



Commission on Accreditation
in Physical Therapy Education

RULES OF PRACTICE AND PROCEDURE

Parts 1 - 16

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Changes are highlighted

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This document comprises the official operating policies,
procedures and practices used by the

Commission on Accreditation in Physical Therapy Education
(CAPTE)

CAPTE reviews its policies, procedures and practices on a regular basis in response to changes in the higher education environment, expectations for recognition, actions of accredited and developing programs, and as a part of its continual search for ways to improve its functions.

Unless noted otherwise, all policies included herein are effective thirty (30) days after publication.

Explanation of Version Number (21.3.12)

1st number: last two digits of the year

2nd number: meeting at which substantive changes were adopted (0-Winter, 1-Spring, 2-Summer, 3-Fall)

3rd number, if any: month in which editorial changes have been made

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PART 1 INTEGRITY IN THE ACCREDITATION PROCESS

(Adopted 10/00. Revised 10/03, 10/06, 4/09, 4/10, 11/10, 11/11, 5/12, 4/15)

1.1 Importance of Integrity

Accreditation serves as an indication of quality by establishing standards against which all physical therapy education programs can be measured. A high level of reliance is placed on the information, data and statements provided to CAPTE by programs. Integrity, therefore, is central to the accreditation process.

Further, integrity of the process is the framework to secure the just and efficient administration of all facets of the accreditation enterprise while fully protecting the rights of all parties in interest thereto.

1.2 CAPTE's Commitment to Integrity

- (a) The *CAPTE Rules of Practice and Procedure* (the *Rules*) establish the practices, procedures, and policies to be followed by CAPTE in maintaining the integrity of its processes and fulfilling its responsibilities in the accreditation of education programs in physical therapy as those functions are defined in the mission and function of CAPTE. The practices, procedures, and policies set out in this document shall, in every instance, be interpreted in a manner wholly consistent with the purposes of CAPTE. These rules shall be construed to describe CAPTE's commitment to the integrity of the process.
- (b) CAPTE recognizes, however, that rules cannot be promulgated to address every eventuality. In order to maintain the integrity of the process, when new situations arise that are not addressed in these *Rules*, staff will respond in a manner consistent with the intent of the existing rules, and at its next regularly scheduled meeting or by conference call as appropriate and necessary, the Commission will assess the efficacy of the staff approach/interpretation in light of the accreditation requirements, process expectations, and circumstances documented by the program. If necessary, new rules will be developed to provide guidance for future actions.
- (c) CAPTE reserves the right to make exceptions to these *Rules* in those rare instances where their enforcement conflicts with the just, efficient and economical administration of the process to protect the rights of all parties of interest, such that the integrity of the process would be compromised if the exceptions were not made.

1.3 Expectations of Program/Institutional Integrity

- (a) Truthful Identification of Pre-accreditation or Accreditation Status

The Commission on Accreditation in Physical Therapy Education (CAPTE) expects that institutions and programs, including their representatives, will provide accurate, unambiguous information to prospective and enrolled students, other stakeholders and the public about the pre-accreditation or accreditation status of the physical therapy program that is seeking accreditation or is accredited by CAPTE. This includes informing stakeholders and the public when the program has been placed on probation or show cause. Additionally, CAPTE expects that, if the institution offers other physical therapy programs not subject to CAPTE accreditation (e.g., post-professional programs, residencies), the institution will clearly distinguish between the CAPTE-accredited program(s) and any programs that are not CAPTE-accredited. Any apparent violation of these expectations will activate procedures for investigating and responding to suspected violations. Confirmed evidence of such violations may negatively affect the program's pre-accreditation process/status or its accreditation status and, if not corrected expeditiously, will be reported to the appropriate institutional accreditation agency, the state authorizing authority and the US Department of Education. (Adopted, April 2009; revised April 2010, November 2010, November 2011, April 2012, April 2015)

(b) Academic Integrity in the Pre-accreditation and Accreditation Processes

The Commission on Accreditation in Physical Therapy Education (CAPTE) is responsible for assuring the preservation of the highest standards of integrity in the physical therapy education pre-accreditation and accreditation processes. **Plagiarism and failure to report honestly by presenting false information or by omission of essential information whether or not by willful intent constitute breaches of academic integrity.** This includes actions that interfere with the ability or willingness of program representatives or students to provide truthful answers to the on-site review team during interviews while on site. Any apparent violation of the principles of academic integrity in any materials submitted to CAPTE or during the on-site visit will activate procedures for investigating and responding to suspected violations. Confirmed evidence of violation of the principles of academic integrity may negatively affect the program's pre-accreditation process/status (e.g., the process may be discontinued or candidacy may be withdrawn) or accreditation status (e.g., probation or withdrawal) and may be reported to the appropriate institutional accreditation agency. (Adopted, December 1985; revised December 1988, December 1990, October 2006, April 2009, April 2010, November 2010, November 2011, April 2015)

(c) Integrity in the Development and Implementation of New Programs.

Integrity in the developing programs process is essential to creating and maintaining the proper relationships between the primary stakeholders in physical therapy education programs (i.e. institution, program, agency staff, CAPTE and the public). It is essential for developing programs and their institutional sponsors to establish a positive, honest, and transparent working relationship with all key stakeholders in the process as a demonstration of the value placed on integrity in higher education and educational program delivery.

Major considerations related to integrity in the development and implementation of a new physical therapy education program include, but are not limited to: honest and accurate reporting to stakeholders, accurate representations of progress and status, and adherence to the conditions and caveats agreed to by the institution and program when establishing a candidacy cycle with the Commission (i.e., agreement to enroll only one cohort of students per year until Initial Accreditation is granted, misrepresenting the eligibility requirements and supporting documentation when establishing a candidacy cycle, and/or failing to report changes in the program's eligibility prior to the Commission making a candidate for accreditation decision, etc.). Confirmed evidence of violation of the principles of integrity during the developing programs process at the institutional or program level may negatively affect the program's pre-accreditation process/status (e.g., the process may be discontinued or candidacy may be withdrawn) and may be reported to the appropriate institutional accreditation agency. (Adopted April 2012; revised April 2015)

(d) Integrity in the Operation of Accredited Programs

Integrity is at the heart of the relationship between accrediting agencies, institutions and educational programs. It is also a central consideration for CAPTE as reflected in its Standards and Required Elements, its Rules, related processes, and core values. The core of the accrediting agency-program relationship assumes an underlying commitment to integrity from all parties who are stakeholders in the process. Abridging this responsibility and commitment on the part of an accredited program in any way would compromise the quality assurance framework established by the Commission. Failure to report substantive changes as required in Part 9, inaccurately reporting information in the Annual Accreditation Report thereby misrepresenting the outcomes or performance of the program and its graduates, lying to, or misleading the Commission (and/or its staff) in a requested report or other communication can all constitute grounds for establishing a violation of integrity in the operation of an accredited program. Confirmed evidence of violation of the principles of integrity by an accredited program at the institutional or program level may negatively affect the program's accreditation status (e.g., probation or withdrawal) and may be reported to the appropriate institutional accreditation agency. (Adopted April 2012; revised April 2015)

(e) Integrity Related to Program Closure

The decision to close an academic program requires specific plans for providing, in appropriate ways, for the students, the faculty, and the administrative and support staff, and for the disposition of the program's assets and student records. Every effort should be devoted to informing each constituency as fully as possible about the conditions of the closing. Further, students must be advised of their rights, academic records must be promptly transferred and all regulatory requirements must be adhered to.

Students who have not completed the program must be provided for according to their academic needs. Affected students must be provided all the instruction promised by the institution. Whether provided by the closing program or by an institution accepting transfers for the purpose of teach out, the students must receive instruction that 1) is compatible with the structure and quality of the original program, and 2) does not require significant additional charge.

The institution is expected to maintain the academic integrity of the education program until all students have completed the program. Arrangements must also be made to assure future access to the academic records of all graduates of the program by individuals and appropriate legal bodies. If the closure of the program coincides with the closure of the institution, all students and CAPTE must be informed about how program graduates will be able to access their academic records.

Institutions found to have violated these expectations will be reported by CAPTE to the appropriate institutional accreditation agency. (Adopted November 2000; revised April 2009, November 2011)

PART 2
PURPOSE, TASKS, MISSION, VISION AND SCOPE OF CAPTE
(Revised 4/02, 10/04, 4/05, 4/10, 11/11, 4/14, 4/15, 11/15, 10/17 5/18, 4/19)

2.1 Purpose and Tasks of CAPTE

Purpose: To operate a nationally recognized accreditation agency for physical therapy education programs.

Tasks

1. Formulate, adopt and manage the timely revision of the requirements for accreditation of physical therapy education programs, with input and feedback from internal and external communities of interest, including appropriate Association appointed groups.
2. Establish rules of practice and procedure for operation of the accreditation agency.
3. Manage the pre-accreditation process by: a) defining the process, b) evaluating all pertinent data sources, and c) acting upon applications for Candidate for Accreditation status of developing education programs for physical therapists and physical therapist assistants in the US and its territories.
4. Manage the accreditation process by a) defining the process, b) evaluating all pertinent data sources, and c) determining the accreditation status of education programs for physical therapists and physical therapist assistants in the US and its territories and of education programs for physical therapists in Scotland, if those programs offer a post-baccalaureate degree and were accredited on December 31, 2001.
5. Communicate with internal and external communities of interest to inform and educate them about the Standards and Required Elements, accreditation processes and Commission decisions.
6. Respond to formal complaints about programs and about the agency.
7. Assist in the development of documentation needed to maintain recognition by the U.S. Department of Education and the Council for Higher Education Accreditation.
8. Oversee and participate in the training of on-site reviewers.

2.2 Mission and Vision (adopted October 2017)

MISSION

The mission of the Commission on Accreditation in Physical Therapy Education is to ensure and advance excellence in physical therapy education.

VISION

The Commission on Accreditation in Physical Therapy Education will be the global premier pathway to accreditation in physical therapy education.

2.3 Scope of Accreditation Activities

CAPTE accredits physical therapist professional education programs offered at the clinical doctoral degree levels by higher education institutions in the United States and internationally. CAPTE also accredits paraprofessional physical therapist assistant technical education programs offered at the associate degree level by higher education institutions in the United States only.

PART 3

ORGANIZATION, ROLES AND RESPONSIBILITIES OF CAPTE AND STAFF

(Adopted 4/02, Revised 10/05, 10/06, 4/07, 10/08, 4/09, 10/09, 4/10, 11/10, 4/11, 11/11, 5/12, 11/12, 4/13, 11/13, 4/14, 11/14, 4/15, 11/15, 5/16, 11/16, 10/17, 5/18, 10/18, 10/19, 1/21, 1/22)

SUB-PART 3A – CAPTE

3.1 Composition of CAPTE

- (a) CAPTE consists of at least 32 members, divided into three panels: a Physical Therapist Review Panel, a Physical Therapist Assistant Review Panel, and a Central Panel.
- (b) The panels have the following constituencies:
 - (1) Physical Therapist Review Panel
 - 1 Physical Therapist Educator (Basic Sciences)
 - 1 Physical Therapist Educator (Curriculum Development)
 - 1 Physical Therapist Educator (Academic Administration)
 - 2 Physical Therapist Educators
 - 1 Physical Therapist Clinical Educator Active in Clinical Practice and Clinical Teaching
 - 1 Physical Therapist Clinician
 - 2 Institutional Members (Administrators in Higher Education/Health Science)
 - 1 Public Member

Members elected to these positions should be representative, in aggregate, of all types of institutions providing physical therapist education programs.
 - (2) Physical Therapist Assistant Review Panel
 - 4 Physical Therapist Assistant Educators (including Program Directors experienced in administration and curriculum development)
 - 1 Physical Therapist Assistant Educator (a faculty member who is a PTA)
 - 1 Physical Therapist Educator
 - 1 Physical Therapist in clinical practice who supervises Physical Therapist Assistants
 - 1 Physical Therapist/Physical Therapist Assistant who is a PTA Educator
 - 2 Physical Therapist Assistant Clinicians
 - 2 Institutional Members (Administrator in Higher Education/Health Science)
 - 1 Public Member

Members elected to these positions should be representative, in aggregate, of all types of institutions providing physical therapist assistant education programs.
 - (3) Central Panel
 - 2 Recent CAPTE Members (one with prior service on the PT Panel and one with prior service on the PTA Panel), both with service in the last four years)
 - 1 Individual active in the accreditation agency (service as on-site reviewer within the past four years)
 - 1 Individual, either an on-site reviewer within the past three years or service on the Central Panel/PT Panel/PTA Panel within the past four years
 - 1 Consumer of Accreditation Services (a program director not involved as an on-site reviewer)
 - 1 Administrator in Higher Education (service as on-site reviewer within the past four years)
 - 2 Public Members
 - 1 PT or PTA Clinician (service on the Central Panel/PT Panel/PTA Panel within the past six years)
 - (4) Ad Hoc Member(s)

As needed to meet anticipated, time-limited workload increases, additional member(s) may be appointed by the Chair in consultation with staff, to the Central, PT or PTA Panels. Typically, such appointments will be made for the usual four (4) year period, but may be shorter.

3.2 Qualifications for Membership on CAPTE

- (a) Members of CAPTE, with the exception of the public members and the consumer member, must have been appropriately trained as on-site reviewers and must have made a minimum of three on-site visits, in addition to having the experience and education qualifications for representation in a specific Commission position (e.g., PT educator).
- (b) Public members are defined as individuals who bring the public perspective to CAPTE.
 - (1) A public member may NOT be
 - (i) An employee, member of the governing board, owner or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by CAPTE or has applied for accreditation or pre-accreditation;
 - (ii) A member of the APTA or any other trade association or membership organization related to, affiliated with or associated with CAPTE; or
 - (iii) A spouse, parent, child or sibling of an individual identified above.
 - (2) Individuals are determined to be eligible to serve as public members via review of curriculum vitae and their written certification that they meet the definition of a public member prior to their appointment.
- (c) The consumer member on the Central Panel shall meet the following expectations:
 - (1) is not an on-site reviewer
 - (2) has been a program director for at least 5 years;
 - (3) the program at which currently employed has been in existence at least five years and its current status is accreditation,
 - (4) is from a state not represented on the Commission at the beginning of term
 - (5) knowledge about both PT and PTA education is preferable.

3.3 Procedures for Election to CAPTE

- (a) At the Spring meeting each year, staff shall provide CAPTE with a list of all individuals eligible for positions that will be coming open in the following year. Each panel shall review the list and nominate individuals, preferably at least two, who would best meet the needs of the panel and of CAPTE. Every effort shall be made to select nominees who, if elected, will add to the diversity of CAPTE membership (geographic, institution type, gender, ethnicity, etc.).
- (b) Staff shall then seek consent to serve from the nominated individuals nominated by CAPTE and provide the names of those individuals to CAPTE prior to the Fall meeting each year.
 - (1) The Accreditation staff shall contact the nominated individuals to describe the nature and extent of the work of the Commission and seek consent to serve
 - (2) Consent to serve shall be written and shall be accompanied by an abbreviated resume
 - (3) A ballot including the names of those consenting to serve, organized by position and accompanied by the abbreviated resume, shall be provided to CAPTE members at least two weeks prior to the meeting
- (c) At the Fall meeting each year, CAPTE shall elect members from those who have consented to serve.

3.4 Term of Service; Re-election

- (a) The term of service on CAPTE is usually four (4) years, unless an uncompleted term is being filled or an ad hoc member is appointed for a shorter term [see §3.1(b)(4)]. CAPTE reserves the right to extend any member's term up to one year for the purpose of balancing the number of seats to be filled annually, subject to consent of the member.
- (b) Individuals are eligible for immediate re-election to CAPTE as well as after an absence from CAPTE. Regardless of Panel, individuals may serve no more than two (2) terms whether consecutive or after an absence from the Commission of less than five years. After five years of being off the Commission, individuals can be elected to the Commission for another two terms.

3.5 Orientation/Training for Members of CAPTE

- (a) Orientation of new CAPTE members
 - (1) The Chair and staff shall provide an appropriate orientation for new CAPTE members. The orientation activities will include a planned presentation by members of CAPTE and staff, formal contacts prior to and following meetings by the Panel Chairs, and on-going informal consultation and advice from experienced Commissioners.
 - (2) Material provided to new Commissioners and covered in the orientation/training of newly appointed Commissioners includes, but is not limited to:
 - (i) the *CAPTE Accreditation Handbook*, which includes the Rules of Practice and Procedure;
 - (ii) the *CAPTE Procedure Manual*;
 - (iii) minutes of all meetings of CAPTE for the previous year; and
 - (iv) access to any Self-study Reports, Visit Reports, Compliance Reports and any related material on programs in which Compliance Reports are pending.
 - (3) Formal orientation/training of new Commissioners shall occur in two parts:
 - (i) a conference call shortly after their term begins to discuss information and provide training needed in preparation for the first meeting in which they will participate; and
 - (ii) a session immediately prior to the Spring meeting to discuss remaining topics needed to complete the full orientation.
 - (4) The public members and the consumer member shall observe an on-site visit or attend a self-study workshop within six (6) months of appointment to CAPTE.
- (b) Development of sitting members of CAPTE
 - (1) At least bi-annually, Commissioners shall be trained regarding the implications of distance education on the quality of physical therapy education programs and the program characteristics to be reviewed for programs that offer distance education courses.
 - (2) At least biannually, a professional development activity shall be included in a CAPTE meeting.

3.6 Resignation from CAPTE

Any member of CAPTE may resign his or her position by submitting a written letter of resignation to the Chair of CAPTE with a copy to the Director of Accreditation. The notice shall be submitted as soon as practicable before the effective date of the resignation.

3.7 Dismissal from CAPTE

- (a) Whenever any individual, any member of any group, or any member of the APTA believes that there exist grounds for the dismissal of a member of CAPTE, he or she may submit a written request for such dismissal to the Chair of CAPTE (or if the CAPTE member in question is the Chair, to the Vice Chair) with a copy to the Director of the Accreditation. The request shall recite the grounds for dismissal believed to exist.
- (b) For the purposes of this subsection, grounds for dismissal are:
 - (1) non-compliance with CAPTE policies and procedures;
 - (2) failure to perform assigned tasks;
 - (3) failure to attend required meetings of CAPTE;
 - (4) breach of confidentiality; or
 - (5) unprofessional behavior.
- (c) The Chair (or Vice Chair as appropriate) shall convene a committee comprising two representatives from each Panel to determine the disposition of a request for dismissal.
- (d) A decision of the appointed committee to dismiss a member of CAPTE may be appealed according to Part 14 of CAPTE Rules of Practice and Procedure.

3.8 Filling Positions after Resignation or Dismissal of a Commissioner

Positions on CAPTE that are left vacant following resignation or dismissal are filled by appointment. Appointments to fill incomplete terms are made by the CAPTE Chair (or Vice Chair, if the Chair's position has been vacated) after consultation with the Central Panel. Appointees must meet the qualifications for the open position.

