivalent data.
• **For Initial Accreditation only:** identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

1C1c Employment rates\(^7\) are at least 95%, 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 95%. 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 95%.

**Rationale for 95% employment rate:** 1 SD below mean, over last 10 years. While CAPTE understands that there can be market changes, CAPTE believes programs need to respond to market conditions. It is the program’s responsibility to justify its existence through established workforce needs, rather than increases in the number of qualified applicants.

**Rationale for 2 years:** current 3 year average is inconsistent with USDE 2-year rule.

- 3 year rate (09, 10, 11): 3 programs below 95%
- 2 year rate (10 & 11): same 3 programs below 95%

Evidence of compliance:
Narrative:
• Provide the 2-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment and the number of graduates employed within one year of graduation.
• **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

1C2 Students demonstrate entry-level clinical performance prior to graduation.

**Rationale for addition of this Element:** the primary purpose of PT education programs is to prepare students to enter the physical therapy workforce. It is important that an expectation related to this be included among the elements related to program outcomes. Further, it is important that all graduates have been determined to demonstrate entry-level clinical performance at the end of the program; graduation of students who have not done so is inappropriate.

Evidence of compliance:
Narrative:
• Describe the mechanisms used to determine entry-level performance of students prior to graduation
• Provide evidence that each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience.

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\(^7\) Employment rate: The percentage of graduates who sought employment that were employed (FT or PT) as a physical therapist within 1 year following graduation.

**Rationale for change in definition:** implementation of fixed date testing may have increased the length of time for graduates to pass the exam. Changing to measuring employment at 1 year post graduation (rather than 6 months post passing the exam) accommodates this change; it should also make it easier to obtain more accurate data. Lastly, it adds more time each year to reach the new expected level.
• **For Initial Accreditation only**: indicate that students have not yet completed their last clinical experience and provide the expected timeframe to collect and analyze this data.

**1C3** The program graduates meet the expected outcomes as defined by the program.

Evidence of compliance:
Narrative:
• For each goal related to program graduates delineated in Element 1B, list the expected outcomes that support that goal.
• For outcomes that are not obviously quantifiable, provide indicators, how they are measured and the program’s expected levels of achievement.
• Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the graduates meet the program’s expected graduate student outcomes.
• If there is a cohort for which the program is offered primarily through distance education or at an expansion site, provide an analysis demonstrating that the outcomes for different cohorts of graduates are comparable.
• **For Initial Accreditation only**: indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

**1C4** The program meets expected outcomes related to its mission and goals.

Evidence of compliance:
Narrative:
• For all other program goal delineated in Element 1B, list the expected outcomes that support the goal. For outcomes that are not obviously quantifiable, identify measurable indicators and the program’s expected levels of achievement.
• Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the program meets its expected outcomes related to its mission and goals.
• If there is a cohort for which the program is offered primarily through distance education or at an expansion site, provide an analysis demonstrating that the outcomes for different cohorts of graduates are comparable.
• **For Initial Accreditation only**: indicate the expected timeframe to collect and analyze the program’s expected outcome data.

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**Standard 2:**
The program is engaged in effective on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.

**REQUIRED ELEMENTS:**

**2A** The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Evidence of compliance:
Narrative:
• Describe the overall strengths & weaknesses that were identified through the assessment of the cumulative data. If other strengths and weaknesses have been identified, describe them and provide the source of evidence that led to that determination.
• Describe two examples of changes resulting from the assessment process within the last 3-5 years. Include an example to clinical education, if applicable. For each, describe the rationale for the changes and identify how they have resulted in program improvement. Identify the timeline to reassess to determine the effectiveness of the change.

Attachments:
• Program Assessment Matrix (forms packet)
2B For each of the following, the program provides an analysis of relevant data and identifies any needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

2B1 the admissions process, criteria and prerequisites meet the needs and expectations of the program.

Evidence of compliance:
Narrative:
• Provide an analysis of data collected and the conclusions drawn from it to determine the extent to which the admission process, criteria and prerequisites meet the needs and expectations of the program.

2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs.

Evidence of compliance:
Narrative:
• Provide an analysis of data collected and the conclusions drawn from it to determine the optimum program enrollment in light of resources, program outcomes and workforce needs.

2B3 the collective core, associated and clinical education faculty meet program and curricular needs.

Evidence of compliance:
Narrative:
• Provide an analysis of data collected and the conclusions drawn from it to determine the extent to which the collective core and associated faculty meet program and curricular needs.
• Provide an analysis of data collected and the conclusions drawn from it to determine the extent to which the collective clinical education faculty meet program and curricular needs.

2B4 program resources are meeting, and will continue to meet, current and projected program needs, including but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

Evidence of compliance:
Narrative:
• Provide an analysis of the data collected and the conclusions drawn from it to determine the extent to which program resources are meeting, and will continue to meet, current and projected program needs, including but not limited to: financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

2B5 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.

Evidence of compliance:
Narrative:
• Provide an analysis of the information collected and the conclusions drawn from it 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.

2C 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 stakeholders, including, at a minimum, program
faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites, including at a minimum, the number and variety, and the appropriate length and placement within the curriculum.

Evidence of compliance:
Narrative:
- Describe how the evaluation process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system.
- Provide evidence that the curricular assessment includes review of the required elements in Elements 6A through 6L.
- Provide a summary of the outcome of the most recent curricular evaluation, including identified strengths and weaknesses.
- Describe any curricular changes made within the last 2 years, including the rationale for the change(s).

2D The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Evidence of compliance:
Narrative:
- Describe the strategic planning process, including the opportunities for core faculty participation.
- Describe how the process takes into account changes in higher education, the health care environment and the nature of contemporary physical therapy practice.
- Describe any changes planned for the next 3-5 years

Attachments:
- Planning document

### Standard 3:
The institution and program operate with integrity.

**REQUIRED ELEMENTS:**

3A The sponsoring institution 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 authorities to provide the physical therapy education program.

Evidence of compliance:
Narrative:
- State the agency from which the institution has authority to operate as an institution of higher education.
- State the agency from which the institution has authority to offer the PT program and to award the degree, if different from above.
- If institution is in a collaborative arrangement with another institution to award degree, provide the above for the degree granting institution.

3B The sponsoring institution(s) is(are) accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

Evidence of compliance:
Narrative:
- State the agency that accredits the institution.
- Provide the date that the current accreditation status was granted.
• If the institution has an accreditation status other than full accreditation, explain the reasons for the accreditation status and the impact of the accreditation status on the program.
• If in a collaborative arrangement, provide the above for the degree-granting institution.

3C Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program including providing for appropriate release time for administrative functions.

Evidence of compliance:
Narrative:
• Describe how the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students.
• Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist education program so that they take into consideration:
  o Administrative responsibilities of core faculty;
    ▪ Provide examples of functions to be considered for release time (e.g., program administration, clinical education administration, development of Self-study Report, assessment activities)
  o Requirements for scholarship, service, and maintenance of expertise in contemporary practice in assigned teaching areas;
  o Complexity of course content, number of students per class or laboratory, and teaching methodology; and
  o The unique needs of physical therapy education, similar to those of other professional education programs, where core faculty ensure the integration and coordination of the curricular content, mentor associated faculty, conduct and coordinate a clinical education program, manage admission processes, etc.

Attachments:
• Provide a chart that identifies the relevant policies and procedures and as applicable, identify where the policies are found, including the name of the document, page number and/or URL.
• If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

3D Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, and prospective/enrolled students.

Evidence of compliance:
Narrative:
• Provide (quote) the institution’s equal opportunity and nondiscrimination statement(s).
• Describe how the nondiscrimination statement and policy are made available to faculty, staff, and prospective/enrolled students.

Attachments
• Provide a chart that identifies the relevant policies and procedures and as applicable, identify where the policies are found, including the name of the document, page number and/or URL.
• If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

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.

Evidence of compliance:
Narrative:

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8 Policy: A general principle by which a program is guided in its management.
9 Procedure: A description of the methods, activities, or processes used to implement a policy.
10 Practices: Common actions or activities; customary ways of operation or behavior.
11 Program faculty: all faculty involved with the PT program, including the Program Director, Core Faculty, Associated Faculty, and Clinical Education Faculty
• Describe how the following policies are disseminated to program faculty and staff
  o Policies related to due process.
  o Policies describing confidentiality of records and other personal information.
  o Policies related to the use of protected health information and use of information other than protected health information that is obtained from patients, subjects, or the clinical site (e.g., patient care protocols, administrative information)
  o Policies applicable to core faculty, including but not limited to:
    ▪ Personnel policies, including merit, promotion, tenure
    ▪ Faculty evaluation and development
    ▪ Policies related to and opportunities for the participation of core faculty in the governance of the program and institution
  o Policies applicable to associated faculty
  o Policies applicable to clinical education faculty
  o Policies related to staff
  o Other relevant policies including patients and human subjects used in demonstrations and practice for educational purposes
• Provide example of how policies are applied equitably.

Attachments
• Provide a chart that identifies the relevant policies and procedures for core, associated and clinical education faculty and staff. As applicable, identify where the policies are found, including the name of the document, page number and/or URL.
• If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

3F Policies, procedures, and practices exist for handling complaints\textsuperscript{12} that fall outside the realm of due process\textsuperscript{13}, including a prohibition of retaliation following complaint submission. 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.

Evidence of compliance:
Narrative:
• Provide the relevant institutional or program policy and procedure that addresses handling complaints that fall outside due process (e.g., complaints from prospective and enrolled students, clinical education sites, employers of graduates, the general public)
• Describe how the records of complaints are, or would be, maintained by the program.

On-site:
• Records of complaints

3G Program specific policies and procedures are compatible with institutional policies and with applicable law.\textsuperscript{14}

Evidence of compliance:
Narrative

\textsuperscript{12} Complaint: A concern about the program, expressed by students, or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution's formal due processes.

\textsuperscript{13} Due process: Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard.

\textsuperscript{14} Applicable law: those federal and state statutes/regulations that are relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)
• 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) and describe how the policies and procedures differ and why.

• For program policies and procedures that differ from those of the institution,
  o If applicable, explain how program policies and procedures comply with applicable law: ADA, OSHA, etc.
  o Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

Attachments
• Provide a chart that identifies the relevant program policies and procedures and as applicable, identify where the policies are found including the name of the document, page number and/or URL.
• If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures, including:

3H1 maintenance of accurate information, easily accessible\textsuperscript{15} to the public, on the program website regarding accreditation status (including CAPTE contact information) and current student achievement measures;

3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;

3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;

3H4 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 post-secondary education; and

3H5 coming into compliance with accreditation criteria within 2 years of being determined to be out of compliance\textsuperscript{16}.

Evidence of compliance:
Narrative
• Only response needed is to refer the reader to the appendix

Attachments
• Provide a chart that identifies the relevant program policies and procedures and as applicable, identify where the policies are found including the name of the document, page number and/or URL. Note: Written policies are required and may be part of a job description.
• If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.

REQUIRED ELEMENTS:

Individual Academic Faculty\textsuperscript{17}

\textsuperscript{15} Easily accessible: can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage.

\textsuperscript{16} This is a USDE requirement.

\textsuperscript{17} Academic Faculty: those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty.
4A Each core faculty\textsuperscript{18} member, including the program director and DCE, has doctoral preparation\textsuperscript{19}, contemporary expertise\textsuperscript{20} in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. (PROVISO: CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020; this will be monitored in the Annual Accreditation Report.)

**Rationale for doctoral preparation of all core faculty:** Commentary received called for higher qualifications of core faculty. The proviso would give programs 5 years to come into compliance.