3.9 Roles and Responsibilities of Panels and Members of CAPTE

(a) Role of the Commission

Specific roles of CAPTE are defined activities that emanate from its Mission and Function (see Part 2). To accomplish its mission, CAPTE is organized into three panels with defined roles. In addition, CAPTE acts as one group to:

- (1) Adopt and promote the mission of CAPTE
- (2) Adopt the standards to be used for accrediting programs in physical therapy
- (3) Make all accreditation status decisions
- (4) Adopt its Rules of Practice and Procedure, including establishment of accreditation fees
- (5) Recommend specific accreditation activities to staff
- (6) Implement methods of increasing the effectiveness of the accreditation program
- (7) Oversee, and participate as appropriate, in educational and quality improvement activities related to the goals of CAPTE.

(b) Role of the Central Panel

- (1) Review and suggest revisions to the mission of CAPTE
- (2) Oversee processes for the formulation, evaluation, revision, and adoption of standards for accreditation
- (3) Manage the review and revision of CAPTE's rules and procedures
- (4) Respond to initiatives/recommendations of the panels that will enhance the accreditation program and process and provide consultative support to panels
- (5) Determine the membership profile of CAPTE and panels, establish qualifications for membership; and in conjunction with staff, design and implement orientation/training for new members
- (6) Act on all formal complaints about candidate and accredited programs, with assistance of public members
- (7) Participate in the design of internal and external support systems (computerization, procedures, forms, etc.)
- (8) Participate in the ongoing assessment of the accreditation process and CAPTE's effectiveness, including processing and act on complaints about the agency
- (9) Assist in formulating recommendations regarding petitions for recognition and responses to recognition agencies
- (10) Participate in all reconsideration visits and reconsideration reviews/hearings for adverse decisions
- (11) Collaborate with Commissioners from the PT and PTA Panels and Accreditation staff in the functions listed above
- (12) Assist the PT and PTA Panel with accreditation decisions, as needed
- (13) Act upon applications for candidate status from developing programs
- (14) Review income and expense reports
- (15) Review projections of income and expenses as a basis for determining proposed fees
- (16) Establish formal liaison relationships with other organizations that have similar or related interests.

(c) Role of the PT and PTA Panels

- (1) Discuss the findings and recommendations made by the reviewers
- (2) Recommend accreditation status, including proposed citations, of PT/PTA education programs to CAPTE
- (3) Participate in reconsideration reviews/hearings and on expedited reconsideration visits

- (4) Seek consultation, as needed, from the Central Panel regarding status decisions and other issues of importance
 - (5) Recommend to the Central Panel changes in policy, procedure, logistics, membership, and staff procedures that will enhance the accreditation program and process
- (d) Role of Primary and Secondary Reviewers
- (1) Evaluate program compliance with standards for accreditation by review of Self-study Reports and Visit Reports
 - (2) Compare on-site team evaluation with own evaluation
 - (3) Clarify differences, if any, in (1) and (2) by a call to team leader if indicated
 - (4) Primary and secondary reviewers, individually, prepare reports, a motion on the accreditation status, and their recommendations for CAPTE
 - (5) Primary reviewer prepares Summary of Action draft following CAPTE Panel discussion and tentative decision
 - (6) In the event that the primary reviewer is no longer on CAPTE, the secondary reviewer will automatically become the primary reviewer.
- (e) Role of Other Panel Members
- (1) Read Visit Report with Institution Response (unless in conflict with the program); review Self-study Reports for clarification as needed
 - (2) Compare Visit Report with Institution Response with primary and secondary reviewers' recommendations
 - (3) Question differences; request clarifying information from reviewers; review Self-study Report as appropriate
 - (4) Provide CAPTE with recommendations not presented by primary or secondary reviewers as appropriate.
- (f) Role of Public Members
- (1) Serve as consumer advocate; protect the public interest; oversee the process for fairness and reasonable action
 - (2) Serve as neither primary nor secondary reviewer
 - (3) Participate in discussions and vote on program status decisions if not in conflict
 - (4) Have accessibility to all materials and may attend meeting one day early to review materials
 - (5) Serve as the initial reviewers of all summary reports of the evaluations of the accreditation processes and take responsibility for bringing to the attention of the entire CAPTE membership recommended changes in the process or procedures based upon those reports
 - (6) The Central Panel public member serves as one of the reviewers of all formal complaints
 - (7) Participate in reconsideration hearings.
- (g) Role of Former Commissioners
- (1) Serve as reviewer for Compliance Reports that are currently pending on programs previously assigned to them
 - (2) Provide comments to CAPTE related to compliance with the standards for accreditation addressed in the Compliance Report
 - (3) Serve on Appeal Panels, if appointed
 - (4) Serve on CAPTE-appointed work groups and task forces.

3.10 Officers of CAPTE

There shall be a Chair, who is a PT and educator in a DPT program with leadership experience, and a Vice Chair of CAPTE and each review panel shall have a Chair and a Vice Chair. All officers shall serve a term of one (1) year and may succeed themselves.

- (a) Role of the Commission Chair
- (1) Conduct meetings of CAPTE as a whole
 - (2) Maintain liaison with Accreditation staff
 - (3) Cooperate with Accreditation staff to expedite the work of CAPTE

- (4) Consult with the Accreditation staff on preparation of the agenda for the meeting
 - (5) Determine the need for a vote outside of a scheduled meeting of CAPTE; poll members
 - (6) Appoint three (3) CAPTE members for expedited reconsideration visits
 - (7) Coordinate with staff to respond to correspondence directed to CAPTE
 - (8) Assist staff with orientation for new CAPTE members
 - (9) Consult with staff regarding on-site visit postponement, planning and preparation of panels' agendas, review of minutes and other matters related to CAPTE as they occur
 - (10) Request/approve presence of on-site team leader at CAPTE meeting
 - (11) Serve as voting member of CAPTE
 - (12) May attend meeting early to read materials, as indicated, and to work with staff
 - (13) Initiate or respond to any situation regarding action prior to the next scheduled meeting of CAPTE; action shall be in connection with staff, other CAPTE members, or legal counsel as deemed appropriate. If Chair is in conflict, the Vice-Chair will respond. If the Vice-Chair is in conflict, the respective panel Chair will respond.
 - (14) Serve as Chair of the Central Panel
 - (15) Serve as an official spokesperson for CAPTE
 - (16) Represent CAPTE at meetings of other external groups as needed (e.g., APTA, FSBPT)
- (b) Role of the CAPTE Vice-Chair
- (1) Act for the Chair in cases of absence or areas of conflict in conducting the meeting of CAPTE
 - (2) Manage the nomination and elections process for CAPTE leadership, including appointing nominating committee members
 - (3) Assist the Chair with other activities/ including attendance at meetings of external groups, as requested.
- (c) Role of the Chairs of the Physical Therapist and Physical Therapist Assistant Review Panels
- (1) Assist staff with organization and planning for review panel meeting and agenda
 - (2) Serve as resource to CAPTE Chair regarding issues related to Panel activities/issues
 - (3) Assist staff with the orientation of new CAPTE members
 - (4) Request/approve presence of on-site team leader at CAPTE meeting as required
 - (5) Serve as primary or secondary reviewer, except if a public member
 - (6) May attend meetings early to read materials and work with staff
 - (7) Serve as a voting member of CAPTE.
- (d) Role of the Vice Chairs of the Review Panels
- (1) Act for the Panel Chair in cases of absence or areas of conflict in conducting the meeting of the panel
 - (2) Serve as a member of the committee to approve the minutes of the CAPTE Business Meeting
 - (3) Assist the Panel Chair with other activities as requested.

3.11 Nominating Committee of CAPTE

- (a) There shall be a three (3) member nominating committee of CAPTE that will be appointed by the Vice Chair of CAPTE prior to the Fall meeting of CAPTE. Members shall be representatives of the PT, PTA, and Central Panels. One member shall be designated as the Chair.
- (b) The Committee shall prepare the slate for election of the Chair and Vice Chair of CAPTE. At least two (2) individuals, whenever possible, shall be slated by the Committee for each office. The Nominating Committee will secure agreement of consent to serve prior to finalizing the election slate. Nominations from the floor will be accepted of individuals from whom consent to serve has been previously obtained. The Committee shall also prepare the ballot for the election.

SUB-PART 3B – STAFF

3.12 Staff Composition and Organization

Accreditation staff shall provide support to CAPTE. The number, composition and organization of the staff are determined by the Director of Accreditation in collaboration with APTA so as to ensure the effective management of the activities in support of CAPTE and the accreditation process.

3.13 Staff Role in Support of CAPTE

- (a) Accreditation staff are primarily responsible for the processes and procedures necessary for CAPTE to perform its functions as outlined in Part 4, including but not limited to:
 - (1) Organization and implementation of two regular CAPTE meetings per year, as well as additional meetings as needed
 - (2) Assigning CAPTE reviewers
 - (3) Final editing of Summaries of Action
 - (4) Preparation and distribution of minutes of CAPTE meetings
 - (5) Maintenance of records related to CAPTE decisions
 - (6) Management of the reconsideration process
 - (7) Participation on expedited reconsideration visits
 - (8) Conduct and/or participate on focused visits
 - (9) Manage the process for nomination and election of new Commissioners
 - (10) Conduct orientation of new Commissioners
 - (11) Serve as contact person, as appropriate, when anyone requests contact with CAPTE regarding action taken by CAPTE
 - (12) Represent CAPTE at national accreditation meetings
 - (13) Develop materials and forms to be used in the accreditation process.
- (b) During CAPTE meetings, the role of staff is to
 - (1) Provide some “institutional memory”
 - (2) Assure compliance with the Rules of Practice and Procedure
 - (3) Assist with decisions about compliance and appropriate citations
 - (4) Define CAPTE’s options for action.
- (c) Between CAPTE meetings, the Director of Accreditation serves as an official spokesperson for CAPTE.
- (d) Accreditation staff may not preempt actions of CAPTE members. An actual change of content, intent, date, or accreditation status included in the report of CAPTE’s Summary of Action must be approved by CAPTE members. Editorial changes do not require CAPTE approval.

3.14 Staff Role in Support of the Accreditation Process

Accreditation staff are responsible for the following activities in support of the accreditation process

- (1) Implement policy decisions of CAPTE
- (2) Training of on-site reviewers
- (3) Maintenance of records
- (4) Preparation and submission of reports to USDE and CHEA
- (5) Communication with external communities of interest
- (6) Manage review and revision of the standards for accreditation
- (7) Manage submission/distribution of reports submitted by programs
- (8) Edit/distribute reports of visits
- (9) Implementation of all assessment processes, including review of the results and intervention when necessary
- (10) Process formal complaints
- (11) Assign teams and candidacy reviewers
- (12) Manage the annual accreditation report process

- (13) Review of responses to Requests for Additional Information (RAI) and, when appropriate, review of Compliance Reports
- (13) Manage the administrative probation process
- (14) Develop and manage the Accreditation budget
- (15) Serve as liaison to accrediting agencies or educational organizations, including dissemination of information.

3.15 Staff Role in Support of Programs

- (a) Accreditation staff are responsible for the following activities in support of educational programs
 - (1) Organize and present self-study workshops in conjunction with national meetings
 - (2) Provide self-study workshops, upon request, at individual programs (at staff discretion when feasible)
 - (3) Provide web-based directory of accredited programs and a list of developing programs
 - (4) Provide consultation to programs about the accreditation process
 - (5) Assist programs to understand CAPTE expectations regarding the standards for accreditation
 - (6) Publicize aggregate data about physical therapy programs
 - (7) Provide specifically requested aggregate data about programs
 - (8) Organize and present workshops for developing programs in conjunction with self-study workshops.
- (b) Accreditation staff do not act as consultants to programs regarding the substance of their submissions to CAPTE.

3.16 Other Staff Activities

Accreditation staff are also responsible for other activities including, but not limited to:

- (1) management of accreditation finances as described in Part 15;
- (2) response to requests from the APTA for information: reports of meetings, year-end reports, budget variance reports; and
- (3) participation in APTA activities as required.

3.17 Confidentiality

- (a) Accreditation staff members shall not discuss matters, disclose or use information specific to an institution or program of which they have knowledge by virtue of involvement in the accreditation process, except when officially participating in this capacity as outlined in these Rules.
- (b) Information provided by programs to staff and/or Commissioners may be disclosed to CAPTE.

PART 4 OPERATION OF CAPTE

(Adopted 10/00. Revised 10/01, 4/02, 4/03, 10/03, 4/04, 4/05, 4/06, 4/07, 10/08, 4/09, 4/10, 11/10, 11/11, 5/12, 9/12, 4/13, 11/13, 4/14 11/14, 4/15, 11/15, 11/16, 4/17, 10/17, 5/18, 10/18, 10/19, 4/20, 1/21, 5/21, 1/21, 1/22)

4.1 Meetings of CAPTE

- (a) CAPTE has two regularly scheduled meetings each year (in Spring and Fall). Meeting dates are determined by staff, in consultation with the Chair and Commission members. Regularly scheduled meetings include concurrent meetings of the PT, PTA and Central Panel for initial review of programs, followed by two joint sessions: an open business meeting and an executive session during which final accreditation decisions are made.
- (b) When CAPTE receives credible and substantiated information that would reasonably affect a program's accreditation status adversely, CAPTE reserves the right to call an electronic meeting outside its regularly scheduled meetings to consider the evidence and to take action if warranted. The decision to call the meeting will be made by staff in consultation with the Chair and the respective Panel Chair. The program will be notified of the scheduled meeting and will be invited to provide evidence of compliance with the standards for accreditation, for review by CAPTE at the electronic meeting.
- (c) Accreditation staff, after consultation with the Chair of CAPTE, shall be responsible for the preparation of an agenda for each meeting and for preparing and distributing the agenda at least fourteen (14) calendar days prior to each scheduled meeting.
- (d) All regular meetings of CAPTE shall be held at APTA headquarters, **virtually, or other locations when indicated. Other Central Panel meetings may be held at APTA Headquarters, in other locations, or virtually.**
- (e) Any members of CAPTE who cannot attend a meeting of the Commission shall notify the Chair and staff at the earliest possible date of their inability to attend and will provide the Accreditation staff with their completed draft Summaries of Action.

4.2 Authorized Sub-Groups of CAPTE

- (a) The Central Panel is authorized to act on CAPTE's behalf to
 - (1) Make pre-accreditation decisions during and between regularly scheduled meetings of CAPTE, at a scheduled meeting or by conference call. In the interest of consistency, pre-accreditation decisions made by the Central Panel at regularly scheduled meetings are not reviewed by CAPTE.
 - (2) Address formal complaints
 - (3) Make revisions to Parts 5, 6, 10-16 of these Rules
 - (4) Oversee CAPTE's finances in collaboration with Finance Committee
- (b) Finance Committee
 - (1) Members consist of:
 - (i) Commissioners from each CAPTE Panel
 - (ii) prior CAPTE Panel Commissioners
 - (2) Chair of Committee is a Central Panel member
 - (3) Functions include:
 - (i) Oversight of Memorandum of Agreement
 - (ii) Conduct review, provide input and approve proposed budget
 - (iii) Recommend fee changes
 - (iv) Monitor the budget throughout the year
 - (v) Report as needed but minimally on an annual basis

- (c) Expedited reconsideration teams are authorized to act on behalf of CAPTE to uphold or reverse previous adverse decisions.

4.3 Functions and Operations of Review Panels and Authorized Sub-Groups

- (a) Program Reviewer Assignments:
 - (1) Accreditation staff will assign reviewer responsibilities based on the Commission member's experience, training and orientation. A reviewer will not be assigned to a program with which a conflict of interest exists. If the Commissioner has served on the most recent on-site review team to a program, the role of on-site visitor will supersede the function of the Commissioner as it relates to that program. If both Commissioners previously assigned as program reviewers are no longer on CAPTE, staff will assign another reviewer. In selected cases, staff may serve as the reviewer.
 - (2) In the event of an emergency absence of a reviewer, the remaining reviewer(s) will determine if assistance is needed in reviewing all programs assigned to the absent Commissioner. If such assistance is required, substitute reviewers will be appointed by staff.
- (b) Core Document Review Prior to Meetings:
 - (1) Prior to CAPTE meetings, each Commission member is expected to review these *Rules of Practice and Procedure*. Commissioners should also review all position papers adopted by CAPTE, which are included in the *CAPTE Accreditation Handbook*.
 - (2) Prior to conference calls during which official program decisions are made, all participating Commissioners are expected to review the Guidelines for CAPTE Conference Calls.
- (c) Candidate for Accreditation decisions
 - (1) Documents Provided to Reviewers:
 - (i) Copies of Application for Candidacy materials shall be distributed to the primary and secondary reviewers.
 - (ii) The Candidacy Visit Report with Institution Response shall be distributed to all panel members, unless a conflict of interest exists. The name and contact information of the Candidacy Reviewer Team Leader will be provided to the primary reviewer.
 - (iii) No materials received from the program later than thirty (30) days prior to the meeting will be reviewed unless the materials have been specifically requested by the commissioner responsible for their review.
 - (2) Review of the Application for Candidacy and the Candidacy Visit Report with Institution Response
 - (i) The primary and secondary reviewers, following a thorough review of the Application for Candidacy, the Candidacy Visit Report with Institution Response, and any additional materials submitted by the program, shall complete an analysis of each program scheduled for review.
 - (a) The primary and secondary reviewers shall each independently complete a draft Summary of Action by electronic format and each draft will be accessible during the discussion of each program.
 - (b) Reviewers shall submit materials in electronic format to the Accreditation staff for computerization no later than one week prior to the meeting.
 - (c) Prior to the meeting, the primary reviewer will call the candidacy reviewers to clarify any areas in question resulting from the review. The primary reviewer will also call the program director to seek any relevant additional information. Both of these contacts will be documented in the Summary of Action.
 - (ii) Based on review of the Candidacy Visit Report with Institution Response from programs on the agenda, each Commission member shall come prepared with specific questions or comments on programs for which he/she is neither primary nor secondary reviewer.
 - (3) The recommended format for reviewer reporting at panel meetings
 - (i) The primary reviewer should
 - (a) briefly describe the program under consideration
 - (b) identify his/her views of program progress toward compliance with each standard/element

- (c) identify the candidacy reviewers' view of progress toward compliance
 - (d) present a recommendation for candidacy status
 - (e) present proposed content for the Summary of Action including areas of, and reasons for, determination of unsatisfactory progress toward compliance, as well as other issues that need to be addressed in a self-study report and other suggestions
 - (ii) The secondary reviewer should present any differing opinions from his/her viewpoint.
 - (iii) The Panel Chair shall then call for questions or comments from the other Commission panel members and allow for discussion of pertinent areas.
 - (4) Following Panel discussion and consensus, the primary reviewer shall prepare a final draft Summary of Action.
- (d) Accreditation (initial and reaffirmation) decisions
- (1) Documents Provided to Reviewers:
 - (i) Copies of Self-study Report materials shall be distributed to the primary and secondary reviewers.
 - (ii) The Visit Report with Institution Response shall be distributed to all panel members, unless a conflict of interest exists. The name and contact information of the Team Leader will be provided to the primary reviewer.
 - (iii) No materials received from the program later than thirty (30) days prior to the meeting will be reviewed unless the materials have been specifically requested by the commissioner responsible for their review.
 - (2) Review of the Self-study Report and the Visit Report with Institution Response
 - (i) The primary and secondary reviewers, following a thorough review of the Self-study Report, the Visit Report with Institution Response, and any additional materials submitted by the program, shall complete an analysis of each program scheduled for review.
 - (a) The primary and secondary reviewers shall each independently complete a draft Summary of Action by electronic format and each draft will be accessible during the discussion of each program.
 - (b) Reviewers shall submit materials in electronic format to the Accreditation staff for computerization no later than one week prior to the meeting.
 - (c) Prior to the meeting, the primary reviewer will call the team leader to clarify any areas in question resulting from the review. The primary reviewer will also call the program director to seek any relevant additional information. Both of these contacts will be documented in the Summary of Action.
 - (ii) Based on review of the Visit Report with Institution Response from programs on the agenda, each Commission member shall come prepared with specific questions or comments on programs for which he/she is neither primary nor secondary reviewer.
 - (3) The recommended format for reviewer reporting at panel meetings
 - (i) The primary reviewer should
 - (a) briefly describe the program under consideration
 - (b) identify his/her views of program compliance with each standard/element
 - (c) identify the on-site review team's view of compliance
 - (d) present a recommendation for accreditation status
 - (e) present proposed content for the Summary of Action including areas of, and reasons for, determination of unsatisfactory progress toward compliance, as well as other issues that need to be addressed in a compliance report and other suggestions
 - (ii) The secondary reviewer should present any differing opinions from his/her viewpoint.
 - (iii) The Panel Chair shall then call for questions or comments from the other Commission panel members and allow for discussion of pertinent areas.
 - (4) Following Panel discussion and consensus, the primary reviewer shall prepare a final draft Summary of Action.
 - (5) The recommended status decision shall be presented to CAPTE for voting. If the recommended decision is to place a program on probation or is adverse, the draft Summary of Action shall also be presented to CAPTE.