**Evidence of compliance:**

**Narrative:**
- The only response needed in the 4A text box, is to refer the reader to the Core Faculty Information Page for each core faculty member.

**Portal Fields on the Core Faculty Information Page:**
- In completing the Qualifications box on this Portal page:
  - Identify the course(s) by prefix, number and title and indicate content assigned and role in course;
  - Describe the individual’s effectiveness in teaching and student evaluation; and
  - Provide evidence of the individual’s contemporary expertise specific to assigned teaching content. This evidence can include:
    - Education (including post-professional academic work, residency, and continuing education);
    - Licensure, if required by the state in which the program is located;
    - Clinical expertise (specifically related to teaching areas; certification as a clinical specialist, residency);
    - Scholarship (publications and presentations related to teaching areas);
    - 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); and
    - Other evidence that demonstrates contemporary expertise, for example
      - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) 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); and
      - Formal mentoring (include description of experiences, time frame and qualifications of mentor).

4B Each core faculty member has a well-defined, ongoing scholarly agenda\textsuperscript{21} that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or

\textsuperscript{18}Core faculty: Those individuals appointed to and employed primarily in the program, including the program director, the director of clinical education (DCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions.

\textsuperscript{19}Doctoral preparation: earned doctorate, including the DPT

\textsuperscript{20}Contemporary expertise: Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

\textsuperscript{21}Scholarly agenda: A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues.
discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Evidence of compliance:
Narrative:
• Briefly describe how the core faculty scholarly agendas fit within the context of the program’s or institution’s mission and expected outcomes.

Attachments:
• Core Faculty Scholarship form; uploaded on the Core Faculty Information page for each core faculty member. Where appropriate, use the narrative section of the form to clarify the peer-reviewed mechanism for planned and completed products.

4C Each core faculty member has a record of service\textsuperscript{22} consistent with the expectations of the program and institution.

Evidence of compliance:
Narrative:
• Describe the program’s and/or the institution’s expectations related to service accomplishments for core faculty.
• Briefly summarize core faculty members’ service activities.

4D Each associated\textsuperscript{23} faculty member has contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation.

Evidence of compliance:
Narrative:
• For each associated faculty who is responsible for less than 50% of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.
• For associated faculty who are responsible for 50% or more of the course, the only response needed in the 4D text box, is to refer the reader to the Associated Faculty Information Page for each core faculty member.

Portal Fields on the Associated Faculty Information Page:
• In completing the Qualifications box on this Portal page:
  o Identify the course(s) by prefix, number and title and indicate content assigned and role in course;
  o Describe the individual’s effectiveness in teaching and student evaluation; and
  o Provide evidence of the individual’s contemporary expertise specific to assigned teaching content. This evidence can include:
    ▪ Education (including post-professional academic work, residency, and continuing education);
    ▪ Licensure, if required by the state in which the program is located;
    ▪ Clinical expertise (specifically related to teaching areas; certification as a clinical specialist, residency);
    ▪ Scholarship (publications and presentations related to teaching areas);
    ▪ 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); and
    ▪ Other evidence that demonstrates contemporary expertise, for example

\textsuperscript{22} Service: Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

\textsuperscript{23} Associated Faculty: Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides, but who have primary responsibilities in programs other than the professional program.
• Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) 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); and
• Formal mentoring (include description of experiences, time frame and qualifications of mentor).

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.

Evidence of compliance:
Narrative:
• Describe the faculty evaluation process, including how it addresses teaching, service, scholarship and any additional responsibilities
• Provide a recent (within past five years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

On-site:
• Examples of completed core faculty evaluations, which may be redacted
• Examples of core faculty development plans, which may be redacted

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

Evidence of compliance:
Narrative:
• Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.
• Describe and provide examples of, development activities used by the program to address identified needs of associated faculty.

On-site:
• If applicable, examples of completed associated faculty evaluations, which may be redacted
• If applicable, examples of associated faculty development plans, which may be redacted

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 a current license to practice in the jurisdiction where the program is located;
• has an earned doctoral degree;
• has formal, advanced education beyond entry-level preparation in an area that contributes to the quality of the physical therapy program
• holds the rank of associate professor or professor;
• has a minimum of 6 years of full time higher education experience, with a minimum of 3 years of full-time experience in a physical therapist education program.

24 Program director: the individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program’s academic administrator: Dean, Chair, Director, Coordinator, etc.
25 Full time: 35 hours/week=full-time Rationale for using 35 hours/week: (a) Bureau of Labor Statistics—average full-time work week is reported as 34.4 hours (2/7/2014) and (b) to be consistent with how CAPTE uses this term in other circumstances
**Rationale for licensure for PD, but not faculty:** All graduates of physical therapy programs have to pass the National Physical Therapy Examination in order to practice. The Program Director should possess the same level of knowledge and skill that is required of the program’s graduates and should be a currently licensed physical therapist. This assures that the program director not only graduated from a physical therapy program but also had the knowledge needed to pass the NPTE and met the requirements for jurisdictional licensure. This would prevent a person who has graduated from a physical therapy program and who may hold the academic credentials, but was unable to pass the NPTE and become licensed from being a program director. Holding a current license to practice physical therapy also generally means that the program director is familiar with the jurisdiction’s practice act and meet the continuing competency requirements for that jurisdiction. The requirement is consistent with the requirements in OT (doctoral program) and PA programs. Because some core PT faculty may teach course content that is not clinical in nature (e.g. basic science) licensure is not required for core faculty members.

**Rationale for minimum of 6 years of full time higher education experience, with a minimum of 3 years of full time experience in a PT education program:** The 6 year minimum experience criterion was chosen because it corresponds to a common time span used by universities as the maximum number of years that a faculty member has to achieve tenure. Even for those faculty who are not on a tenure track this time span should be adequate to allow the person to have been promoted in rank. The 6 year time span would also allow the faculty member to achieve an understanding of the teaching, scholarship and service requirements of their university and have an understanding of curriculum planning, design and implementation. The change to 6 years in higher education and at least 3 in a PT education program accommodates individuals who might have been faculty in other programs or higher education administrators.

**Evidence of compliance:**

**Narrative:**
- Describe how the program director meets the following qualifications:
  - is a physical therapist;
  - holds a current license to practice in the jurisdiction where the program is located. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
  - has an earned doctoral degree;
  - has formal, advanced education entry-level preparation in an area that contributes to the quality of the physical therapy program
  - has the rank of associate professor or professor; and
  - has a minimum of six years of full time higher education experience, with a minimum of 3 years of full-time experience in a physical therapist education program.

4H The program director provides effective leadership for the program, including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

**Evidence of compliance:**

**Narrative:**
- Describe the mechanisms utilized by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program;
- Describe the responsibility and authority of the program director for assessment and planning;
- Describe the responsibility and authority of the program director in fiscal planning and allocation of resources, including long-term planning and the ability to move line items;
- Describe the responsibility and authority of the program director for faculty evaluation;
- Describe the process utilized to assess the program director as an effective leader; and
- Provide evidence of effective leadership in other areas which might relate to:
  - A vision for physical therapist professional education;
  - Understanding of and experience with curriculum content, design, and evaluation;
  - Employing strategies to promote and support professional development;
  - Proven effective interpersonal and conflict-management skills;
  - Abilities to facilitate change;
  - Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits);
  - Experience in strategic planning;
Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
- Effective management of human and fiscal resources;
- Commitment to lifelong learning;
- Active role in institutional governance; and
- Program accomplishments.

**Director of Clinical Education**

The director of clinical education (DCE) is a physical therapist who holds a current license to practice in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. In addition, the DCE has a minimum of two years of experience as a CCCE and/or CI, or experience in teaching, curriculum development and administration in a PT program; AND

- clinical or educational administrative experience; OR
- experience personnel management; OR
- experience in a variety of areas of teaching (e.g., academic, clinical, continuing education, in-service).

Evidence of compliance:

Narrative:
- Identify the core faculty member(s) who is/are designated as the DCE;
- Describe how the DCE meets the following qualifications:
  - Is a physical therapist;
  - Current license to practice in the jurisdiction where the program is located, if allowed by state law. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
  - A minimum of three years of full time (or equivalent) post-licensure clinical practice;
  - A minimum of two years of clinical practice as a CCCE and/or CI or experience in teaching, curriculum development and administration in a PT program;
  - Experience with at least one of the following:
    - clinical or educational administration;
    - personnel management; or
    - a variety of areas of teaching (e.g., academic, clinical, continuing education, in-service).

4J The director of clinical education is effective in developing, conducting, and coordinating the clinical education program.

Evidence of compliance:

Narrative:
- Describe the process to assess the effectiveness of the DCE(s).
- Describe the effectiveness of the DCE(s) in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
  - Organizational, interpersonal, problem-solving and counseling skills; and
  - Ability to work with clinical education faculty (CCCEs and CIs) to address the diverse needs of the students.
- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (CCCEs 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 (CCCEs and CIs), and students.
- Describe the process used to monitor that the academic regulations are upheld.

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26 **Director of Clinical Education**: The core faculty member(s) responsible for the planning, coordination, facilitation, administration, and monitoring of the clinical education component of the curriculum. The DCE(s) is/are the faculty member(s) of record for the clinical education courses.
Collective Academic Faculty

4K The collective core and associated faculty includes an effective blend of individuals with doctoral preparation and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission and institutional expectations.

Rationale Statement for not being prescriptive/expecting the same minimal % blend for core faculty across all programs:

One “size” does not fit all institutions. Utilizing the same blend does not take the following into account: mission, goals, & expected outcomes; self-assessment and planning; roles and responsibilities as identified by the institution and CAPTE; and curriculum planning, implementation and assessment. The degree preparation and qualifications of the core faculty are consistent with institutional expectations regarding advancement, promotion, and tenure.

It is appropriate to consider the composition of all academic faculty, regarding their preparation, specialization, and expertise, that the program has in place to effectively meet the needs, goals, and mission of the program and institution. Doctoral preparation and specialization typically indicate the high level of expertise and competence expected for faculty who teach physical therapy doctoral students. The program's collective core faculty has the background and qualifications to effectively meet all their expected roles in the program and institution regarding teaching, service, and scholarship. The degree preparation and qualifications of the core faculty are consistent with institutional expectations regarding advancement, promotion, and tenure.

Evidence of compliance:
Narrative:
- Describe the institutional expectations for doctoral preparation of faculty.
- Describe the blend of core and associated faculty in the program.
- Describe the adequacy of this blend to meet program goals and expected outcomes as related to program mission and institutional expectations.

4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Evidence of compliance:
Narrative:
- Describe the process by which academic regulations specific to the program are developed, evaluated, and communicated to all who implement them.
- Describe the process used to verify that the academic regulations are upheld.
- Describe the process that would be used if corrective actions were necessary. Provide examples, if available.

4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Evidence of compliance:
Narrative:
- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.
- Provide examples of community of interest involvement in curriculum development, review and revision.

4N The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.

Evidence of compliance:
Narrative:
- Describe the mechanism(s) used by the collective core faculty to determine that each student is safe and ready to engage in clinical education.
Clinical Education Faculty

Clinical instructors are licensed physical therapists, with a minimum of 1 year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of compliance:
Narrative:
- Describe the program’s expectations for the clinical competence of the CIs.
- Summarize the qualifications of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year (e.g., years of experience, specialist certification, or other characteristics expected by the program).
- Describe the program’s expectations for clinical teaching effectiveness of the CIs.
- Summarize the teaching effectiveness, including the ability to assess and document student performance, of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year.

Standard 5
The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program, and consistent with societal needs for physical therapy services for a diverse population.

REQUIRED ELEMENTS:

5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity of the student body.