- (e) Review of Applications for Approval of Substantive Change
 - (1) Documents Provided to Reviewer:
 - (i) Copies of Application for Approval of Substantive Change materials shall be distributed to the primary and secondary reviewers. A copy of these materials shall be available to CAPTE for review as needed.
 - (ii) No materials received from the program later than thirty (30) days prior to the meeting will be reviewed unless the materials have been specifically requested by the commissioner responsible for their review.
 - (2) Review of the Application for Approval of Substantive Change
 - (i) The primary and secondary reviewers, following a thorough review of the Application for Approval of Substantive Change, shall complete an analysis of each program scheduled for review. The primary and secondary reviewers shall each independently complete a draft Summary of Action by electronic format and each draft will be accessible during the discussion of each program.
 - (ii) Reviewers shall submit materials in electronic format to the Accreditation staff for computerization no later than one week prior to the meeting.
 - (3) The recommended format for reviewer reporting at panel meetings
 - (i) The primary reviewer should
 - (a) briefly describe the program seeking approval of a substantive change
 - (b) describe the proposed change
 - (c) present a recommendation for approval/denial of the proposed change
 - (d) present proposed content for the Summary of Action including
 - (1) if the recommendation is to approve the change, appropriate comments related to continued compliance with the elements
 - (2) if the recommendation is to deny approval, reasons for the denial with references to specific standards/elements as appropriate
 - (ii) The secondary reviewer should present his/her views if they differ from those of the primary reviewer.
 - (iii) The Panel Chair shall then call for questions or comments from the other Commission panel members and allow for discussion of pertinent areas.
 - (4) Following Panel discussion and consensus, the primary reviewer shall prepare a final draft Summary of Action.
 - (5) The recommended status decision shall be presented to CAPTE for voting. If the recommended decision is to deny approval, the draft Summary of Action shall also be presented to CAPTE.
- (f) Review of Compliance Reports
 - (1) Documents Provided to Reviewer:
 - (i) Copies of Compliance Reports shall be distributed to the primary and secondary reviewers previously assigned to the program. A copy of these materials shall be available to CAPTE for review as needed.
 - (ii) No materials received from the program later than thirty (30) days prior to the meeting will be reviewed unless the materials have been specifically requested by the commissioner responsible for their review.
 - (2) Review of the Compliance Report
 - (i) The primary and secondary reviewers, following a review of the Compliance Report and on-site visitors' comments on the Compliance Report (if any), shall each independently complete a draft Summary of Action that will also be available for Commission panel members prior to discussion of a program.
 - (ii) Reviewers shall submit materials in electronic format to the Accreditation staff for computerization no later than one week prior to the meeting.
 - (3) The recommended format for reviewer reporting at panel meetings
 - (i) The primary reviewer should
 - (a) briefly describe the program under consideration
 - (b) present a review of the reasons that a Compliance Report was requested
 - (c) provide an analysis of how areas of conditional compliance or non-compliance have been handled by the program

- (d) describe the comments of the on-site visitors regarding the Compliance Report, if any
 - (e) present proposed content for the Summary of Action including accreditation status and, if indicated, areas of and reasons for non-compliance, dates for any Compliance Report or revisit and specific areas to be addressed in a Compliance Report
 - (ii) The secondary reviewer should present his/her views if they differ from those of the primary reviewer.
 - (iii) The Panel Chair shall then call for questions or comments from the other Commission panel members and allow for discussion of pertinent areas.
 - (4) Following Panel discussion and consensus, the primary reviewer shall prepare a final draft Summary of Action.
 - (5) The recommended status decision shall be presented to CAPTE for voting. If the recommended decision is probation or adverse, the draft Summary of Action shall also be presented to CAPTE.
 - (6) In some instances staff may be assigned the responsibility of reviewing Compliance Reports when deemed appropriate by the reviewers. In such case the staff member will provide an analysis of the program's response to CAPTE's Summary of Action and recommend to the panel if the report should be accepted. Staff may also request the Panel to consider the program and decide on the subsequent recommendation to CAPTE. Following Panel discussion and consensus, the staff shall prepare a final draft Summary of Action. The recommended status decision shall be presented to CAPTE for voting. If the recommended decision is adverse, the draft Summary of Action shall also be presented to CAPTE.
 - (7) Review of responses to CAPTE's Requests for Additional Information (RAI) following review of the Annual Accreditation Reports is the responsibility of staff. In such cases the staff member will provide an analysis of the programs' responses and recommend to the panel if the responses should be accepted. Staff may also request the Panel to consider the program and decide on the subsequent recommendation to CAPTE. Following Panel discussion and consensus, the staff shall prepare a final draft Summary of Action. The recommended status decision shall be presented to CAPTE for voting. If the recommended decision is adverse, the draft Summary of Action shall also be presented to CAPTE.
- (g) Review of Reportable Program Changes
- (1) Staff shall review and compile information regarding program changes that have been reported since the previous meeting and make available for review and discussion at the Panel meeting information that may find the program to be out of compliance with one or more standards/elements. Commissioners will be assigned specific reports of change for review.
 - (2) At the Panel's discretion, review of the information may result in
 - (i) a request for additional information, in the form of a Compliance Report, for review at the next meeting
 - (ii) a determination that the program is out of compliance with one or more standards/elements, in which case a Summary of Action will be generated
- (h) Review of Annual Accreditation Reports (AAR):
- (1) Staff shall review and compile information regarding program changes that have been reported in the Annual Accreditation Reports and make available for review and discussion at the Panel meeting information that may find the program to be out of compliance with one or more standards/elements. Commissioners will be assigned specific reports of change for review.
 - (2) At the Panel's discretion, review of the information may result in
 - (i) a request for additional information, in the form of a Compliance Report, for review at the next meeting
 - (ii) a determination that a program with an accreditation status is out of compliance or a program with candidacy status is not making satisfactory progress with one or more standards/elements, in which case a Summary of Action will be generated
 - (3) Annual Accreditation Reports may also be used as a third data source for the primary and secondary reviewers. These reports shall be available during CAPTE meetings by request of the Commissioners in advance of the meeting.

- (i) Expedited Reconsideration
 - (1) Documents Provided to Reviewer:
 - (i) Copies of the Statement in Support of Reconsideration of an Adverse Decision shall be distributed to all expedited reconsideration team members.
 - (ii) Review of substantive materials provided on site rather than in the Statement in Support of Reconsideration will be at the discretion of the team.
 - (2) Review of the Statement in Support of Reconsideration
 - (i) All expedited reconsideration team members, following a review of the Statement in Support of Reconsideration of an Adverse Decision, shall each independently develop a list of issues that need to be explored during interviews with representatives of the institution and will begin a draft Summary of Action for discussion during the visit.
 - (ii) The expedited reconsideration team will prepare a Summary of Action based on the information provided in the Statement in Support of Reconsideration and gathered during the visit.

4.4 CAPTE Action on Program Status

- (a) Except in cases where a sub-group of CAPTE has been authorized to act on its behalf [see §4.2], CAPTE will take action on individual programs when a review panel has:
 - (1) recommended an adverse action: withdraw candidacy, withhold accreditation, or withdraw accreditation
 - (2) recommended that a program be placed on probation, maintained on probation, or removed from probation
 - (3) recommended Defer Action, Warning, or Show Cause
 - (4) recommended an extension for good cause
 - (5) recommended an action that grants an exception to, or an alternative mechanism for, compliance with a standard/element
 - (6) asked that its recommendation be reviewed by CAPTE
 - (7) recommended an action that sets significant precedent.
- (b) All other status decisions will be made through the use of a consent agenda: recommendations from the review panels will be accepted by CAPTE by consent, with conflicts noted. Any two (2) Commissioners from the panels that did not review the program may ask that a program be removed from the consent agenda and discussed individually. The request will be automatically granted.
- (c) When making status decisions, CAPTE will consider decisions made by States and other accrediting agencies.
 - (1) Except as noted in §4.4(c)(2) below, CAPTE will not grant pre-accreditation or accreditation to a program if it is aware that the program or institution is the subject of:
 - (i) A pending or final action brought by a State agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide postsecondary education in the State [34CFR602.28(b)(1)];
 - (ii) A decision by a recognized agency to deny accreditation or pre-accreditation to the institution or to deny approval of the physical therapy program being considered [34CFR602.28(b)(2)];
 - (iii) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or pre-accreditation [34CFR602.28(b)(3)]; or
 - (iv) A status imposed on the institution by a recognized agency that is anything but good standing [34CFR602.28(b)(4)].
 - (2) If, in CAPTE's judgment, decisions of states or other accrediting agencies do not preclude an action to grant pre-accreditation or accreditation to an affected program, CAPTE may act to grant a pre-accreditation or accreditation status in the situations described above. In such situations CAPTE will provide the USDE, within thirty (30) days of its action, a thorough and reasonable explanation, consistent with its standards, of the reasons why the action of the other body does not preclude CAPTE's granting of accreditation or pre-accreditation [34CFR602.28(c)].
 - (3) If CAPTE learns that an institution that offers a program it accredits or preaccredits is the subject of an adverse action by a recognized institutional accrediting agency or has been placed on

probation or an equivalent status by a recognized institutional accrediting agency, CAPTE will review, at its next scheduled meeting, the accreditation or pre-accreditation status of the affected program to determine if it should also take adverse action or place the program on probation or show cause. [34CFR602.28(d)].

4.5 Official Reports of Status Decisions

- (a) The official report of a pre-accreditation or accreditation status decision made by CAPTE shall be a written Summary of Action.
 - (1) The Summary of Action shall include the following information:
 - (i) name of the institution and program
 - (ii) a list of the sources of information upon which the decision was based
 - (iii) actual date of decision
 - (iv) effective date of decision, if different from the actual date
 - (v) accreditation status
 - (vi) action taken
 - (vii) brief description of reasons for the decision
 - (viii) if the Summary of Action reports a status decision following an on-site visit, a statement of the Commission's judgment with respect to student achievement and commentary about the Commission's judgment regarding the extent to which the program is meeting its mission
 - (ix) the date and type of the next accreditation activity
 - (x) relevant notices to the program [see §4.5(c)], below]
 - (xi) if appropriate, a list of standards/elements with which the program was found to be out of compliance
 - (2) The Summary of Action may include, as appropriate,
 - (i) suggestions to the program about how to respond to areas found to be out of compliance
 - (ii) consultative comments
 - (iii) commendations.
- (b) The official Summary of Action will be sent to the program director no later than thirty (30) calendar days following the close of the CAPTE meeting. Copies of the Summary of Action will also be sent to the chief executive official of the institution and to other administrative officials designated by the institution. A copy of the Summary of Action following an on-site visit will also be sent to the on-site team.
- (c) Every Summary of Action includes notices appropriate to the decision that has been made, as indicated below.
 - (1) All Summaries of Action, regardless of the action taken, include the following notices.

ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION

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

acting on behalf of CAPTE the Accreditation staff will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

PUBLIC NOTICE OF DECISIONS BY CAPTE

Following all decisions, including decisions to place a program on warning, probation or show cause, or to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, the Accreditation staff will, within **one business day** of the official notification of the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its website.

RESPONSIBILITY TO REPORT CHANGE(S)

The institution and program are responsible for notifying CAPTE of all reportable changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Reportable changes, some of which may require pre-approval, are described in Part 9 of CAPTE's *Rules of Practice and Procedure* (<http://www.capteonline.org/AccreditationHandbook/>). **It is the program's responsibility to be familiar with these expectations and to provide notification of program changes as required.**

- (2) All Summaries of Action that grant candidacy or that grant or reaffirm accreditation (including probationary status) include the following notice:

PUBLIC NOTICE OF REASONS FOR DECISIONS

Pursuant to expectations of the Council for Higher Education Accreditation, CAPTE provides public notice of the reasons for its decisions to grant candidacy, or grant or reaffirm accreditation. These notices are in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education. The front page of this Summary of Action will be used for this purpose.

- (3) If a Compliance Report is required, the Summary of Action includes the following notice:

TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE

CAPTE's recognition by the United States Department of Education requires a limitation of two years for programs to be out of compliance with a required element [34 CFR 602.20(a)(2)]. When, after review of a Compliance Report, the program remains out of compliance with any required element and sufficient progress toward compliance has not been demonstrated, CAPTE may act to place the program on probationary accreditation or withdraw accreditation. CAPTE will place the program on probationary accreditation when a program remains out of compliance for 18 months. If the program continues to be out of compliance with any required element at the end of the two year period following the initial finding that the program is out of compliance, CAPTE will withdraw accreditation unless CAPTE judges the program, for good cause, to be making significant efforts to come into compliance with the standards and required elements. CAPTE defines a good cause effort as:

- (a) a completed comprehensive assessment of the problem/issue under review,
- (b) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years,
- (c) a detailed timeline for completion of the plan,
- (d) evidence that the plan has been implemented according to the established timeline, and
- (e) evidence that the implemented plan is showing results that provide reasonable assurance the program will achieve compliance within the allotted time frame.

It is the program's responsibility to make the case that a good cause effort has been made and continues to be in effect. During the extension for good cause, probationary accreditation status will be maintained and the program's progress will be monitored. In no case, however, will an extension for good cause be longer than two years.

- (4) If the program is placed on probation, the Summary of Action includes the following notice:

NOTICE TO USDE, INSTITUTIONAL ACCREDITING AGENCY
AND STATE HIGHER EDUCATION AUTHORITY

Pursuant to USDE regulation, a copy of this Summary of Action is being sent to the US Department of Education, the relevant institutional accrediting agency and the relevant state higher education authority at the same time as it is being sent to the program.

- (5) If the program is placed or continued on probation, the Summary of Action includes the following notices:

NOTIFICATION OF STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist [assistant] education program, those seeking admission and the public, that the program has been granted probationary accreditation until such time as probation is removed. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within seven (7) days of receipt of this Summary of Action along with information about how the public is being notified [34 CFR 602.26(b)].

REQUIRED STATEMENT OF PROBATIONARY STATUS

Once a program has been placed on probation, and for as long as it remains on probation, the program must use the statement provided in §8.20(a)(3) on all educational and promotional materials, including the institution/program website, used by the program/institution.

CONTINGENCY PLAN

The program is advised to consider development of a contingency plan for students who are accepted into the next class. If the program is unable to address the issues identified in this Summary of Action and accreditation is withdrawn, and after all due process has been exhausted, the decision has not been reversed, only those students who are enrolled in the final year of the program will be considered graduates of an accredited program. Those students must successfully complete the program in the original time frame scheduled for their graduation, i.e., the twelve-month period following the date of the action to withdraw accreditation.

PUBLIC NOTICE OF REASONS FOR PROBATION

In accordance with USDE requirements, no later than sixty (60) days after the date of any decision to place or maintain a program on probation, CAPTE will publish on its website a brief statement summarizing the reasons for the decision and the official comments, if any, that the program may make with regard to the decision. **A copy of what we intend to publish is enclosed with this summary of action.** Acknowledgement that the institution has reviewed the intended public notice must be received by the Accreditation staff no later than fourteen (14) calendar days following receipt of the decision, along with the official comments from the program or institution in regard to the decision, if any. Notices related to programs on probation will be removed from the website when probation is no longer in effect.

- (6) If the program is granted Candidate for Accreditation status, the Summary of Action includes the following notices:

SCOPE OF COMMISSION REVIEW

Independent of any long term plans described, or alluded to, by the program in its Application for Candidacy, the scope of the Commission's review at the time of this decision to grant candidacy was based on actual and verified resources and related considerations, and not on planned or projected program resource levels to address

future program changes (e.g., expansion and other program offerings, the number of cohorts admitted annually, etc.). As agreed to when the Application for Candidacy was submitted, the program is limited to enrolling one cohort annually and to maintaining class size at the approved number for the original cohort. Candidate programs are not eligible for substantive changes requiring pre-approval as described in Part 9 of CAPTE Rules of Practice and Procedure.

RELATIONSHIP BETWEEN CANDIDACY AND ACCREDITATION

Achieving Candidate for Accreditation status does not assure the program will become accredited. The Commission's decision to grant accreditation will be based on the program's ability to demonstrate compliance with the standards and required elements. The lack of comment about a specific required element in this Summary of Action does not imply that the program is in compliance with that required element; it only means that satisfactory progress toward compliance has been achieved. Therefore, the step the program must make from demonstrating progress toward compliance with the specific elements addressed in the expectations for candidacy and demonstrating compliance with all of the elements for accreditation is a significant one with programs needing to demonstrate compliance at the time of consideration for accreditation.

REQUIRED STATEMENT DESCRIBING THE PROGRAM'S STATUS

The institution/program is expected to indicate on its website, in its publications, or in correspondence related to recruitment or admissions that Candidacy status has been granted, using the statement provided in §7.22 of CAPTE's *Rules*.

IMPLICATIONS OF SUMMER GRADUATION

If the program plans for the charter class to graduate in July, August or September, the program is required to include information regarding the implications of a summer graduation relative to the timing of graduation and the ability to sit for the licensure exam. The statement provided in §7.8(d)(vi) of CAPTE's *Rules* is to be used for this purpose.