Evidence of Compliance
Narrative:
- Provide the planned class size and the rationale for it.
- Describe procedures for recruitment of students.
- Describe the admissions criteria for the program, including any special considerations used by the program.
- Describe the admission procedures, including the implementation to maintain planned class size.
- Describe how the program ensures that the admission procedures are applied equitably, including how prospective students’ rights are protected.
- Describe the program process for determining the acceptance of credit in transfer from other institutions.

Attachments
- Provide a chart that identifies the relevant program (or institution, if applicable) policies and procedures and as applicable, identify where the policies are found including the name of the document, page number and/or URL.
- If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them, including but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program’s accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print

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Clinical education faculty: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the secondary supervision of other professionals, where permitted by law.
and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of Compliance
Narrative:

- Describe how the following information is provided to prospective and enrolled students:
  - Catalogs;
  - Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process;
  - Academic calendars;
  - Grading policies;
  - Accreditation status of the institution and the program, including contact information for CAPTE;
  - Technical standards or essential functions, if available;
  - Acceptance and matriculation rates;
  - Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
  - Costs of the program (including tuition, fees, and refund policies);
  - Any additional fees associated with verification of identity for distance education purposes;
  - Financial aid; and
  - Enrollment agreement, if utilized.

- Describe how the following information is communicated to enrolled students, including:
  - Process for filing 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, including travel expectations to clinical sites;
  - Required health information;
  - Potential for other clinical education requirements, such as drug testing and criminal background checks; and
  - Access to and responsibility for the cost of emergency services in off-campus educational experiences.

5C Enrollment agreements\(^\text{28}\), if utilized, 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.

Evidence of Compliance
Narrative:

- Identify whether enrollment agreements are used.
- If utilized:
  - explain how the agreement complies with institutional accrediting agency and state requirements;
  - indicate when in the enrollment process the student is required to sign the agreement, and
  - 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;
    - Accreditation status of the institution and the program, including contact information for CAPTE;
    - Technical standards or essential functions, if available;
    - Acceptance and matriculation rates;
    - Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
    - Costs of the program (including tuition, fees, and refund policies);
    - Any additional fees associated with verification of identity for distance education purposes;
    - Financial aid; and

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\(^{28}\) Enrollment agreements: formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship.
- Enrollment agreement.

Attachments:
- If utilized, provide a copy of the enrollment agreement.

5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students, and applied consistently and equitably.

Evidence of Compliance
Narrative:
- Describe how policies and procedures that affect students are disseminated to students and program faculty.
- Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.

Attachments
- Provide a chart that identifies the relevant policies and procedures and identify as applicable, where the policies are found, including the name of the document, page number and/or URL. These policies must include, but are not limited to:
  - Policies related to due process;
  - Policies describing confidentiality of records and other personal information;
  - Policies describing protection of information used for verification of student identity in distance education;
  - Safety of students when in the role of subjects or patient-simulators;
  - Policies on what student information is shared with the clinical facility (e.g., criminal background check, academic standing) and the process used to share this information;
  - Policies addressing requests for accommodation (in the classroom or clinical education) for students with disabilities;
  - Information provided to students regarding potential health risks they may encounter throughout the education program and in clinical practice;
  - Policies governing use of standard precautions;
  - Policies governing the storage and use of any hazardous materials;
  - Safety regulations and emergency procedures;
  - Policies governing the use and maintenance of equipment;
  - Policies related to clinical education experiences, including HIPAA and a patient’s right to refuse treatment by a student; and
    - Policies regarding laboratory access by students outside scheduled class time.
- If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

5E Policies, procedures, and practices related to student retention and progression through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Evidence of Compliance
Narrative:
- Describe the mechanism by which students receive regular reports of academic performance and progress.
- Describe the mechanism by which students receive regular reports of their clinical performance and progress, including the minimal expectations of the program for frequency of these reports.
- Describe the resources available to support retention and progression of students.
- Describe remediation activities, if provided, when knowledge, behavior or skill deficits, or unsafe practices are identified.

Attachments

29 Retention: Maintenance of enrollment across multiple terms
30 Progression: Ability of students to enroll in subsequent courses based on defined expectations
• Provide a chart that identifies the relevant policies and procedures regarding student retention and progression through the program, including policies regarding withdrawal and dismissal from the program. As applicable, identify where the policies are found, including the name of the document, page number and/or URL.
• If the policies are not found in supporting documents, provide a copy of the relevant policies in the bookmarked document titled: Other Policies.pdf.

| Standard 6: |
| The program has a comprehensive curriculum plan. |

**REQUIRED ELEMENTS:**

6A The comprehensive curriculum plan\(^{31}\) is based on: (1) information about the contemporary practice\(^{32}\) of physical therapy; (2) standards of practice; and (3) 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.

Evidence of Compliance:
Narrative:
• 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.

6B The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper-division study in one discipline (i.e., comparable to a minor).

Evidence of Compliance:
Narrative:
• If the program requires a baccalaureate degree prior to admission, a statement to that effect is the only response required.
• If the program does not require a baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of course work, including upper division courses in at least one content area, that is the equivalent of a minor at the institution.

6C The specific prerequisite course work is determined by the program’s curriculum plan.

Evidence of Compliance:
Narrative:
• Describe the rationale for inclusion of the specific prerequisite courses, including the knowledge and skills that students are expected to possess upon entrance into the professional program.
• Analyze the adequacy of the prerequisite course work to prepare students to be successful in the professional program.

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\(^{31}\) **Curriculum plan:** A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners’ previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc.

\(^{32}\) **Contemporary practice:** Delivery of physical therapy services as documented in current literature, including the *Guide to Physical Therapist Practice*, the Standards of Practice, and the Code of Ethics.
6D The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.

Evidence of Compliance:
Narrative:
- Describe the curriculum model and the educational principles of the curriculum.
- Provide examples of how the educational principles translate into learning experiences.

6E The curriculum plan includes 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 includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.

Evidence of Compliance:
Narrative:
- Describe how the courses are organized, sequenced, and integrated, including clinical education.
- Provide the rationale for the model used to integrate the didactic and clinical education portions of the curriculum; include a description of the course work that prepares students for each clinical education experience.
- Provide examples of sequential and integrated learning experiences that prepare students to provide care to individuals with orthopedic, neurological, and cardiopulmonary conditions and to geriatric and pediatric populations.
- Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.

Attachments:
- Course syllabi; uploaded on the Course Details Page for each course. See Element 6F for what each syllabus must contain.

6F The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Evidence of Compliance:
Narrative:
- Only response needed is to refer the reader to the course syllabi that uploaded on the course detail pages.

Attachments:
- Course syllabi; uploaded on the Course Details Page for each course. Each syllabus must include at least the following:
  - title and number;
  - description;
  - department offering course;
  - credit hours;

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33 Curriculum model: A general description of the organization of the professional curriculum content.
34 Major Systems: Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems
35 Integrated clinical education: Clinical education experiences that occur before the completion of the didactic component of the curriculum. Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting.
36 Full time terminal clinical education: Extended full-time experience that occurs at the end of the professional curriculum but may be followed by a short didactic activity, such as a seminar or a short licensure preparation course that does not require additional clinical experiences.
The curriculum plan includes learning objectives\(^{37}\) stated in behavioral terms that reflect the breadth and depth\(^{38}\) of the course content and describe the level of student performance expected.

Evidence of Compliance:
Narrative:
- Describe the adequacy of the objectives, in the aggregate, to reflect the depth and breadth needed to meet expected student performance outcomes.
- Describe the extent to which course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.

Attachments:
- Course syllabi; uploaded on the Course Details Page for each course.

The curriculum plan includes a variety of effective instructional methods\(^{39}\) selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

Evidence of Compliance:
Narrative:
- Describe the variety of instructional methods and learning experiences used in the curriculum to facilitate students’ achievement of the objectives.
- Describe the rationale for the selection of instructional methods and learning experiences used in the curriculum.

If the curriculum plan includes courses offered by distance education methods, the program provides evidence\(^{40}\) that:

**Rationale for criteria about distance education:** The addition of these criteria is necessary in order for CAPTE to maintain its USDE scope of recognition regarding use of distance education. Being specific in this way also guarantees that programs will discuss their distance education activities; on-site reviewers will verify that distance education is being implemented as described and CAPTE will review the distance education aspects of all programs.

Evidence of Compliance:
Narrative:
- Describe the use of distance education methods in the curriculum, if any. If no distance education methods are used, state that and skip Elements 6I1 through 6I8.

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\(^{37}\) **Objectives:** Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable) across all learning domains.

\(^{38}\) **Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

\(^{39}\) **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

\(^{40}\) Assessment of the quality of distance education is required by USDE.
6I1 faculty teaching by distance are effective in the provision of distance education;

Evidence of Compliance
Narrative:
• Provide evidence that faculty teaching by distance are effective in the provision of distance education.

6I2 the rigor\textsuperscript{41} of the distance education courses is equivalent to that of site-based courses;

Evidence of Compliance
Narrative:
• Describe how the program ensures the rigor of the distance education courses.

6I3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Evidence of Compliance
Narrative:
• Describe how the program ensures student performance in distance education courses meets the expectations described in course syllabi.

6I4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Evidence of Compliance
Narrative:
• Describe the mechanism(s) utilized to determine student identity during course activities and when testing occurs at a distance

6I5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Evidence of Compliance
Narrative:
• Describe the mechanism(s) utilized to maintain test security and integrity when testing occurs at a distance

6I6 there is a mechanism for maintaining student privacy as appropriate;

Evidence of Compliance
Narrative:
• Describe the mechanism(s) utilized to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments).

6I7 students have been informed of any additional fees related to distance education; and

Evidence of Compliance
Narrative:
• Identify additional student fees, if any, for distance education courses.
• If there are additional student fees for distance education courses, describe how and when students are informed of the fees.

6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

Evidence of Compliance

\textsuperscript{41} Rigor: expectations for student assignments, engagement in the course and performance.
Narrative:
- Describe how distance education students have access to academic, health, counseling, disability and financial aid services.
- Compare the academic, health, counseling, disability and financial aid services available to students taking distance education courses to those that are available for students taking on-site courses.

6J The curriculum plan includes a variety of effective tests & measures\(^{42}\) and evaluation processes\(^{43}\) used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

Evidence of Compliance Narrative:
- Describe the variety of evaluation mechanisms, including formative and summative, used by the program to measure students’ achievement of objectives.
- Describe the timing of student evaluation across the curriculum, in didactic, laboratory, and clinical education courses.
- Describe how the program ensures that evaluations used by the program to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.
- Describe how the program ensures that students have achieved the objectives stated for each clinical education experience.

Attachments:
- A sample examination for each course; a cumulative final examination, if given, is preferred; Upload on the Course Detail Page for each course.
- If the course includes laboratory practice, include a sample practical examination and grading rubric. \textbf{NOTE: only one document per course can be uploaded on the Portal;} therefore, for courses that include both written and practical exams, the exams and the grading rubric must be merged into one, bookmarked PDF document.
- If no examination is given in a course, upload an assignment and its grading rubric combined into one PDF document.
- For clinical education courses: only upload the student performance evaluation instrument if it is NOT the CPI or PT Mac. The Portal will not require an exam for any course identified as a clinical education (See Curriculum List/Course Details in the Self-study Forms document). \textbf{If get a validation error indicating an exam is required, check that the course has been coded correctly.}

On-site:
- Examples of feedback provided to students.
- Comprehensive exam at end of program, if given.
- Sample graded assignments.

6K The curriculum plan includes clinical education experiences\(^{44}\) for each student that encompass, but are not limited to:

Evidence of Compliance Narrative:
- 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 is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.
- 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.