- (7) If Candidate for Accreditation is denied, the Summary of Action includes the following notices:

NOTIFICATION OF PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students seeking admission to the program that the program is not a candidate for accreditation. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of the Summary of Action.

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's action to deny candidacy and to provide information regarding the institution's future plans for development of the program. The institution does have the right to seek reconsideration of adverse actions taken by CAPTE. If reconsideration is requested, the adverse decision will be set aside until a final decision is rendered on the reconsideration or appeal. Should the institution decide not to pursue further development of the program, all references to candidacy and/or accreditation by CAPTE must be removed from such materials at the same time CAPTE is notified of the decision not to continue development.

RECONSIDERATION/APPEAL/REAPPLICATION

The institution has the option of requesting reconsideration of the Commission's action to deny candidacy. The rules related to the Procedure for Reconsideration of Candidate for Accreditation Status Decisions can be found in the Accreditation Handbook on the CAPTE web page: <http://www.capteonline.org>. A copy of the relevant Rules is enclosed for your convenience.

Written notice of the institution's request for reconsideration must be received by the Accreditation staff within fourteen (14) calendar days after receipt of this decision. Please note that should reconsideration be unsuccessful, the program will have the option of appeal as outlined in Part 14 of CAPTE's Rules.

Alternatively, the institution and program may choose to reapply at any time that the institution judges that corrections have been made in the deficiencies that led to the denial. Reapplication requires submission of a new Application for Candidacy; the program will be billed for initial accreditation fees and the process will begin anew. Prior to Commission action on the reapplication, a Candidacy Visit will be required.

- (8) If the program is granted initial Accreditation, the Summary of Action includes the following notice:

SCOPE OF COMMISSION REVIEW

Independent of any long term plans described, or alluded to, by the program in its Self-study Report, the scope of the Commission's review at the time of this decision to grant initial Accreditation was based on actual and verified resources and related considerations, and not on planned or projected program resource levels to address future program changes (e.g., expansion and other program offerings, the number of cohorts admitted annually, etc.). The program is limited to enrolling one cohort annually and to limiting enrollment growth to 10% or less of CAPTE set class size. Enrollment growth beyond these limits is a substantive change that requires pre-approval by CAPTE. (See Part 9 of the CAPTE Rules of Practice and Procedure.)

REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program MUST use the statement provided in §8.20 on all educational and promotional materials, including the institution/program website, where the program's accreditation status is disclosed.

NOTE: If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Additionally, the information available to the public regarding these programs must clearly state that they are not accredited by CAPTE.

REQUIRED USE OF "ACCREDITED BY CAPTE" LOGO

Accredited programs are required to include the "Accredited by CAPTE" logo supplied by the Accreditation staff on the program home page to indicate that CAPTE has accredited the program. **Programs are expected to contact the Accreditation staff to obtain instructions for adding the logo to the webpage.** The logo may also be used on other institutional web pages where the program's accreditation status is described. The supplied logo will be protected from use by anyone other than approved users. It may NOT be used, however, on any webpage where its use could imply that CAPTE accredits programs that are not subject to CAPTE accreditation (e.g., post-professional degree programs, residency or fellowships) unless there is clear language that indicates those programs are NOT accredited by CAPTE.

- (9) If the Accreditation is reaffirmed or continued (typically following review of a compliance report), the Summary of Action includes the following notice:

REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program must use the statement provided in §8.20 on all educational and promotional

materials, including the institution/program website, where the program's accreditation status is disclosed.

NOTE: If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Additionally, the information available to the public regarding these programs must clearly state that they are not accredited by CAPTE.

- (10) Summaries of Action that Withhold (Initial) Accreditation include the following notices:

NOTIFICATION OF CURRENT AND PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist education program, and those seeking admission, that the Commission has acted to withhold accreditation from the program. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of this Summary of Action.

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's action to withhold accreditation and to provide information regarding the institution's plans to address the issues identified in the Summary of Action. Should the institution decide not to pursue accreditation of the program, all references to candidacy and/or accreditation by CAPTE must be removed from such materials.

RECONSIDERATION/APPEAL/REAPPLICATION

The institution has the option of requesting reconsideration of the Commission's action to withhold accreditation. The Rules of Procedure for Reconsideration of Adverse Accreditation Status Decisions can be found in the Accreditation Handbook on the CAPTE web page: <http://www.capteonline.org>. A copy of the relevant Rules is enclosed for your convenience.

Written notice of the institution's request for reconsideration must be received by the Accreditation staff within fourteen (14) calendar days after receipt of this decision. Please note that should reconsideration be unsuccessful, the program will have the option of appeal as outlined in Part 14 of CAPTE's Rules.

Alternatively, the institution and program may choose to reapply at any time that the institution judges that corrections have been made in the deficiencies that led to the withholding of accreditation. Reapplication requires payment of the pre-accreditation fees current at the time of reapplication, submission of a new Application for Candidacy that meets the established deadlines, and a new candidacy visit.

- (11) Summaries of Action that Withdraw Accreditation include the following notices:

NOTIFICATION OF CURRENT AND PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, that the Commission has acted to withdraw accreditation from the program. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of this Summary of Action.

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's action to withdraw accreditation and to provide information regarding the institution's plans to address the issues identified in the Summary of Action. Should the institution decide not to pursue accreditation of the program, all references to accreditation by CAPTE must be removed from such materials.

RECONSIDERATION/APPEAL/REAPPLICATION

The institution has the option of requesting reconsideration of the Commission's action to withdraw accreditation. The Rules of Procedure for Reconsideration of Adverse Accreditation Status Decisions can be found in the Accreditation Handbook on the CAPTE web page: <http://www.capteonline.org>. A copy of the relevant Rules is enclosed for your convenience.

Written notice of the institution's request for reconsideration must be received by the Accreditation staff within fourteen (14) calendar days after receipt of this decision. Please note that should reconsideration be unsuccessful, the program will have the option of appeal as outlined in Part 14 of CAPTE's Rules.

Alternatively, the institution and program may choose to reapply for accreditation at any time that the institution judges that corrections have been made in the deficiencies that led to the withdrawal of accreditation. Reapplication requires payment of the pre-accreditation fees current at the time of reapplication, submission of a new Application for Candidacy that meets the established deadlines, and a new candidacy visit.

- (12) Summaries of Action that Withdraw Candidate for Accreditation include the following notices:

NOTIFICATION OF CURRENT AND PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, that the Commission has acted to withdraw candidate for accreditation status from the program. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of this Summary of Action.

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's action to withdraw candidacy and to provide information regarding the institution's future plans for development of the program. Should the institution decide not to pursue further development of the program, all references to candidacy and/or accreditation by CAPTE must be removed from such materials.

RECONSIDERATION/APPEAL/REAPPLICATION

The institution has the option of requesting reconsideration of the Commission's action to withdraw candidate for accreditation status. The Rules of Procedure for Reconsideration of Adverse Candidate for Accreditation Status Decisions can be found in the Accreditation Handbook on the CAPTE web page: <http://www.capteonline.org>. A copy of the relevant Rules is enclosed for your convenience.

Written notice of the institution's request for reconsideration must be received by the Accreditation staff within fourteen (14) calendar days after receipt of this decision. Please note that should reconsideration be unsuccessful, the program will have the option of appeal as outlined in Part 14 of CAPTE's Rules.

Alternatively, the institution and program may choose to reapply for candidacy at any time that the institution judges that corrections have been made in the deficiencies that led to the withdrawal of accreditation. Reapplication requires payment of the pre-accreditation fees current at the time of reapplication, submission of a new Application for Candidacy that meets the established deadlines, and a new candidacy visit.

- (13) Summaries of Action that describe reconsideration actions to uphold previous adverse pre-accreditation decisions (Deny Candidacy, Withdraw Candidacy) include the following notices:

NOTIFICATION OF CURRENT AND PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, that the Commission has upheld its previous action to [INSERT ACTION] status from the program. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of this Summary of Action.

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's action to uphold a previous decision to deny or withdraw candidacy and to provide information regarding the institution's future plans for development of the program. Should the institution decide not to pursue further development of the program, all references to candidacy and/or accreditation by CAPTE must be removed from such materials.

APPEAL/REAPPLICATION

The institution has the option of appealing the Commission's decision to uphold its previous action to [INSERT ACTION]. The Rules of Procedure for Appeal of Adverse Candidate for Accreditation Status Decisions can be found in the Accreditation Handbook on the CAPTE web page: <http://www.capteonline.org>. (See Part 14.) A copy of the relevant Rules is enclosed for your convenience.

Written notice of the institution's request for appeal must be received by the Director of Accreditation within fourteen (14) calendar days after receipt of this decision.

Alternatively, the institution and program may choose to reapply for candidacy at any time that the institution judges that corrections have been made in the deficiencies that led to the denial/withdrawal of candidate for accreditation status. Reapplication requires payment of the pre-accreditation fees current at the time of reapplication, submission of a new Application for Candidacy that meets the established deadlines, and a new candidacy visit.

- (14) Summaries of Action that describe reconsideration actions to uphold previous adverse accreditation decisions (Withhold (Initial) Accreditation and Withdraw Accreditation) include the following notices:

NOTIFICATION OF CURRENT AND PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, that the Commission has upheld its previous action to [INSERT ACTION]. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of this Summary of Action.

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's action to uphold a previous decision to withhold or withdraw accreditation and to provide information regarding the institution's plans to address the issues identified in the Summary of Action. Should the institution decide not to pursue accreditation of the program, all references to accreditation by CAPTE must be removed from such materials.

APPEAL/REAPPLICATION

The institution has the option of appealing the Commission's action to uphold its previous decision to [INSERT ACTION]. The Rules of Procedure for Appeal of Adverse Decisions can be found in the Accreditation Handbook on the CAPTE web page: <http://www.capteonline.org>. A copy of the relevant Rules is enclosed for your convenience.

Written notice of the institution's request for appeal must be received by the Director of Accreditation within fourteen (14) calendar days after receipt of this decision.

Alternatively, the institution and program may choose to begin again by applying for candidacy. See Part 7 of the Rules of Practice and Procedure.

- (15) Summaries of Action that describe final adverse decisions (Deny Candidacy, Withdraw Candidacy, Withhold (Initial) Accreditation, and Withdraw Accreditation) include the following notice:

NOTIFICATION OF CURRENT AND PROSPECTIVE STUDENTS AND THE PUBLIC

It is the obligation of the institution to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, within seven (7) business days of receipt of the action, that the Commission has taken a final action to [INSERT ACTION]. A sample memorandum to students accompanies this Summary of Action. A copy of the actual memorandum sent by the program and a list of the individuals to whom it was sent must be provided to the Accreditation staff within thirty (30) days of receipt of this Summary of Action. (USDE 602.26 (e))

Further, it is the institution's responsibility to revise all educational and promotional materials, including the institution/program website, to reflect CAPTE's final action and to provide information regarding the institution's plans, if any, to address the issues identified in the Summary of Action. Should the institution decide not to pursue accreditation of the program, all references to accreditation by CAPTE must be removed from such materials.

PUBLIC NOTICE OF REASONS FOR FINAL ADVERSE DECISIONS

In accordance with USDE requirements, no later than sixty (60) days after the date of any final decision to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, CAPTE will publish on its website a brief statement summarizing the reasons for the decision and the official comments, if any, that the program may make with regard to the decision. **A copy of what we intend to publish is enclosed with the summary of action.** Acknowledgement that the institution has reviewed the intended public notice must be received by the Accreditation staff no later than fourteen (14) calendar following receipt of the decision along with the official comments from the program or institution in regard to the decision, if any. Official comments must be made in writing on institutional letterhead. Notices related to final adverse decisions will be removed after one year.

NOTICE TO USDE, INSTITUTIONAL ACCREDITING AGENCY
AND STATE HIGHER EDUCATION AUTHORITY

Pursuant to USDE regulation, a copy of this Summary of Action is being sent to the US Department of Education, the relevant institutional accrediting agency and the relevant state higher education authority at the same time as it is being sent to the program.

4.6 Determination of a Quorum

- (a) Two-thirds of the total membership of CAPTE shall constitute a quorum for the purpose of conducting business and making accreditation status decisions.
- (b) Two-thirds of the membership of the Central, PT and PTA Panels shall constitute a panel quorum for the purpose of program review. On those rare occasions when a panel quorum is present, but a number of Commissioners are in conflict with a program such that fewer than half of the panel members are present and eligible to vote, members of other panels will be provided with appropriate materials and will participate in the panel decision.

4.7 Actions at CAPTE Meetings

- (a) All actions that take place at a duly scheduled meeting of CAPTE require that a quorum be present. Approval of these actions will require a majority of those voting.
- (b) Actions requiring an immediate decision by CAPTE may be made by email, mail or telephone if deemed appropriate by the CAPTE Chair. In such cases, the action will require approval by a majority of CAPTE members (not a majority of those participating).

4.8 Election of Officers

- (a) Elections are held at the Fall meeting each year for Chair, Vice Chair, Panel Chairs, and Panel Vice Chairs. In the event of resignation or dismissal of an officer, an election will be held at the next scheduled meeting of CAPTE.
- (b) The Chair and Vice Chair are elected by the entire Commission. The Panel Chairs and Vice Chairs are elected by the respective panels.
- (c) When election discussions are held for Chair, Vice Chair or Panel Chairs of CAPTE, incumbents desiring to be considered for these positions should not be present during the discussions.
- (d) As described in §3.11, the Nominating Committee shall prepare a slate for the election of officers. The Chair will conduct the election during the regular Fall business meeting.
- (e) Officers shall serve for one year beginning on January 1 following the election.
- (f) Officers may be re-elected to succeeding terms.

4.9 Preparation, Approval and Distribution of Minutes of CAPTE Meetings

- (a) Except in the unusual circumstance where a verbatim transcript of a meeting has been prepared, the minutes of CAPTE meetings shall be the primary record of CAPTE's deliberations and shall include all matters of importance, including policy decisions, actions on program status, topics and outcomes of discussions on material issues, and general agreements on matters reached by CAPTE as a whole.
- (b) Staff shall prepare the minutes of the CAPTE meeting within 45 days following the meeting. The draft minutes will be approved Vice Chairs of each panel. Approved minutes will be distributed to CAPTE prior to the next meeting.

- (c) Actions taken on programs, including specified due dates for Compliance Reports, will be listed in the minutes as will the names of members who abstain from voting, are in conflict with the program, or are absent from the meeting.

4.10 Reports to the APTA CEO

Pursuant to the Memorandum of Agreement with APTA, Accreditation staff shall provide the APTA CEO with a copy of the approved minutes of each meeting.

4.11 Conflict of Interest

- (a) Policy Statement on Conflict of Interest:

No member of CAPTE or the cadre of on-site reviewers should participate in any way in accrediting activities or decisions in which he or she has a pecuniary or personal interest or with respect to which, because of present institutional or program association, he or she has divided loyalties or conflicts on the outcome of the decision. This restriction is not intended to prevent participation in decision-making in the general run of cases that do not directly or substantially affect the institution or program with which he or she is associated or its competitive position with a neighboring institution or program under review.

Further, no member of staff shall participate in the status decision-making process related to programs in which he or she has a pecuniary or personal interest or with respect to which, because of present institutional or program association, he or she has divided loyalties or conflicts on the outcome of the decision. This restriction is not intended to prevent staff from fulfilling their responsibilities to facilitate the work of the Commission, including making reviewer assignments.

- (b) By CAPTE policy, a conflict of interest exists when conditions or circumstances preclude or interfere with an individual's capacity to make an objective decision. Conditions or circumstances that create a conflict of interest include situations in which a Commissioner, on-site reviewer or accreditation staff member:
 - (1) has a monetary or personal interest in the outcome of the accreditation decision
 - (2) is an employee of the institution on a full-time or part-time basis
 - (3) is serving or has recently served in the capacity as clinical faculty or adjunct faculty
 - (4) is a graduate of the institution
 - (5) is an employee of an institution that is funded from the same source
 - (6) has or has had close personal or professional relationships with individuals at the institution
 - (7) lives or works in close geographical proximity (typically defined as within the same state and does not apply to staff)
 - (8) has access to "unofficial" program information
 - (9) has acted as a paid consultant to the program under consideration within the past ten (10) years.
- (c) In preparation for on-site visits, all programs are given the opportunity to identify Commissioners and individuals in the cadre of on-site reviewers who they believe to have a conflict of interest. Likewise, all on-site reviewers and Commissioners are asked to declare conflicts with the programs that are to be reviewed. No one who has been declared in conflict will be assigned to visit or review the program in question.
- (d) Prior to the discussion of any program at any CAPTE meeting, any Commission or staff member who perceives a potential conflict of interest not previously declared concerning the program must immediately inform CAPTE of the possible existence of such a conflict. Similarly, if a member of CAPTE or staff becomes aware of a potential conflict of interest during the course of the discussion of any program, the member shall at that time advise CAPTE of a possible conflict of interest. A Commission member who has or perceives a possible conflict of interest shall not participate in any discussion about the program nor vote on the program. The question that a conflict of interest may exist may be declared by staff, any member of CAPTE, or by the program. When in doubt, a conflict of interest shall be declared.

- (e) CAPTE members, on-site reviewers and staff shall not accept gifts or gratuities from programs.

4.12 Policy on Consultation

While serving as Commissioners, members of CAPTE will not serve as paid or unpaid consultants to developing or established physical therapy education programs subject to CAPTE accreditation. If appointed to CAPTE, it is expected that Commissioners divest themselves of any such activities within the first six (6) months of their term of appointment and until such time as all Commission responsibilities have been completed.

4.13 Confidentiality

- (a) Members of CAPTE and staff shall not discuss, disclose, or use information specific to an institution or program of which they have knowledge by virtue of involvement in the accreditation process, except when (1) officially participating in this capacity, (2) disclosure is required by law, or (3) it is reasonable to believe that failure to disclose the information would lead to continued illegal or unsafe practices. Unauthorized disclosure or use of institution or program information is a serious breach of confidence and can be the basis for disciplinary and legal action and for dismissal from participation in the accreditation program.
- (b) The Application for Candidacy, the Candidacy Visit Report, the Self-study Report, the Visit Report, and the Summary of Action belong to CAPTE and the institution sponsoring the education program. CAPTE uses the information in a confidential manner in its official capacity as an accreditation agency. Subject to the rules related to the accuracy of information made public, the institution may use and disseminate the information at its discretion. (See §4.15 for information that is provided to others by the agency.)
- (c) Written materials (Application for Candidacy, Candidacy Visit Report, Self-study Report, Visit Report, correspondence from on-site visitors and program officials, and Summary of Action) related to a program under study and review shall be kept in a location accessible to only those authorized to use them. On-site visitors and CAPTE members shall protect the privacy of these materials and destroy and dispose of these materials following final action by CAPTE.

4.14 Records

- (a) Program
 - (1) An official file, in electronic format and/or on paper, will be maintained by staff for each developing and established physical therapy education program. Materials to be kept on record for each program shall include but not be limited to:
 - (i) The last full accreditation or pre-accreditation review materials, including:
 - (a) the program's most recent Self-study Report or Application for Candidacy
 - (b) Candidacy Visit Report with Institution Response, if appropriate
 - (c) Visit Report with Institution Response
 - (d) On-site review team comments on Compliance Reports
 - (e) Compliance Reports
 - (f) Reports of special reviews (Focused Visits, etc.)
 - (g) Records of special sessions, i.e., Reconsideration Hearings and/or appeal activities
 - (h) Any formal complaint(s) lodged against the program
 - (i) Any written comments received by CAPTE during the review process
 - (j) Any written comments received by the Accreditation staff concerning the program
 - (k) Annual Accreditation Reports.
 - (ii) All Summaries of Action regarding the accreditation and pre-accreditation of the program, including correspondence significantly related to the decisions
 - (iii) Applications for Approval of Substantive Change

- (2) Records will be maintained in the Accreditation database, in the Accreditation office files, or in storage. Depending on the size and type of the materials being kept on record, a program's record may be split among the various locations. Accreditation staff will maintain a log of all records in storage.
- (3) Records of Decisions to Grant Candidacy, Grant Accreditation, Reaffirm Accreditation, Continue Accreditation (including Probation) or Approve Substantive Change will be maintained as follows:

WHO	KEEP	UNTIL	THEN DESTROY
Candidacy Reviewers (CR)	All materials provided by program, CAPTE or staff Personal work papers/electronic files Email related to program	Receipt of Summary of Action (SOA) to grant candidacy	Everything
On-site Team (OST)	All materials provided by program, CAPTE or staff Team work papers/electronic files Email related to program	Receipt of SOA following first Compliance Report. If no CR required, then receipt of first SOA	Everything
CAPTE members	Candidacy decision: All materials provided by program, CR, or staff Other work papers/electronic files Email related to program	Receipt of final (edited) SOA to grant candidacy	Everything
	Accreditation decision: All materials provided by program, team, or staff Other work papers/electronic files Email related to program	Receipt of final (edited) SOA with no outstanding citations.	Everything
	Substantive Change: All materials provided by program, team, or staff Other work papers/electronic files Email related to program	Receipt of final (edited) SOA to approve change	Everything
Accreditation staff	Draft SOAs Other work papers/electronic files Email	Two months following final (edited) SOA with no outstanding citations.	Everything
	All documents provided by program: AFC, SSR, AASC, CR; additional materials CVR or VR report Institution response, additional material Visit Report; Institution Response; SOA; official correspondence; complaints, other written comments about the program	Time prescribed by USDE: §602.15(b) The agency maintains complete and accurate records of -- (1) Its last full accreditation or preaccreditation review of each institution or program including on-site evaluation team reports, the institution's or program's responses to on-site reports, periodic review reports, any reports of special reviews conducted by the agency between regular reviews, and a copy of the institution's or program's most recent self-study; and (2) All decisions <i>made throughout an institution's or program's affiliation with the agency</i> regarding the accreditation and preaccreditation of any institution or program <i>and substantive changes</i> , including all correspondence that is significantly related to those decisions.	All records not required to be maintained

- (4) Records of Decisions to Deny Candidacy, Withdraw Candidacy, Withhold Accreditation, Withdraw Accreditation or Deny Substantive Change will be maintained as follows:

WHO	KEEP	UNTIL	THEN DESTROY
Candidacy Reviewers (CR)	All materials provided by program, CAPTE or staff Personal work papers/electronic files Email related to program	Final decision on reconsideration or appeal	Everything
On-site Team (OST)	All materials provided by program, CAPTE or staff Team work papers/electronic files Email related to program	Final decision on reconsideration or appeal	Everything
CAPTE members	Candidacy decision: All materials provided by program, CR, or staff Other work papers/electronic files Email related to program	Final decision on reconsideration or appeal	Everything
	Accreditation decision: All materials provided by program, team, or staff Work papers/electronic files Email related to program	Final decision on reconsideration or appeal	Everything
	Substantive Change decision: All materials provided by program, team, or staff Work papers/electronic files Email related to program	Receipt of final SOA approving change OR notice that program has withdrawn request	Everything
Appeal Panel	All materials provided for appeal process	Final decision on appeal	Everything
Accreditation staff	Draft SOAs Other work papers/electronic files Email	Final Decision on reconsideration or appeal	Everything
	All documents provided by program: AFC, SSR, AASC, CR; additional materials Statements in support of Reconsideration or Appeal CVR or VR report Institution response, additional material Visit Report; Institution Response; SOA; official correspondence; complaints, other written comments about the program Reconsideration SOA Appeal Panel decision letter CAPTE SOA, if any	n/a	Nothing

- (5) Accreditation staff will notify individuals at the time they are expected to destroy materials.
 (6) At least once every two years, office files will be purged of materials that are not required to be maintained.
 (7) Materials no longer required to be maintained in storage will be purged on a schedule determined by staff.

(b) CAPTE Meetings

- (1) A record, in paper and/or electronic format, will be maintained by staff related to each CAPTE meeting. The record will include communication with CAPTE regarding the meeting agendas, reviewer assignments, conflicts of interest, and Summaries of Actions, minutes of the business meeting, and copies of items related to the business agenda.
 (2) When the minutes of the meeting are approved, all items in 4.14(b)(1) used in preparation for the meeting will be discarded by staff.

(c) On-site Visitors

An individual record, in paper and/or electronic format, will be maintained by staff for each on-site visitor that will contain a record of correspondence to and from the on-site visitor (except comments on Compliance Reports from programs which are maintained with the program records), letters of recommendation and evaluation forms that assess the on-site visitor's effectiveness, and an updated resume. Records of On-site Visitors who have not completed a visit in the last five years will be destroyed, unless having served on the Commission, at which time records will be destroyed after five years of leaving the Commission if no site visits have been completed.

(d) Recognition Agencies

Records of CAPTE's last full recognition review related to agencies recognizing CAPTE as an accrediting body will be maintained by staff. Records will include correspondence, publications and all information related to the procedure for recognition, i.e., petitions.

4.15 Regular and Formal Communication with External Communities of Interest

(a) Notification of accreditation status decisions

- (1) For the purpose of this section, the term "final decision" means
 - (i) a decision that is not subject to reconsideration or subsequent appeal
 - (ii) a decision that is subject to reconsideration, which action is not requested by the institution
 - (iii) a decision that is rendered following reconsideration that is not appealed
 - (iv) a decision that is rendered following appeal
- (2) Written notice of decisions to grant candidacy, grant initial accreditation or reaffirm accreditation will be provided to USDE, appropriate state licensing/authorizing agencies, appropriate national accreditors, and the public no later than thirty (30) days following the decision [34 CFR 602.26(a)]. This includes notification of appropriate authorities in other countries in which CAPTE accredited programs exist.
- (3) Written notice of decisions to place a program on probation will be provided to USDE, appropriate state licensing/authorizing agencies, and appropriate national accreditors at the same time as the official notification of the program, but no later than thirty (30) days following the decision [34 CFR 602.26(b)]. This includes notification of appropriate authorities in other countries where CAPTE accredited programs exist.
- (4) Written notice of a final decision to deny candidacy, withdraw candidacy, withhold initial accreditation, or withdraw accreditation will be provided to USDE, appropriate state licensing/authorizing agencies, and appropriate national accreditors at the same time as the official notification of the program, but no later than thirty (30) days following the decision [34 CFR 602.26(c)(1)]
- (5) Written notice to the public via the CAPTE web page will be provided within one (1) business day of official notification to the affected programs [34 CFR 602.26(d)], including decisions to
 - (i) grant candidacy, grant accreditation, reaffirm accreditation
 - (ii) defer action, warning or show cause
 - (iii) place or maintain a program on probation, or remove probation
 - (iv) deny candidacy, withdraw candidacy, withhold initial accreditation, or withdraw accreditation of a program. In this case, the notice will include a statement that the decision is subject to reconsideration and appeal.
 - (v) grant or deny requests for approval of substantive change
- (6) No later than sixty (60) days after final decisions to grant candidacy, grant accreditation, or reaffirm accreditation, the reasons for the agency's decisions will be posted on the CAPTE webpage and thereby made available to the public and to USDE and state licensing/authorizing agencies. [CHEA 11(A)(1)]
- (7) No later than sixty (60) days after a final decision to place a program on probation or to deny candidacy, withdraw candidacy, withhold initial accreditation, or withdraw accreditation, a brief statement summarizing the reasons for the agency's decision and the comments, if any, that the affected institution or program has made with regard to that decision will be posted on the CAPTE webpage and thereby made available to the public and to USDE and state licensing/authorizing agencies. Information about the reasons for probationary status will be provided to the public only during the time that the probationary status is in effect. Information about reasons for final adverse decisions will be removed from the web page one year after posting. [34 CFR 602.26(e)]
- (8) The Council on Higher Education Accreditation (CHEA), the Federation of State Boards of Physical Therapy (FSBPT), and the state licensing boards will also be notified of CAPTE actions.

- (b) USDE, appropriate state licensing/authorizing agencies, appropriate national accreditors and, upon request, the public will be notified:
 - (1) within ten (10) business days of receiving notification of a program's decision to withdraw voluntarily from Accreditation or Candidate for Accreditation status [34 CFR 602.26(f)(1)]
 - (2) within ten (10) business days of the date on which accreditation or candidacy lapses following a decision by a program to let its Candidate for Accreditation status or its Accreditation status lapse. [34 CFR 602.26(f)(2)]
- (c) Other formal communications
 - (1) An electronic Directory of Accredited Physical Therapy Education Programs, maintained by Accreditation staff, is published on the APTA web page.
 - (2) Periodic announcements from CAPTE and the Accreditation staff are written and made available via the website to multiple communities of interest: institutional administrators and program directors of all developing and accredited physical therapy programs, on-site reviewers, USDE, CHEA, FSBPT, the Association of Specialized and Professional Accreditors (ASPA), state licensing boards, national and specialized accreditors, and APTA leadership. The announcements include new or updated policy statements from CAPTE and notification of changes in the Rules of Practice and Procedure. Notices of the most recent actions taken by CAPTE are available on CAPTE's website.
 - (3) The Master List of Accredited Professional Educational Programs for the Physical Therapist and the Master List of Accredited Educational Programs for the Physical Therapist Assistant are updated following each meeting of CAPTE, posted on the website, and distributed by Accreditation staff to USDE, CHEA, and state licensing boards.
 - (4) In accordance with USDE regulations, CAPTE will submit to the Department
 - (i) a copy of any annual report it prepares
 - (ii) a list of accredited and preaccredited programs, updated at least annually [34 CFR 602.27(a)(1)]
 - (iii) a summary of its major accrediting activities during the past year if so requested by the Secretary [34 CFR 602.27(a)(2)]
 - (iv) a report of any proposed changes in its policies, procedures or standards/elements that might alter CAPTE's scope or CAPTE's compliance with the USDE provisions for recognition [34 CFR 602.27(a)(3)]
 - (5) CAPTE will share information, upon request, with other appropriate recognized accrediting agencies and recognized State approval agencies about the accreditation or pre-accreditation status of programs, including any adverse actions taken against programs. [34 CFR 602.28(e)]
 - (6) In cases when CAPTE has been notified that an institution in which a physical therapy education program resides has lost or is in jeopardy of losing institutional accreditation or its legal authority to provide postsecondary education, CAPTE will
 - (i) investigate the implication of such changes on the program; and,
 - (ii) if CAPTE's action is to grant or reaffirm the accreditation or pre-accreditation status of the program, CAPTE will report its accreditation actions including a thorough explanation for such actions to the US Department of Education. (See also §4.3(c)(3)) [34 CFR 602.28(c)]
 - (7) In cases where there is a conflict between state statute or regulation and CAPTE Rules or standards/elements, CAPTE will consult with the program and the state to resolve the conflict.
 - (8) CAPTE will, when accrediting international programs, assure reasonable efforts to communicate and consult with appropriate governmental and nongovernmental accreditation or quality assurance entities in other countries [CHEA 11(C)(1)].

4.16 Informal Communication Opportunities

CAPTE and members of the Accreditation staff engage in various informal activities related to exchange of information and ideas. The communities of interest may vary depending upon request but most often represent interaction with State higher education regulatory agencies, other accrediting agencies, APTA Sections and Chapters, the Section for Education's academic special interest groups such as those for academic administrators, physical therapist assistant educators, clinical educators, and academic faculty, and national organizations of higher education and accreditation.

4.17 Other Information Available to the Public

- (a) Accreditation staff maintain and make the following information available to the public in electronic format on the CAPTE web page (www.capteonline.org):
 - (1) a current copy of the CAPTE Accreditation Handbook, which includes among other things
 - (i) a description of each type of accreditation and pre-accreditation it grants
 - (ii) the procedures that programs must follow when applying for accreditation or pre-accreditation
 - (iii) the Standards and Required Elements for both PT and PTA programs
 - (iv) a description of the procedures used by CAPTE to make accreditation and pre-accreditation decisions
 - (2) the names, academic and professional qualifications, and relevant employment and organization affiliations of CAPTE members
 - (3) the names, academic and professional qualifications of the Accreditation senior staff
 - (4) a list of currently accredited and developing programs, including the year that each program will next be reviewed
 - (5) general instructions for submission of formal complaints against programs or the agency.
- (b) Accreditation staff maintain and make available to the public on request in electronic format the following information:
 - (1) the instructions/forms used by programs to apply for accreditation (e.g., instructions for completion of the Application for Candidacy, instructions for the Self-study Report, etc.)
 - (2) the instructions/forms used by programs to seek approval of substantive changes
 - (3) the specific format for submission of a formal complaint (which is also available in hard copy format).
- (c) Accessibility of Data for Research Purposes
 - (1) Accreditation staff will provide aggregate or raw data collected by CAPTE to individuals for legitimate research purposes (including institutional research) subject to receipt of a written request for the data as noted below
 - (i) Requests for aggregate data must include
 - (a) Detailed description of the data being requested, including AAR year and question number(s), if applicable
 - (b) Description of the purpose for which the data will be used
 - (c) Assurance that the data will be used only for the purpose described
 - (d) A description of how and where the data will be disseminated
 - (e) An indication of when the data is needed.
 - (ii) Requests for raw data must include the following:
 - (a) Detailed description of the data being requested
 - (b) Description of the purpose for which the data will be used
 - (c) Assurance that the data will be used only for the purpose described
 - (d) For research projects, a description of the study being proposed, including
 - 1) information regarding the process to assure the confidentiality of the data
 - 2) identification of sources of other data, if any, that will be used and the planned mechanism to relate the data sets.
 - (e) For research projects, demonstration of IRB approval
 - (f) For research projects, a commitment to provide the Accreditation staff with a copy of the results of the research (e.g., dissertation, submitted/published article, report of findings)
 - (g) For institutional research purposes, a description of how and where the data will be disseminated.
 - (h) An indication of when the data is needed.
 - (iii) If the requested data is to be inserted into a specified format, that format must be an electronic spreadsheet.
 - (2) In no case will data be provided that can reasonably be interpreted in a way to identify individual programs. When the requested data has not been provided for all programs, staff will notify the requester of the number of program records not included.

- (3) Typically, staff should be able to accommodate data requests within two weeks; however, other on-going primary activities may delay the response. Data will only be provided in an electronic spreadsheet.

4.18 Information Released by Programs or Institutions

- (a) An institution or program that makes a public disclosure of its accreditation or pre-accreditation status, or chooses to release information about CAPTE's Summary of Action, must do so accurately and completely and must include the name, address and phone number of CAPTE.
- (b) If CAPTE determines that a program or institution has made an incorrect disclosure of the program's accreditation or pre-accreditation status or has released misleading information about the program(s) covered by the accreditation or pre-accreditation status, the contents of any Summary of Action rendered by CAPTE or any pending actions by the agency, CAPTE will publicly correct that information and reserves the right to release the relevant CAPTE Summary of Action in its entirety for that purpose.
- (c) Notice regarding these requirements is included in all Summaries of Action [see §4.5(c)]

4.19 Activities for Established Physical Therapist Education Programs in Foreign Countries

Programs in other countries that were accredited by CAPTE on December 31, 2001 and that offered a post-baccalaureate degree at that time are eligible for review for reaffirmation of accreditation using the processes described in Part 8. PROVISIO: This option will expire as of December 31, 2015, unless currently accredited programs are able to meet CAPTE's expectation that programs culminate in the awarding of the DPT.

4.20 Revision of the Rules of Practice and Procedure

- (a) The norm for practice will be Rule changes one time per year (fall meeting) and details posted in official CAPTE communications.
 - (1) Substantive changes to the Rules that are necessary to meet USDE or CHEA requirements are developed by staff, and reviewed, amended as needed and adopted by the Central Panel at its regular meetings or by conference call or electronic ballot.
 - (2) Other substantive changes to the Rules are developed, as needed, by staff for adoption as follows:
 - (a) Proposed revisions to Parts 1-4, and 7-9 are reviewed by CAPTE at the spring meeting and provided to CAPTE members in advance of the spring business meeting.
 - (b) Central Panel to refine the proposed revisions at its summer meeting.
 - (c) Further proposed revisions will be provided to CAPTE within three weeks of the end of the summer meeting.
 - (d) Central Panel will finalize proposed revisions after meeting with each Panel and provide to each Panel no later than the morning of the vote.
 - (e) Revisions are adopted by majority vote of CAPTE.
 - (f) Proposed revisions to Parts 5, 6 and 10-16 are adopted by the Central Panel at any of its regular meetings.
 - (3) Editorial changes may be made by staff at any time, but must be reported to the Central Panel at its next regular meeting.
- (b) Unless noted otherwise, revisions are effective immediately following the meeting/conference call/balloting at which they are adopted.
- (c) Substantive changes that have the potential to affect developing or accredited programs are announced to CAPTE's communities of interest via CAPTE's website and/or direct email. Substantive changes that are internal to CAPTE functions may be announced publicly at CAPTE's discretion. All interested parties, however, have access to the most current Rules which are posted on CAPTE's website.

4.21 Mary Jane Harris Distinguished Service Award

- (a) Purpose
The CAPTE Distinguished Service Award recognizes outstanding and prolonged contributions to the CAPTE accreditation process through any combination of service on CAPTE, participation on site visit teams, serving as candidacy reviewer, and/or service on ad hoc committees as assigned.
- (b) Selection Process
At the Fall Commission meeting, each panel will be charged to send forward nominees. Instances where all three panels have more than one nominee will require a vote by the Commission, with the nominees receiving the two highest vote counts designated to receive the award.
- (c) Nature of Award
A maximum of three awards will be presented at the Spring Commission meeting. The awardees will be invited to attend the business meeting and dinner (at CAPTE's expense). Awardees will receive a gift and a plaque acknowledging their contributions.