\(^{42}\) Tests & measures: Procedures used to obtain data on student achievement of expected learning outcomes

\(^{43}\) Evaluation processes: Methods and activities to determine the extent to which student test data relate to overall student performance.

\(^{44}\) Clinical education experiences: That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.
6K1  management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;

Evidence of Compliance
Narrative:
- Describe the program’s expectations for types of patients/treatment that each student should have worked with during clinical experiences.
- Describe how the program monitors that each student has the required experiences.
- Describe the range of other experiences that student have had.

6K2  practice in settings representative of those in which physical therapy is commonly practiced;

Evidence of Compliance
Narrative:
- Describe the practice settings required for each student.
- Describe how the program monitors that each student has the required experiences.
- Describe the range of practice settings available.
Attachments:
- For the most recent graduating class, provide a table that demonstrates that each student has completed the clinical education experiences required by the program, as well as the expectations of this criterion. Documentation for each student should include the types of clinical education experiences completed for each clinical education experiences.

6K3  involvement in interprofessional practice45

Evidence of Compliance
Narrative:
- Describe the program’s expectation for opportunities for involvement in interprofessional practice during clinical experiences.
- Provide evidence that students have opportunities for interprofessional practice.

6K4  direction and supervision of physical therapy personnel; and

Evidence of Compliance
Narrative:
- Describe the program’s expectation for opportunities for direction and supervision of physical therapy personnel during clinical experiences.
- Provide evidence the students have an opportunity for direction and supervision of physical therapy personnel.

6K5  other experiences that lead to the achievement of the program’s defined expected student outcomes.

Evidence of Compliance
Narrative:
- Describe the program’s expectation for other clinical education experiences that lead to the achievement of the program’s expected student outcomes.
- Provide evidence that the students have these experiences.

6L  The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters46 or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.

45  Interprofessional practice: “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010)

46  6 semesters: Currently (2014), the average length of programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent.
**Rationale for the addition of the 6 semester requirement:** This language has been added to assure that DPT programs continue to meet the USDE definition of a "first professional degree".

Evidence of Compliance
Narrative:
- 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.
- If program is offered part-time, provide evidence that the credits and contact hours are the same as for the full-time programs.

**6M** The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.

Evidence of Compliance
Narrative:
- State the degree granted.

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**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.

**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, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, histology, nutrition, and psychosocial aspects of health and disability.

Evidence of Compliance
Narrative:
- Describe where and how the biological and physical sciences are included in the professional curriculum.

**7B** The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning evidenced-based practice and applied statistics.

Evidence of Compliance
Narrative:
- Describe where and how the content delineated in this element is included in the professional curriculum.

**7C** The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, neuromuscular systems, and system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

Evidence of Compliance
Narrative:
- Describe where and how the clinical sciences listed in the element are included in the professional curriculum.
7D  The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:

Evidence of Compliance
Narrative:
- For each of the following elements:
  - Describe where the content is presented in the curriculum and provide example(s)/description(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);
  - Provide a maximum of 5 examples of course objectives that demonstrate the highest expected level of student performance, include course prefix and number, objective number and the full wording of the objective. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10; and
  - Describe the level of actual student achievement, including outcome data if available. For Initial Accreditation ONLY, describe how the program will determine the actual level of student achievement, including planned outcome data.

Professional ethics, values & responsibilities
7D1  Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
7D2  Report to appropriate authorities suspected cases of abuse of vulnerable populations.
7D3  Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
7D4  Practice in a manner consistent with the APTA Code of Ethics.
7D5  Practice in a manner consistent with the APTA Core Values.
7D6  Communicate effectively with all stakeholders including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
7D7  Identify, respect, and act with consideration for patients'/clients’ differences, values, preferences, and expressed needs in all professional activities.
7D8  Access and critically analyze scientific literature.
7D9  Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
7D10 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
7D11 Effectively educate others using teaching methods that are commensurate with the needs of the learner.
7D12 Participate in professional and community organizations and the available opportunities for volunteerism, advocacy, and leadership.
Advocate for the profession and the healthcare needs of society through legislative and political processes.

Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client Management

Screening

Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Examination, Evaluation and Diagnosis

Obtain a history and relevant information from the patient/client and from other sources as needed.

Perform a systems review

Select and competently administer tests and measures appropriate to the patient’s age, diagnosis and health status including, but not limited to, those that assess:

- Aerobic Capacity/Endurance
- Anthropometric Characteristics
- Assistive Technology
- Balance
- Circulation (Arterial, Venous, Lymphatic)
- Self-Care and Civic, Community, Domestic, Education, Social and Work Life
- Cranial and Peripheral Nerve Integrity
- Environmental Factors
- Gait
- Integumentary Integrity
- Joint Integrity and Mobility
- Mental Functions
- Mobility (including Locomotion)
- Motor Function
- Muscle Performance (including Strength, Power, Endurance, and Length)
- Neuromotor Development and Sensory Processing
- Pain
- Posture
- Range of Motion
- Reflex Integrity
- Sensory Integrity
- Skeletal Integrity
- Ventilation and Respiration or Gas Exchange

**Systems Review:** including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

**Test & Measures:** The list is adapted from the Guide to Physical Therapist Practice.
7D19 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

7D20 Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient/client’s impairments, activity and participation limitations.

7D21 Determine a diagnosis that guides future patient/client management.

Prognosis and Plan of Care
7D22 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.

7D23 Establish a safe and effective plan of care in collaboration with appropriate stakeholders including patients/clients, family members, payors, other professionals and other appropriate individuals.

7D24 Determine those components of the plan of care that may, and may not, be directed to the physical therapist assistant (PTA) based on (1) the needs of the patient/client, (2) the education, training and competence of PTA’s ability, (3) jurisdictional law, (4) practice guidelines, policies, and (5) facility policies.