PART 5
PROCEDURES FOR REVIEW, REVISION, AND IMPLEMENTATION OF THE
STANDARDS FOR ACCREDITATION

(Adopted 4/02. Revised 4/02, 10/05, 10/09, 4/14, 4/15, 5/16)

5.1 General Information

- (a) Responsibility for development of the standards for accreditation lies within the scope and functions of CAPTE. The following procedures guide the timely revision and implementation of the official Standards used by CAPTE in its decisions on candidacy and accreditation statuses. Two mechanisms for revision are used.
 - (1) Modification of individual required elements as needed [see §5.2]
 - (2) Planned review and revision of required elements as a whole [see §5.3]
- (b) Suggestions for new standards/elements or modifications to existing standards/elements may come from any source at any time. They typically originate from the physical therapy education community (administrators, faculty, students), from individuals involved in the accreditation process (on-site reviewers, CAPTE members, staff), or from organizations interested in improving the quality of physical therapy education.
- (c) Individuals wishing to propose new or revised standards/elements should contact the Accreditation staff.

5.2 Procedures for Modification of Standards and Required Elements

- (a) **Minor Modifications:** CAPTE may make minor modifications to existing standards/elements (i.e., changes to clarify the intent or focus of a standard/element by rewording) and/or alter the evidence needed to demonstrate compliance with a standard/element, provided that the modification does not materially alter the intent of the relevant standard/element.
 - (1) Unless proposed by CAPTE, all suggestions for minor modifications or evidence changes are first reviewed by the CAPTE Central Panel. If the Central Panel finds merit in the proposal, the proposed change is referred to the relevant review panel (PT or PTA) for further action. The review panel will evaluate the proposal to determine if existing standards/elements/evidence lists already address the issue. If existing standards/elements/evidence lists do not address the issue, the review panel will develop draft language and submit the revised standard/element/evidence to CAPTE for discussion and action to adopt.
 - (2) Adequate notice of minor modifications, including the effective date, shall be given to the communities of interest via the CAPTE website.
- (b) **Substantive Changes:** CAPTE may make substantive changes to existing standards/elements (i.e., new standards/elements or changes that materially alter the intent of existing standards/elements) only after notifying the communities of interest of the proposed change, providing reasonable opportunity for comment, considering the feedback obtained, and providing sufficient advance notice of implementation.
 - (1) Unless proposed by CAPTE, all suggestions for modifications or evidence changes are first reviewed by the CAPTE Central Panel. If the Central Panel finds merit in the proposal, the proposed change is referred to the relevant review panel (PT or PTA) for further action. The review panel will evaluate the proposal to determine if existing standards/elements/evidence lists already address the issue. If existing standards/elements/evidence lists do not address the issue, the review panel will develop draft language and submit the new or revised standards/elements/evidence to CAPTE for discussion and action to circulate the change.
 - (2) Proposed changes, including the planned effective date, will be circulated to the communities of interest who will be given at least thirty (30) days to provide comment. Comments will be compiled and provided to the relevant review panel for consideration at the next regularly scheduled CAPTE meeting.

- (i) If the feedback is predominantly in support of the change, the review panel will make any necessary editorial changes that might arise from the commentary and submit the proposed change to CAPTE for final approval.
- (ii) If the feedback is not predominantly in support of the change, the review panel will either determine not to proceed further, or edit the proposed change consistent with the feedback and circulate the changes to the communities of interest again for further comment.
- (3) Adequate notice of substantive changes, including the effective date, will be given to the communities of interest via the CAPTE website.

5.3 Procedures for Planned Review and Revision of the Standards for Accreditation

- (a) Approximately every five (5) years (calculated from their effective date), CAPTE shall seek comment from its stakeholders about the adequacy of the standards/elements to evaluate the quality of educational programs and their relevance to the educational needs of students. Comments will be sought from the following communities of interest:
 - (1) Program directors
 - (2) Institutional administrators (President, Provost, Dean) of accredited and developing programs affected by the standards/elements under review
 - (3) Students
 - (4) APTA leadership, including national and component leaders
 - (5) Physical therapy practitioners
 - (6) Other accrediting agencies
 - (7) State higher education authorizing boards
 - (8) State physical therapy licensing boards
 - (9) Others who have made their interest known
- (b) All comments shall be reviewed by staff and the Central Panel to determine whether, in light of the comments, significant and substantive revisions in the standards/elements are necessary.
 - (1) If CAPTE determines that the needed revisions are not significant and substantive, then CAPTE will propose revisions pursuant to §5.2.
 - (2) If it is determined that the comments call for significant and substantive revision of the standards/elements, CAPTE will initiate a process for revision within twelve (12) months of that determination.
- (c) If significant and substantive revisions are needed, a special subcommittee, called the Standards Revision Group (SRG) will be appointed to revise the standards/elements. The SRG will consist, at least, of the Chair of CAPTE (or a designee) and one member from each review panel (or their designees) as well as three (3) consultants from the external communities of interest. At least one of these consultants must be a non-physical therapist. Other members may be appointed as needed.
- (d) Procedures of the Standards Revision Group. The SRG will:
 - (1) review the commentary received about the standards/elements
 - (2) draft a revision of the standards/elements based on the commentary and determine the timetable of the revision process and implementation of any changes in the standards/elements
 - (3) circulate the proposed revision to all the communities of interest served by CAPTE
 - (4) collect comments pertaining to the draft and incorporate such feedback in a second draft. This process may include public hearings at the discretion of the SRG.
 - (5) provide the second draft to CAPTE no later than thirty (30) days prior to its next regularly scheduled meeting
- (e) Procedures of CAPTE. CAPTE will:
 - (1) discuss the second draft and determine if a third draft of the revisions is needed. At its own discretion, CAPTE may develop the third draft or may ask the SRG to do so. The resulting third draft, if needed, will be circulated to all the communities of interest for comment.
 - (2) schedule and hold at least one (1) public hearing to allow testimony on the proposed changes. The hearing may be transcribed and the transcription provided to CAPTE.

- (3) based on input from the hearings, CAPTE will edit the draft to create the final version of standards/elements for accreditation.
- (4) take action, at its next regularly scheduled meeting, to adopt the revised standards/elements. The proposed changes will be adopted, if passed by two thirds of a quorum of CAPTE.
- (5) set the effective date for implementation which is typically at least one year following adoption.
- (6) provide copies of the adopted standards/elements to the communities of interest along with notification of the implementation date.

5.4 Implementation of Revised Standards

- (a) Revision of standards typically reflects the evolving nature of physical therapy education, research and practice. To assure its communities of interest that programs are evolving in concert with such changes, CAPTE expects all programs to be in compliance with revised Standards within two (2) years of their effective date, regardless of when programs are scheduled for their next self-study and on-site visit.
- (b) CAPTE reserves the right to shorten or lengthen the timeline for compliance as appropriate to the revised Standards. In such cases, CAPTE will announce different timelines when revised Standards are adopted.

PART 6
PROCEDURES FOR IDENTIFYING, TRAINING, AND MAINTAINING THE
CADRE OF ON-SITE REVIEWERS

(Adopted 4/02. Revised 4/06, 10/06, 10/07, 11/11, 5/12, 11/12, 4/15, 5/16, 10/18, 1/22)

6.1 Nominations

- (a) Individuals may be recommended by someone or they may recommend themselves to the Accreditation staff for consideration as on-site reviewers. The Accreditation staff acknowledges receipt of the recommendation and sends the individual a letter explaining the accreditation program, the time commitment required, and the necessary steps to be completed to become an on-site reviewer. Enclosed with the letter is 1) a copy of the Criteria for Membership in the Cadre of On-site Reviewers, 2) a request that the individual provide the Accreditation staff with a curriculum vitae, 3) a self-assessment form, 4) two Potential On-Site Reviewer Assessment forms, and 5) a request that the applicant provide a written statement describing why s/he is interested in participating and what s/he can contribute to the process..

6.2 Selection

- (a) After completed Potential On-site Reviewer Assessment Forms have been received by the Accreditation staff, staff reviews them and the individual is informed of the course of action. The individual may be placed in the Pool of Potential On-site Reviewers and invited to a scheduled training institute for on-site reviewers. After the training is complete, the individual will be assigned to a team to participate as a team member on an on-site visit.
- (b) The following criteria are used in selection of individuals to be trained as on-site reviewers:
- (1) Minimum of two years' experience working in an educational setting—clinical or academic.
 - (2) Evidence that the individual meets one of the following expectations:
 - (i) For the educator position: currently or recently engaged in an academic position at least 50% time with the understanding the individual is a currently licensed PT or PTA.
 - (ii) For the practitioner position: currently or recently engaged as a physical therapist or physical therapist assistant in a physical therapy practice setting at least 50% time. For the purpose of this expectation, engagement in a physical therapy practice setting may involve any of the activities defined in the *APTA Guide to Physical Therapist Practice* as part of the practice of physical therapy, including direct patient care, consultation, patient education, research, clinic administration, and direction and supervision of practitioner personnel.
 - (iii) For the third team position: currently or recently engaged as a non-physical therapist basic scientist, an educator from another health discipline, or a non-physical therapist higher education administrator.
 - (3) An individual who meets at least one expectation outlined in 6.2(b)(i)-6.2(b)(iii) above, has discontinued employment, and continued to maintain professional expectations and/or administrative expertise associated with at least one role outlined in 6.2(b)(i)-6.2(b)(iii) above.
 - (4) A minimum of two references that address the following competencies and attributes of the nominee:
 - (i) skill in developing and maintaining appropriate interpersonal relationships
 - (ii) communication skills
 - a) interview skills
 - b) clarity of self-expression
 - c) appropriate non-verbal expression
 - (iii) ability to critically analyze, verbalize, and record pertinent objective data
 - (iv) awareness of one's own biases but open to new ideas and receptive to change
 - (v) area of competence in physical therapy education to serve as a basis of providing consultation

- (vi) a personal and professional history which is devoid of circumstances which would reflect poorly on the accreditation program
- (5) Willingness to accept the responsibilities of an on-site visit, which include:
 - (i) thorough review of all self-study materials
 - (ii) commitment to absolute confidentiality
 - (iii) active participation as a team member in all related activities
 - (iv) ability to objectively collect, analyze, and communicate all data pertinent to the on-site visit process
 - (v) acceptance of responsibility for one's own behavior and actions
 - (vi) acknowledgment of conflict of interest

6.3 Training

- (a) Training workshops for new on-site reviewers are held periodically at the discretion of Accreditation staff. The workshops are three days in length and are conducted by staff with the assistance of members of CAPTE and/or experienced on-site reviewers.
- (b) Special training is scheduled as necessary to train members of the cadre of on-site reviewers for the specific assignment of Team Leader. Team leader training includes participation on a training visit with permission of the program being visited. During the visit the "team leader in-training" is expected to
 - (1) be involved in development of interview questions
 - (2) participate in team discussions
 - (3) conduct interviews
 - (4) practice writing of the Visit Report (for comparison with the team's actual report only).
- (c) Special training for the role of Candidacy Reviewer is scheduled as necessary.
- (d) On-site reviewers participate in appropriate retraining prior to participating on visits following a revision of the standards. On-site reviewers are also retrained:
 - (1) following a significant break in their service as an on-site reviewer or Commissioner,
 - (2) when feedback about their performance leads staff to determine that retraining is needed, or
 - (3) at the request of the on-site reviewer.

6.4 Assessment of Performance

- (a) In addition to performing a self-evaluation following each on-site visit, on-site reviewers are assessed by the other members of the team and by individuals of the institution/program that was visited, using a format provided by the Accreditation staff. The information provided is compiled with comments included verbatim and sent to the on-site reviewers.
- (b) Staff will review the compiled assessments for responses that raise concerns about the performance of the on-site reviewers individually, as well as collectively. If such issues arise, staff will contact the involved individual(s) to investigate and remediate, if necessary. Staff also have the authority to cease using on-site reviewers.

6.5 Term of Service in the Cadre of On-site Reviewers

- (a) Individuals who are selected and trained become members of the Cadre of CAPTE On-site Reviewers upon completion of the training. Their term of service is five (5) years, beginning with the date of the first on-site visit. Members of the Cadre may serve multiple terms, at the discretion of CAPTE and/or staff. Should a member of the Cadre be elected to serve on CAPTE, their term in the Cadre will be suspended until their service on CAPTE concludes, at which time another five (5) year term will commence.

- (b) Typically, a trained reviewer who is no longer engaged as an academic, clinician or administrator AND has not maintained contemporary professional expectations and/or administrative expertise will be removed from the Cadre at the end of their current term. If reviewers continue to maintain professional expectations and/or administrative expertise, they can continue service as stated in §6.5(a)

PART 7
PROCEDURES FOR ACHIEVEMENT OF AND MAINTENANCE OF PRE-ACCREDITATION
(CANDIDATE FOR ACCREDITATION)

(Adopted 4/02. Revised 10/05, 4/06, 10/06, 4/07, 10/07, 4/08, 10/08, 4/09, 10/09, 4/10, 11/10, 4/11, 11/11, 5/12, 8/12, 11/12, 4/13, 11/13, 4/14, 11/14, 4/15, 11/15, 5/16, 11/16, 4/17, 10/17, 5/18, 10/18, 10/19, 4/20, 7/20, 1/21), 1/22)

7.1 Purpose of the Pre-accreditation Program

The purpose of the pre-accreditation program is to ensure that institutions implement physical therapy education programs following adequate planning and with the necessary resources (e.g., leadership, faculty, physical plant, budget, equipment, clinical education sites). To this end, it is CAPTE's expectation that the institution will demonstrate its commitment to establishing a quality program by investing reasonable resources into the planning process, including hiring a qualified program director and other personnel needed to develop the program's curriculum and clinical education program, policies, and procedures; and to plan for and acquire the other resources needed for implementation of the program. The pre-accreditation program also offers developing physical therapy education programs the opportunity to establish a formal, publicly recognized relationship with CAPTE.

7.2 Definition of Candidate for Accreditation

Candidate for Accreditation is a pre-accreditation status, awarded prior to enrollment of students in the technical (PTA programs) or professional (PT programs) phase of the program, which indicates that the physical therapy education program is making satisfactory progress toward and likely to attain full accreditation. All credits and degrees earned and issued by a program holding candidacy are considered to be from an accredited program.

SUB-PART 7A: GENERAL INFORMATION ABOUT THE PRE-ACCREDITATION PROCESS

7.3 General Requirements of the Pre-Accreditation Program

- (a) Student enrollment/matriculation in the professional/technical phase of the physical therapy education program can occur no sooner than three (3) weeks after CAPTE decision to grant Candidate for Accreditation status.
- (b) In order to maintain the integrity of the process and to protect the interests of all parties, but especially those of students in the early classes, Candidate for Accreditation will only be granted to single program offerings of consistent size. CAPTE interprets this to mean that programs may admit only one cohort of students every twelve (12) months with no change in class size during the pre-accreditation phase until such time as the program achieves accreditation and is eligible to seek approval of substantive changes such as increasing class size/enrollment or developing additional offerings. Should the program matriculate its first cohort before the intended annual cohort matriculation, the Application for Candidacy must clearly describe how it will only start cohorts on the planned annual cycle. For example: the first cohort following the granting of candidacy might matriculate in January. The annual preferred matriculation is September. A second cohort would be allowed to matriculate in September and every September thereafter until eligible for a substantive change. (See Part 9 for rules related to substantive change.)
 - (1) CAPTE will consider applications for candidacy from institutional consortia that are created to support a single program offering through
 - (i) sharing of resources;
 - (ii) guaranteed seats for students from multiple institutions; or
 - (iii) use of synchronous distance education for all courses provided on different campuses.
 - (2) CAPTE will not consider applications for candidacy from institutions that propose to develop new programs with multiple offerings that meet any of the following criteria:
 - (i) offer different degrees;
 - (ii) have different missions, curriculum designs, expected student outcomes, or student assessment processes;
 - (iii) are located on different campuses;
 - (iv) have different curricular sequences;

- (v) have different delivery schedules (e.g., week-day, weekend, part time, etc);
 - (vi) have different modes of delivery (e.g., site-based, teleconferencing, web-based, etc.); or,
 - (vii) have different admissions processes and/or requirements.
- (c) Developing programs must accurately describe their status in all information made available to prospective students, prospective faculty, and the public, including on institutional websites and in all advertising, throughout the development process to avoid any implication that accreditation is assured in any way, or that the program is already accredited. Such statements/implications constitute a breach of integrity in the accreditation process. [See §1.3(a)] Further, a statement accurately describing the program's status within the pre-accreditation process must be included on the program's home page with a link to it from all other institutional webpage(s) that include any information about the program.
- (1) Prior to employing a qualified program director, institutions **MUST NOT** make any statement on a website or in promotional/advertising materials that could be reasonably interpreted to imply that the institution has initiated the candidacy or accreditation process, or that implies that accreditation is in any way assured.
 - (2) After employing a qualified program director and prior to submission of the AFC, developing programs **MUST** utilize, at a minimum, the language provided in §7.8(f) to describe their status in the pre-accreditation process.
 - (3) Should there be a vacancy in the position of program director prior to submission of the Application for Candidacy, the program **MUST** accurately describe the situation and, until a qualified program director has been employed, the program may not state or imply that the program is eligible to submit the application, and must include along with the required language describing the pre-accreditation status of the program a statement with the following information:
 - i) the date the position was vacated; and
 - ii) the program has a maximum of one (1) month to employ a new program director, or until the deadline for submission of the Application for Candidacy, whichever comes sooner.
 - (4) Following submission of the Application for Candidacy and until the program has achieved candidacy, developing programs **MUST** utilize, at a minimum, the language provided in §7.9(e) to describe their status in the pre-accreditation process.
 - (5) After achievement of Candidate for Accreditation status, developing programs **MUST** utilize, at a minimum, the language provided in §7.22 to describe their status in the pre-accreditation process.
- (d) Developing physical therapy education programs **MUST** be determined to be eligible for consideration by CAPTE for Candidate for Accreditation status. [See §§7.8 and 7.9]
- (e) Achievement of Candidate for Accreditation status is required prior to consideration for accreditation by CAPTE.
- (f) Developing physical therapy education programs may initiate processes to identify, screen and conditionally accept applicants for the charter class prior to achieving Candidate for Accreditation status. All information provided to prospective students **MUST** include the statement in §7.8(f), §7.9(e) or §7.22, as appropriate to the program's progression through the pre-accreditation process.
- (g) Developing physical therapy education programs that fail to achieve Candidate for Accreditation status **MUST** refrain from enrolling/matriculating students into the program until such time as Candidate for Accreditation status is granted.
- (h) Developing physical therapy education programs **MUST NOT** use any form of the CAPTE logo in any manner until such time as the program is granted accreditation at which time the program will be provided with a logo that must be used.