7D25 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention49
7D26 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a. Airway Clearance Techniques
   b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
   c. Biophysical Agents
   d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
   e. Integumentary Repair and Protection
   f. Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   g. Motor Function Training (balance, gait, etc.)
   h. Patient/client education
   i. Therapeutic Exercise

Management of Care Delivery
7D27 Delineate and communicate, and supervise those areas of the plan of care that will be delegated to the PTA.

7D28 Monitor and adjust the plan of care in response to patient/client status.

7D29 Manage the delivery of the plan of care that is consistent with professional obligations and administrative policies and procedures of the practice environment.

49 Interventions: This list is from the Guide to Physical Therapist Practice
7D30 Complete documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

7D31 Assess patient outcomes including the use of appropriate standardized tests and measures that address impairments, functional status and participation.

7D32 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

7D33 Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.

7D34 Provide care through direct access.

7D35 Participate in the case management process.

Participation in Health Care Environment

7D36 Assess safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team.

7D37 Participate in activities for ongoing assessment and improvement of quality services.

7D38 Participate in the provision of patient-centered interprofessional collaborative care.

7D39 Utilize health informatics in the health care environment, including how large data sets can be used to determine effectiveness and efficiency of care.

7D40 Describe health care reform and its potential impact on the healthcare environment and practice.

Practice Management

7D41 Participate in the financial management of the practice setting, including billing and payment for services rendered.

7D42 Participate in the development of a business plan to include marketing, public relations, regulatory and legal requirements, risk management and continuous quality improvement.

### Standard 8

The program resources are sufficient to meet the current and projected needs of the program.

**REQUIRED ELEMENTS:**

8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship, and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the
associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.

Evidence of Compliance
Narrative:
- Describe how the program determines the number of core faculty needed to accomplish all program activities delineated in the element.
- Describe the core faculty resources for the program.
- Identify the core faculty:student ratio\(^{50}\) and the average faculty:student lab ratio.
- Provide evidence that the core faculty workloads are within the defined workload policies.
- Describe how the faculty teaching and workloads for the program faculty are adequate to meet the program needs with regard to:
  - Teaching
  - Scholarship
  - Program administration
  - Administration of the clinical education program
  - Institutional and program committee and governance activities
  - Student advising
  - Any expectations related to student recruitment and admissions process
  - Other institutional and program responsibilities

8B The program has, or has ensured access to, adequate administrative/secretarial and technical support services to meet expected program outcomes.

Evidence of Compliance
Narrative:
- Describe the administrative/secretarial and technical support available to the program, including the administrative/secretarial support available for the clinical education program.

8C 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.

Evidence of Compliance
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 visit, the previous academic year and projected data for the next academic year. The form, Allocations and Expense Statements, can be used to collect the required data.
  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.

Narrative:
- Describe the various revenue sources, including the expected stability of each.
- Describe how allocated funds from each source are utilized.
- Describe the process used to determine short- and long-term budgetary needs that are tied to the strategic planning process.

8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.

8D1 Classroom and laboratory environments are supportive of effective teaching and learning.

Evidence of Compliance
Narrative:
- Describe the classroom and laboratory space consistently used by the program.

\(^{50}\) Core faculty:student ratio: When determining this value, use (1) the number of full-time and part-time core faculty positions allocated to the program (regardless of the number of cohorts) and (2) the total number of students enrolled in the professional phase of the program (regardless of the number of cohorts).
Describe other classroom and laboratory space utilized by the program in the past 2 years, if different than the first bullet. Describe how the space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.

8D2 Space is sufficient for faculty & staff offices, student advising, conducting confidential meetings, storing office equipment and documents and securing confidential materials.

Evidence of Compliance
Narrative:
- Describe the space available to the program for faculty and staff offices, student advising, conducting confidential meetings, storing office equipment and documents and securing confidential materials.
- Analyze the adequacy of offices and space for core and associated faculty in meeting their teaching, advisement, and service activities.

8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Evidence of Compliance
Narrative:
- Identify the opportunities students have for access to laboratories for practice outside of scheduled class times.

8D4 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.

Evidence of Compliance
Narrative:
- Provide a general description of the equipment and materials available for the support of the program including equipment and supplies loaned by vendors or by facilities other than the institution.
- Describe the process used to ensure that equipment is in safe working order.
- Describe access to equipment being borrowed/loaned or used off-site; describe the contingency plan should borrowed/loaned equipment not be available.

8D5 Technology resources meet the needs of the program.

Evidence of Compliance
Narrative:
- Describe the instructional technology available to the program
- Describe how the program uses technology for instructional and other purposes.

8D6 Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.

Evidence of Compliance
Narrative:
- Describe the scholarship equipment and space needs of each core faculty member
- Describe the scholarship equipment and space core faculty have access to.

8E 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.

Evidence of Compliance
Narrative:
- Describe the library resources, including the technological resources, and related learning resource centers, available to the program faculty and students.
- Describe the accessibility of library resources and related learning resource centers to program faculty and students.
If the educational program has its own facility for books, periodicals, instructional, and audiovisual materials, describe how the facility and materials are in an environment that is conducive to their intended purpose and accessible to students and academic faculty when needed.

8F There are a sufficient number of clinical sites to provide quality, quantity and variety of experiences to prepare students for their roles and responsibilities.

Evidence of Compliance
Narrative:
- Describe the process used by the program to determine that the clinical education sites offer 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 courses in curriculum.
- Describe how the program ensures 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.

Attachments
- Provide the Clinical Education Site Form to demonstrate the number of clinical sites needed and the number of clinical sites available to the program for each required clinical education experience.

8G 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/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Evidence of Compliance
Narrative:
- 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.

Attachments:
- 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.
- Written agreements on file that are fully executed and up-to-date.

8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

Evidence of Compliance
Narrative:
- Briefly describe the academic, counseling, health, disability, and financial aid services available to program students.
- If the program is offered by distance education, describe the technical support services available to students.
- Analyze the extent to which student services meet the needs of the program.