7.4 Pre-accreditation Review/Decision Cycles

- (a) CAPTE makes Candidate for Accreditation decisions two times per year. The major review cycle milestones are as follows (a more detailed chart is provided when the program is assigned to a review cycle):

	Cycle A June 1 Submission Fall Review	Cycle B December 1 Submission Spring Review
Notification of intent to develop a program and seek accreditation	At institution's discretion	
Notification that Program Director has been employed full time (not just hired)	At the same time as the Notification of Intent OR no later than eighteen (18) months prior to the due date for the Reconfirmation of Intent	
Staff determination that Program Director meets the eligibility expectations	Within twenty-one (21) calendar days after receipt	
Submission of Developing Program Information Form (DPIF)	As soon as possible following receipt from Accreditation staff	
Program assigned to a review cycle and Accreditation Portal made accessible to program director or an appropriate administrator if the program director is not yet employed	Within seven (7) calendar days of receipt of complete information from the program	
Conflicts of Interest DUE	No later than two (2) months following submission of the Developing Program Information Form. If no Program Director is employed at the time a cycle is assigned, conflicts will be due one (1) month following the submission of the Notification of Program Director Employment.	
Reconfirmation of Intent to Submit DUE	March 1	September 1
AFC Review Fee DUE on or before	May 15	November 15
Application for Candidacy DUE on or before	June 1	December 1
Staff determination that AFC meets eligibility requirements and eligible AFC provided to Candidacy Reviewers	Within 21 days of receipt of the AFC*	
Pre-Accreditation fee DUE	Within 21 days after staff determines the AFC meets eligibility requirements	Within 21 days after staff determines the AFC meets eligibility requirements
Candidacy Visit <u>typically</u> between*	July 16-31	January 16-31
Candidacy Visit Report to program	Approximately three (3) weeks after the candidacy visit.	
Institution Response to Candidacy Visit Report DUE no later than	Thirty (30) days after receipt of Candidacy Visit Report	
CAPTE decision at	Fall meeting***	Spring meeting***
Program notified of decision	No later than fourteen (14) calendar days after the meeting	
Matriculate students	No sooner than three (3) weeks after CAPTE decision to grant Candidate for Accreditation status	

*time frame includes time for challenges if needed and may be extended for review of programs on the waitlist

**actual visit dates are negotiated between the program and the Candidacy Reviewers

***actual dates, once determined, are available on the CAPTE webpage

- (b) CAPTE accepts for consideration a maximum of six (6) new Applications for Candidacy during a given cycle. The acceptance of Applications for Candidacy will be based on the receipt date of the Developing Program Information Form. Developing Program Information Forms indicating the program's intent to submit in a cycle that has already met the cap will be rescheduled to the next available review cycle and the planned date for student admission must be delayed accordingly.
- (c) If a program has been rescheduled to a later cycle, the program may request in writing that it be placed on a waiting list for the immediately preceding cycle; the written request must acknowledge that the institution accepts the following process:
 - (1) Programs on a waiting list will be expected to adhere to all deadlines and requirements for the wait-listed Application for Candidacy review cycle, recognizing that no additional information can be added after submission. Failure to adhere to the timeline for the wait-listed AFC review cycle as required will be interpreted to mean that the program intends to submit by the due date of the cycle to which the program was originally assigned.
 - (2) If places become available in the review cycle, the wait-listed Applications for Candidacy will be reviewed by staff, in the order that their original Developing Program Information Form was received, to determine that they meet the eligibility requirements, as described in §7.13, until the available places in the cycle are filled.
 - (3) If a submitted Application for Candidacy is reviewed and determined to meet the eligibility requirements, the program will be notified and the candidacy process will proceed as described in these Rules.
 - (4) If a reviewed wait-list Application for Candidacy is determined not to meet the eligibility requirements (after the process described in §7.13 is complete), the Application for Candidacy will be rescheduled for the next available cycle which might not be the cycle originally requested.
 - (5) If a submitted wait list Application is not reviewed, the program will be notified and access to the Application will be restored for submission in the originally scheduled cycle.
- (d) When a place in a cycle becomes available, those programs that have requested to be on the wait list for the available cycle will be offered the option of formally moving to that cycle. The option to formally move to an available cycle will be offered to programs in the order that original Developing Program Information Forms were received. Notification will be sent to the program director via e-mail. Programs must respond to this offer within five (5) calendar days; failure to respond within this timeframe will be interpreted as an indication that the program is declining the offer to change cycles. Acceptance of the offer will result in forfeiture of the program's original assigned cycle.
- (e) Once an Application for Candidacy has been submitted and been determined to meet the eligibility requirements, failure of the program to meet any of the established due dates will result in postponement of the process to the next available decision cycle, which might not be the very next cycle. Because Candidate for Accreditation status is required prior to student enrollment, postponement to the next decision cycle is likely to require the institution/program to postpone the planned date for enrollment/matriculation of students and the planned graduation date of the charter class. Postponement of the graduation date will affect the timing of the on-site visit for accreditation and is highly likely to affect the timing of CAPTE's decision on accreditation.

7.5 Maintenance of Eligibility Required for Continued Review

- (a) The institution is expected to maintain eligibility of the program throughout the review process.
- (b) Should there be any change in the status of the institution or program related to the requirements noted in §7.10, they **MUST** be reported immediately to Accreditation staff.
- (c) If the change results in the program no longer being eligible, the review process will be stopped until the institution/program demonstrates that the program is again eligible. Because of the short timelines, stopping the review process will result in postponement of review until the next available review cycle (which might not be the immediately subsequent cycle).

7.6 Withdrawal of Application

- (a) The institution may withdraw its Application for Candidacy of the physical therapy program at any time prior to final CAPTE action on the materials described above. The AFC Review Fee and the Pre-Accreditation Fee once submitted are non-refundable (§16.1).
- (b) An institution that has achieved Candidate for Accreditation status for its physical therapy program may withdraw its request for accreditation at any time prior to the meeting of CAPTE at which the accreditation decision is scheduled to be made. Fees paid to date will not be refunded.
- (c) Withdrawal of the Application for Candidacy or the request for accreditation is accomplished by the submission of a letter from the chief executive official requesting such withdrawal. Communication with CAPTE is through the Accreditation staff of the American Physical Therapy Association.

7.7 Procedures to Allow Third Party Comments about Programs Seeking Candidacy

- (a) Individuals wishing to provide written comments about a program seeking candidacy may do so through the methods described in this Sub-Part. Information can be found on the website (www.capteonline.org) that provides directions for anyone who wishes to provide written comments, either positive ones or those expressing concerns about physical therapy education programs seeking candidacy.
- (b) Accreditation staff announce upcoming reviews to the community of interest prior to the meeting at which programs are being reviewed. This occurs in concert with the announcements of CAPTE's actions. Announcements are made available to the public on the CAPTE website and to the following specific constituencies:
 - (1) PT and PTA program directors
 - (2) State physical therapy licensure boards
 - (3) State higher education boards
 - (4) Recognized institutional accrediting agencies
 - (5) Recognized specialized/programmatic accrediting agencies
 - (6) USDE and CHEA
- (c) Individuals wishing to make comments about a program that is seeking candidacy may do so in the following manner:
 - (1) After reviewing the list of upcoming reviews, anyone wishing to submit written comments about a program must meet the following expectations:
 - (i) Comments must be submitted no later than the deadline set in the public announcement.
 - (ii) Comments are to be sent to accreditation@apta.org and must include the subject line "Written Comments: re (program name)." The email must include the name, title, affiliation, mailing address, email address, telephone number, and website URL (if any) of the person/group making the comment.
 - (iii) Comments must identify the specific program being referenced and must be related to the program's progress toward compliance with the published Standards and Required Elements.
 - (2) Staff provides comments submitted as prescribed above to the program for information and, at the program's discretion, a response. Both the written comments and the program's response, if any, are provided to CAPTE for its deliberation on the program.
- (d) Individuals/groups that make comments in this manner may not utilize the formal complaint process at a later date to address the same issue.

SUB-PART 7B –THE PRE-ACCREDITATION PROCESS

7.8 Early Development

(a) Early Contact with the Accreditation staff

Institutional representatives are encouraged to make early contact with Accreditation staff to ascertain whether the institution is eligible to seek CAPTE accreditation for the new program.

(b) Developing Program Workshop Attendance

- (1) Prior to submission of the Application for Candidacy, the program director and at least one higher administrator from the campus where the program will reside (not a representative of multiple developing programs) **MUST** attend an entire Developing Program Workshop. The purpose of the workshop is to provide information about the pre-accreditation process and explain CAPTE's expectations for submission of the Application for Candidacy. Two workshops are conducted by Accreditation staff annually in February and October in conjunction with Self-study Workshops.
- (2) If the program director who previously attended the workshop leaves the institution prior to submission of the Application for Candidacy, the new program director must attend a Developing Program Workshop prior to submission of the Application.
- (3) If the administrative official who previously attended the workshop leaves the institution prior to submission of the Application for Candidacy, the new administrative official must attend the next scheduled Developing Program Workshop.

(c) Notification of Intent to Seek Accreditation

- (1) The first step in the candidacy process is official (i.e., on institutional letterhead) notification from the sponsoring institution of its intent to develop and seek accreditation of a physical therapist or physical therapist assistant education program.
- (2) Notification **MUST** include
 - (i) Evidence that the institution is an institution of higher education with degree granting authority, or has an executed formal agreement with an institution of higher education with degree granting authority.
 - (ii) Evidence of appropriate state approval to offer the program/degree. If the institution has contracted with another institution to award the degree, evidence of state approval for all institutions is required. If state approval is not necessary, documentation from the state approval authority **MUST** include written communication from the state to program representatives or CAPTE that confirms approval to offer the program/degree is not required.
 - (iii) Evidence that the institution is financially viable as defined by the most recent USDE Financial Responsibility Composite score, if applicable, above 0 (zero). If score is 0 or lower, evidence that the institution has satisfied the financial obligations required by the USDE (e.g. posted letter of credit).
 - (iv) Evidence that the institution(s) planning to offer the program/degree holds accreditation from an institutional accrediting agency or association recognized by the US Department of Education or the Council for Higher Education Accreditation to accredit degree-granting institutions
 - (v) Evidence that the institution has been deemed by its accrediting agency to be in compliance with all institutional accreditation requirements.
 - (vi) Evidence that the institution has, or has applied for, approval to develop/offer a physical therapy education program/degree from its institutional accrediting agency. If approval is not necessary from the institutional accrediting agency, documentation from the institutional accrediting agency **MUST** include written communication from the accrediting agency to program representatives or CAPTE that confirms approval to offer the program/degree is not required. **NOTE:** If not available at this time, the needed evidence from the institutional accrediting agency will be required at the time the AFC is submitted.

- (vii) Names of and contact information for
 - (a) the person to whom the program director will report
 - (b) the institution's Chief Academic Officer
 - (c) the institution's Chief Executive Officer
 - (viii) Contact information (phone number and email address) for
 - (a) the relevant state agency responsible for oversight of the post-secondary education provided by the institution
 - (b) the institutional accrediting agency
 - (ix) Needs Assessment
 - (3) If Accreditation staff determines that the information in the Notification of Intent to Seek Accreditation does not meet CAPTE's requirements for this documentation, the program may submit additional documents or supplemental materials, as requested by staff. If the program does not submit all required information within 30 days of the original submission, the program must resubmit all documentation required under §7.8(c) to include updated information as appropriate.
 - (4) Staff determination that the Notification of Intent to Seek Accreditation contains the minimum required information listed above does not mean that the program meets, or is making satisfactory progress toward compliance with, any one or more of the relevant standards/elements; such a decision is the purview of CAPTE.
- (d) Notification of Program Director Employment
- (1) The next step in the pre-accreditation process is official (i.e., on institutional letterhead) notification that a full-time program director has been employed (not just hired) to develop and implement the program no later than eighteen (18) months prior to the due date for the Reconfirmation of Intent.
 - (2) Notification MUST include or be accompanied by
 - (i) a copy of the program director's curriculum vitae, demonstrating that the program director meets the qualifications specified in the *Standards/Elements*. NOTE: effective with Applications for Candidacy to be submitted after December 31, 2015, the curriculum vitae must demonstrate that the program director meets the qualifications specified in Element 4G in the *2016 Standards and Elements*;
 - (ii) a copy of the employment contract/agreement signed by the program director and the appropriate institutional representative (salary information should be redacted);
 - (iii) a copy of the institution's policy defining full-time appointment/employment;
 - (iv) a statement, signed by the program director and the Chief Executive Officer, that the program director is employed full-time (as defined in the institutional policy related to full-time appointment/employment) to develop and implement the program. If not included in the contract, the effective date of full-time employment should be included in this statement;
 - (v) contact information for the program director including a functional email address and direct phone number at the institution;
 - (vi) If the program is planning on a charter class graduation date in July, August, or September, the notification must also include a separate statement on institution letterhead, signed by the program director and the person to whom the program director reports (typically the Dean or Provost) that the statement must include, and acknowledge the requirement to include the statement below in ALL information provided to or accessible by prospective students and in ALL materials promoting the program. Programs MUST utilize the following language (with bracketed items edited as appropriate):

IMPLICATIONS OF [JULY/AUGUST/SEPTEMBER] GRADUATION

The developing [physical therapy/physical therapist assistant] program at [Institution] is planning for a charter class graduation in [July/August/September], [year]. Initial accreditation decisions are acted upon at the next regularly scheduled Fall Meeting of the Commission following the on-site visit, which must occur during the penultimate term when the charter class is enrolled. CAPTE will not make exceptions to its Rules to accommodate graduation dates that precede regularly scheduled CAPTE meeting dates, e.g., graduation in the summer. A summer graduation does not allow the initial accreditation decision to occur prior to the graduation date. The Federation of State Boards of Physical Therapy (FSBPT) sets the dates for licensing exams. The first sitting for which students with [an/a] [July/August/September] graduation date would be in January. Therefore, the timing of the planned graduation date increases the likelihood of a significant financial disadvantage for students due to an approximate six-month delay in possible employment as a [physical therapist or physical therapist assistant].

- (3) If Accreditation staff determines that the information in the Notification of Program Director Employment does not meet CAPTE's requirements for this documentation, the program may submit additional documents or supplemental materials, as requested by staff. If the program does not submit all required information within 30 days of the original submission, the program must resubmit all documentation required under §7.8(d) to include updated information as appropriate. NOTE: A program already assigned to a review cycle that is not able to provide all required evidence for Notification of Program Director Employment at least eighteen (18) months prior to the deadline for Reconfirmation of Intent will lose its place in the current review cycle, and will be required to resubmit documentation according to Part §7.8(c) to initiate a new Candidacy review cycle based on availability.
- (4) Upon notification that a program director has been employed full-time and receipt of all information requested in §7.8(c)(2) and §7.8(d)(2), the Accreditation staff will:
 - (i) review the program director's curriculum vitae to determine the extent to which it reflects the expectations required for eligibility to undergo review of the Application for Candidacy by CAPTE. If staff identifies any missing information or determines that the proposed program director does not appear to meet the eligibility criteria, the institution will be notified.
 - (ii) if the program director's curriculum vitae indicates that the expectations are met,
 - (a) send the program a Developing Program Information Form for completion by the program director and submission to the Accreditation staff (if not yet previously submitted with the Notification of Intent to Seek Accreditation). **RECEIPT OF THIS FORM BY THE ACCREDITATION STAFF WILL DETERMINE WHICH REVIEW CYCLE THE PROGRAM WILL BE ASSIGNED.**
 - (b) provide the program director or appropriate institutional administrator with the materials necessary for submission of the Application for Candidacy including
 - (1) a username and password for access to the CAPTE Accreditation Portal, and
 - (2) an invoice for the AFC Review Fee which is due at least two weeks prior to submission of the Application for Candidacy [see §16.1]
 - (iii) add the program to the list of developing programs published on CAPTE's website; and,
 - (iv) communicate primarily with the program director during the development of the program.
- (5) Staff determination that the Notification of Program Director Employment contains the minimum required information listed above does not mean that the program meets, or is making

satisfactory progress toward compliance with, any one or more of the relevant standards/elements; such a decision is the purview of CAPTE.

- (6) Access to the Accreditation Portal allows the program director and appropriate administrators to retrieve the list of on-site reviewers for circulation to institutional stakeholders for the purpose of identifying those individuals whom the institution believes have a conflict of interest with the developing program. Once circulated, the program director is expected to use the Portal to enter those individuals into the database so that they will not be selected to review the program. **Conflicts MUST be submitted no later than two (2) months after the program director has been given access to the portal. If a program director has not been employed at the time the program is given access to the portal, conflicts must be submitted no later than one (1) month following submission of the Notification of Program Director Employment. Submission of conflicts by the established deadline is required for the AFC to be determined to be eligible for further consideration; therefore, failure to submit will result in the program being reassigned to the next available review cycle.** Rules regarding what constitutes a conflict of interest are found in §4.11(b). Identification of conflicts for other reasons is not allowed.

- (e) If the program director leaves and a qualified replacement is not employed within one (1) month, the program will be removed from the list of developing programs until such time as the Accreditation staff is notified of a new qualified program director. This will typically result in the program's loss of a place in its assigned review cycle, requiring the program to reestablish a cycle once a new program director has been employed. Notification of a change in the program director must be made in accordance to §9.4(b).

If either the program director or clinical education coordinator vacates their position after the Candidacy Visit and before the Central Panel convenes to render a Candidacy decision, the program will not be eligible to be reviewed by the Commission, will lose its place in the current review cycle, and will be required to resubmit documentation according to Part 7.8 to initiate a new Candidacy review cycle based on availability.

- (f) After employing a qualified program director and prior to achieving candidacy, developing programs MUST utilize, at a minimum, the following language (with bracketed items edited as appropriate) to describe their status in the pre-accreditation process in all information provided to or accessible by prospective students and in all materials promoting the program:

Graduation from a physical therapist [assistant] education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

[Name of Institution] is seeking accreditation of a new physical therapist [assistant] education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on [insert date]. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the [professional/technical] phase of the program; therefore, no students may be enrolled in [professional/technical] courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

- (g) If the program is planning on a charter class graduation date in July, August, or September, the notification must also include a separate statement on institution letterhead, signed by the program director and the person to whom the program director reports (typically the Dean or Provost) that the statement must include, and acknowledge the requirement to include the statement below in ALL information provided to or accessible by prospective students and in ALL materials promoting the program. Programs MUST utilize the following language (with bracketed items edited as appropriate):

IMPLICATIONS OF [JULY/AUGUST/SEPTEMBER] GRADUATION

The developing [physical therapy/physical therapist assistant] program at [Institution] is planning for a charter class graduation in [July/August/September], [year]. Initial accreditation decisions are acted upon at the next regularly scheduled Fall Meeting of the Commission following the on-site visit, which must occur during the penultimate term when the charter class is enrolled. CAPTE will not make exceptions to its Rules to accommodate graduation dates that precede regularly scheduled CAPTE meeting dates, e.g., graduation in the summer. A summer graduation does not allow the initial accreditation decision to occur prior to the graduation date. The Federation of State Boards of Physical Therapy (FSBPT) sets the dates for licensing exams. The first sitting for which students with [an/a] [July/August/September] graduation date would be in January. Therefore, the timing of the planned graduation date increases the likelihood of a significant financial disadvantage for students due to an approximate six-month delay in possible employment as a [physical therapist or physical therapist assistant].

- (h) Notification of Second Full Time Core Faculty Employment and demonstrating that the roles of program director and clinical education coordinator are covered
- (1) The next step in the pre-accreditation process is official (i.e., on institutional letterhead) notification that a second core faculty member has been employed (not just hired) to help develop and implement the program no later than nine (9) months prior to the due date for the Reconfirmation of Intent.
 - (2) Notification MUST include or be accompanied by
 - (i) a copy of the curriculum vitae;
 - (ii) a copy of the employment contract/agreement signed by the second core faculty member and the appropriate institutional representative (salary information should be redacted);
 - (iii) a copy of the institution's policy defining full-time appointment/employment;
 - (iv) a statement, signed by the second core faculty member and the Chief Executive Officer, that the second core faculty member is employed full-time (as defined in the institutional policy related to full-time appointment/employment) to help develop and implement the program. If not included in the contract, the effective date of full-time employment should be included in this statement; and
 - (v) contact information for the second core faculty member including a functional email address and direct phone number at the institution; and
 - (vi) The Proviso in Element 4A about the timeline for obtaining a doctoral degree does not apply to developing programs seeking Candidate for Accreditation status; thus, all core faculty must be doctorally prepared at the time of the Notification of Second Core Faculty Employment.
 - (3) If Accreditation staff determines that the information in the notification of second full time core faculty employment does not meet CAPTE's requirements for this documentation, the program may submit additional documents or supplemental materials, as requested by staff. If the program does not submit all required information within thirty (30) days of the original submission, the program will lose its position in the currently assigned cycle and must resubmit all documentation required under §7.8(c) to initiate a new Candidacy review cycle.
 - (4) Staff determination that the evidence submitted as Notification of Second Full Time Core Faculty Employment adequately demonstrates that the roles of program director and clinical education coordinator are covered does not mean that the program meets, or is making satisfactory progress toward compliance with, any one or more of the relevant standards/elements; such a decision is the purview of CAPTE.

- (i) Official Reconfirmation of Intent to Submit an Application for Candidacy
 - (1) The program is expected to provide the Accreditation staff with official reconfirmation of its intent to submit an Application for Candidacy at least three (3) months prior to the planned submission date.
 - (i) Official reconfirmation should be provided on institutional letterhead, signed by the program director and the person to whom the program director reports.
 - (ii) Reconfirmation will be accepted by mail or in an electronic form (i.e., email attachment).
 - (2) The purpose of the reconfirmation is to provide staff with adequate time to plan for the number of Candidacy Reviewers needed for a given candidacy cycle.
 - (3) Failure to provide timely official reconfirmation will result in cessation of the process and the program will be moved to the next available review cycle.

7.9 Submission of the Application for Candidacy: General Information

- (a) Submission of the Application for Candidacy (AFC) is the next major step in the accreditation process for a physical therapy education program. The Application for Candidacy is a report through which the institution provides information about the institution's plans for development and implementation of the proposed program, such that it will meet the standards/elements for accreditation. The information and data submitted in the Application for Candidacy are used by CAPTE to determine whether the institution is making satisfactory progress toward compliance with the Standards, to identify areas of weakness that might preclude compliance with the Standards, and, at their discretion, to offer recommendations for strengthening the education program.
- (b) Submission of the Application for Candidacy to the Accreditation staff establishes the timetable for the pre-accreditation and accreditation processes. Because programs must be granted Candidate for Accreditation status at least three weeks prior to enrollment/matriculation of the first cohort of students into any professional/technical courses, institutions should choose the candidacy decision cycle that allows the program sufficient time for development as well as allowing for a decision prior to the planned matriculation date [see §7.4(a)].
- (c) Selection of the appropriate candidacy decision cycle MUST also be informed by the planned date of graduation of the charter class. The on-site visit for initial accreditation must occur during the penultimate term that the charter class is enrolled, and the accreditation decision will be made at the next regularly scheduled meeting of CAPTE following the on-site visit. [See also §8.5 and §8.14] CAPTE will not make exceptions to these Rules to accommodate charter class graduation dates that precede regularly scheduled CAPTE Spring or Fall meeting dates, e.g., graduation in July or August.
- (d) Payment of the AFC Review fee is due at least two weeks prior to the due date for submission of the Application for Candidacy. See Part 16 for more information about fees.
- (e) Following submission of the AFC and until the program is granted Candidate for Accreditation status, developing programs MUST utilize, at a minimum, the following language (with bracketed items edited as appropriate) to describe their status in the pre-accreditation process in all information provided to or accessible by prospective students:

Graduation from a physical therapist [assistant] education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

[Name of Institution] is seeking accreditation of a new physical therapist [assistant] education program from CAPTE. On [date], the program submitted an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the [professional/technical] phase of the program; therefore, no students may be enrolled in [professional/technical] courses until Candidate for Accreditation status has been achieved.

Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

7.10 AFC Submission Requirements

- (a) An institution that wishes to seek CAPTE accreditation of a developing physical therapy education program must submit an Application for Candidacy to the Accreditation staff via the CAPTE Accreditation Portal so that it is **received by 11:59 pm (local time at the program) on the due date for the cycle the institution wishes to follow**. No paper copies are accepted, therefore there is no need to be concerned about delivery over a week-end or holiday. An Application for Candidacy received after an established due date will be placed on the next available decision cycle schedule, which might not be the very next cycle if it is already full. Information about the number of available spots in each cycle is available on the CAPTE website; the list is updated periodically to reflect changes.
- (b) Eligibility Requirements: To be considered eligible for review, the Application for Candidacy **MUST MEET ALL** of the following expectations AT THE TIME OF SUBMISSION:
- (1) The program director and an institutional administrator have attended a Developing Program Workshop. Required timelines for workshop attendance are delineated in §7.8(b).
 - (2) The Application for Candidacy is submitted by the institution(s) where the education program is to be located and that will award the degree.
 - (3) The Application is complete and includes all requisite information described in the most current instructions for completion/submission of the Application for Candidacy.
 - (4) The Application has been submitted electronically using the CAPTE Accreditation Portal and the instructions for entering information, including the required naming conventions for appendices, have been followed.
 - (5) The candidacy fee has been previously submitted in accordance with the established review cycle timeline;
 - (6) The conflict list has been previously submitted in accordance with the established decision cycle timeline.
 - (7) The Application for Candidacy and ALL accompanying documentation are in English.
 - (8) The signed AFC signature page must be scanned and attached to the Preface as an appendix. The signature page from the AFC has been signed at least by the Chief Executive Officer(s) of the sponsoring institution(s) and the program administrator/director who has responsibility for the program, attesting to the accuracy of the information provided and indicating that the institution(s) and program
 - (i) agree not to enroll students in any courses that are part of the professional/technical phase of the program until Candidate for Accreditation status has been achieved,
 - (ii) agree not to enroll more than one cohort of students every twelve (12) months and not to increase class size until accreditation has been granted and the program is eligible to seek such changes, and
 - (iii) acknowledge CAPTE's Rules [§8.5 and §8.14(a)] that the on-site visit for initial accreditation must occur in the penultimate term and that the initial accreditation decision will be made at CAPTE's next regularly scheduled meeting following the on-site visit.
 - (9) The Application for Candidacy includes at the time of submission
 - (i) The completed AFC Checklist
 - (ii) A preface that MUST include the following information
 - (a) a discussion about why the institution believes that a physical therapy program (PT or PTA, as appropriate) is consistent with its mission and with other institutional program offerings and how existing institutional resources will foster the development of a quality program.
 - (b) a description of the process and information used by the institution to determine the need for the program and to determine planned class size in relation to current and future needs for physical therapy personnel, including a summary of the needs assessment that has been done. Such information MUST reflect local and regional

- data (including consideration of graduates from existing and developing programs) in addition to national data;
- (c) a written statement of the plans for the number of students to be admitted to the charter class;
 - (d) a written contingency plan for students if the program should fail to achieve candidate status or accreditation status, including information about how and when this contingency plan is communicated to prospective students.
- (iii) If not provided with the Notification of Intent to Seek Accreditation, evidence that the institutional accrediting agency has approved the development/offering of the physical therapy education program/degree. If institutional accrediting agency approval is not necessary, a statement from the institutional accrediting agency to that effect
 - (iv) Evidence that the institution is accurately characterizing the program's status in the accreditation process in all information provided to prospective students and the public, including on its website and in any materials used for student recruitment.
 - (v) Evidence that the institution is providing accurate information to prospective students for the charter class that describes
 - (a) the planned timing of the CAPTE decision in relation to the graduation date
 - (b) the date of the first licensure examination for which the graduates would be eligible to sit, and .
 - (c) if applicable, evidence that explanation of the implications of a summer graduation date with respect to the licensure exam has been provided to prospective and enrolled students. [See §7.10(d)(2)(vi)]
 - (vi) Evidence that the institution has
 - a) for PT programs: employed at least three (3) full-time core faculty members including the program director and the ACCE/DCE. In addition, the program has hired, or has executed contracts with, sufficient faculty to implement the complete first two years of the program. At least 50% of the core faculty hold academic doctoral degrees for both the current and projected composition.
 - (b) for PTA programs: employed at least two (2) full-time core faculty members, including the program director and the ACCE/DCE, one of which must be a physical therapist. In addition, the program has hired, or has executed contracts with, sufficient core and/or associated faculty to cover all courses and activities for the full implementation of the program.
 - (vii) Clear evidence, as reflected in a current curriculum vitae, that the program director possesses at least the following minimum qualifications:
 - (a) for PT programs:
 - is a physical therapist who holds a current license to practice as a PT in any United States jurisdiction,
 - holds an earned academic doctoral degree,
 - holds the rank of associate professor, professor, clinical associate professor, or clinical professor, and
 - has a minimum of six years of full time higher education experience with a minimum of three years of full-time experience in a physical therapist education program.
 - (b) for PTA programs:
 - is a physical therapist or physical therapist assistant who holds a current license/certification to practice as a PT or PTA in any United States jurisdiction;
 - holds a minimum of a master's degree;
 - has a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience;
 - didactic and/or clinical teaching experience;
 - has experience in administration/management;
 - has experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine academic semester credits of coursework in educational foundations. [Proviso:

CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.]

- (viii) Documentation of contractual access to sufficient clinical placements to meet the needs of the first full-time clinical experience and any integrated clinical experience(s) that may precede it. At a minimum, it is expected that there are sufficient clinical placements (as evidenced by signed letters of intent from a representative located at the physical therapy department that will provide the clinical education experience) for at least 150% of the expected number of students to be enrolled during the first year (e.g., if there will be a total of 40 students enrolled during the first year, the program is expected to have signed contracts with enough facilities to provide at least 60 full-time experiences, as well as 60 placements for any integrated clinical experience that precedes the first full-time experience, if any). Required documentation includes
 - (a) copies of signed and dated Letters of Intent to provide one or more clinical education placement(s). Letters of Intent MUST
 - (1) be on the letterhead of the site;
 - (2) be signed by the CCCE. If clinical site is more than 60 miles/one hour away from the CCCE, a PT or PTA who could be a CI at the site must ALSO sign the LOI. If the clinical education experience is provided by a PTA, the signature of the PTA's supervising PT is necessary for each site's Letter of Intent; and
 - (3) include the title and credentials of the individual who signs it.

NOTE: Health care systems with multiple sites and health care companies that provide physical therapy services at multiple sites must provide individual, site-specific Letters of Intent that meet the above requirements.

 - (b) copies of the first page and the signature page of each fully executed (dated and signed by all parties) contract available at the time of AFC submission. If a contract delineates multiple physical sites, a copy of that information is to be included; and
 - (c) completed *Available Clinical Education Placements* table that delineates the minimum number of available placements per experience at each physical location. The table must include the name(s) of the signatory(ies) for each Letter of Intent. Signatures must also include the person responsible for the clinical experience at a specific site if more than 60 miles or one hour away from the home clinical site.
- (ix) Evidence that the curriculum includes integrated and full-time terminal clinical experiences
- (x) For PTA programs: evidence that the program curriculum, including all general education, prerequisite, technical and clinical education courses, can be completed in five (5) semesters, eighty (80) academic weeks, or one hundred four (104) calendar weeks.

7.11 Eligibility Screening of the Application for Candidacy

- (a) The Accreditation staff will screen the Application for Candidacy to determine whether it meets the eligibility requirements per §7.10(b) and is therefore ready for further review by assigned Candidacy Reviewers.
 - (1) If, during review of the AFC, staff discover that required responses or documents have not been provided, the program will be notified by phone and email. On the assumption that the missing information exists and is only missing due to a clerical/uploading error, the program will be given a maximum of twenty-four (24) hours to provide the missing information.
 - (2) Failure to provide the missing information in the allotted time will result in the automatic determination that the AFC is not eligible for further review.
- (b) If the AFC is deemed eligible for further review, the institution will be notified and the Application for Candidacy will be forwarded to the Candidacy Reviewers selected by staff. Staff determination that an AFC is eligible for further review is a decision that the AFC contains the minimum required information as listed above. Determination that an AFC is eligible for further review does not mean that the program meets, or is making satisfactory progress toward compliance with, any one or more of the relevant standards/elements; such a decision is the purview of CAPTE.

- (c) If staff determine that the Application for Candidacy is not eligible for further review, the institution will be notified. Notification will include the reasons for that determination.
- (d) If the program believes that the staff has made an incorrect determination that the AFC is not eligible for further review, the program may, within four (4) calendar days of being informed of the determination, challenge the determination by informing staff of the challenge in writing. Failure of the program to submit a challenge within four (4) calendar days will result in the automatic determination that the AFC is not eligible for further review and the program will forfeit any further consideration unless the program chooses to resubmit the AFC for consideration in the next available review cycle.
 - (1) The challenge MUST BE LIMITED TO indicating where “missing” information can be found in the submitted document and/or how the existing information was misinterpreted; the challenge may NOT include new information.
 - (2) Staff will immediately consult with the Chair of CAPTE (or a designee) to decide whether the staff determination should stand and will inform the program of the final determination within four (4) calendar days.
- (e) The final determination by the Chair is limited to one of the following:
 - (1) the AFC is eligible for further review, in which case the review process will continue;
 - (2) the AFC may be eligible for further review subject to special conditions (e.g., enrollment of smaller student classes in line with available clinical education sites) which the institution must agree to if it wishes to implement the program as scheduled. In such cases the imposed conditions will be maintained until such time as the program has achieved accreditation and is then eligible to seek substantive change if required; or
 - (3) the AFC is not eligible for further review. Notice will include the reasons for this determination.
- (f) After the final determination that an AFC is not eligible for further review, the program will be required to establish a new review cycle, pursuant to §7.4(b) and all other sections of the *Rules* that are applicable to the establishment of a review cycle.

7.12 Application for Candidacy of Record

An Application for Candidacy that has been determined to be eligible for further review is the Application for Candidacy of Record, to be used in all further review and deliberations. Except for the response to the Candidacy Visit Report, no more information can be added to the record unless specifically requested by the Candidacy Reviewers or by CAPTE. Thus, it is in the institution’s best interest to submit an Application for Candidacy that provides a comprehensive description of the plans for the fully developed program, including the curriculum, which could be implemented within three (3) weeks of the determination to grant candidacy (even if the planned date of matriculation is set for a later term).

7.13 Review of the Application for Candidacy

- (a) The Application for Candidacy of Record is reviewed and evaluated by two Candidacy Reviewers assigned by the Accreditation staff. The assigned Candidacy Reviewers will review the Application for Candidacy in depth in preparation for a visit to verify the accuracy of information in the Application.
- (b) Per §7.14 and due to the short time frame between submission of the Application for Candidacy and the candidacy visit, **no new information may be submitted for review by the Candidacy Reviewers prior to the visit**, unless explicitly and specifically requested by the Candidacy Reviewers or Accreditation staff.
- (c) Further, given the short time available for review of new material during the candidacy visit, the Candidacy Reviewers are under no obligation to accept or review new information provided during the visit that has not been requested.

7.14 Candidacy Visit

- (a) A three-day Candidacy Visit is a routine component of the pre-accreditation process and is conducted by the Candidacy Reviewers selected for the specific purpose of serving as ad hoc representatives of the accrediting agency. The visit typically begins on the afternoon of the first day and concludes at noon on the third day. The visit is usually scheduled as noted in the candidacy decision cycle timeline and programs must be prepared to host the candidacy visit any time during that period. In unusual circumstances, however, visits may occur slightly prior to or after the regular timeframe, if necessary to accommodate the program's or the Candidacy Reviewers' needs [§7.4].

- (b) Composition of the On-site Candidacy Team

An on-site candidacy team usually consists of two members selected by Accreditation staff from the cadre of on-site reviewers. To the extent possible, each team is tailored specifically for the particular on-site visit.

- (1) Factors considered in selecting members for a team include the following:
 - (i) conflict of interest declarations by program and on-site reviewers;
 - (ii) type of institution;
 - (iii) type of program, i.e., for the physical therapist or for the physical therapist assistant;
 - (iv) type of expertise needed;
 - (v) distance education expertise; and
 - (vi) geographic proximity.
 - (2) A member of the team is designated as the team leader who is assigned by staff.
 - (3) Team composition
 - (i) The on-site team for a physical therapist education program consists of two physical therapists who are PT educators
 - (ii) The on-site team for a physical therapist assistant education program consists of a physical therapist (who is an educator), and a physical therapist assistant (who is an educator).
- (c) If an institution wishes to postpone the Candidacy Visit, it may do so only to the extent that the visit would occur in time for the program to remain in the assigned cycle. Should an institution wish a longer delay, then the program will be assigned to the next available review cycle, re-submission of the Application for Candidacy will be required and a reapplication fee will be charged.
- (d) The Candidacy Visit consists of an intensive series of conferences with administrative officials and faculty of the program along with visits to selected program facilities. The visit provides a view of the physical therapy education program in its particular environment. The purpose of the visit is to provide a mechanism for verification of information included in the Application for Candidacy submitted by the institution/program and to assess the program's readiness to proceed with implementation of the program and the accreditation process. It also enables the Candidacy Reviewers to gain insight into relevant data not conducive to the written word. Additional information about the Candidacy Visit is available from staff.
- (e) The Candidacy Reviewers may request additional materials for review and for submission to CAPTE for its review. Only materials that exist at the time of the candidacy visit and that were reviewed by the Candidacy Reviewers are to be provided in response to this request.
- (f) The visit includes an Exit Summary of the Candidacy Reviewers' findings. The Exit Summary may not be recorded in any manner (audio, video or verbatim).
- (g) The Candidacy Reviewers are not consultants to the program and may not give guidance on how to revise materials to improve its chances of achieving Candidate for Accreditation status.

7.15 Candidacy Visit Report and Response from the Institution

- (a) The completed Candidacy Visit Report is expected to be submitted to the Accreditation staff within fourteen (14) calendar days of the visit. Accreditation staff will edit the report prior to forwarding a copy to the institution.
- (b) The Institution's Response to the Candidacy Visit Report
 - (1) is limited to
 - (a) correction of any factual errors and/or clarification of any errors of interpretation;
 - (b) submission of materials requested by the Candidacy Reviewers [§7.14(d)] that were reviewed by the Candidacy Reviewers during the visit; and
 - (c) responses to comments of the Candidacy Reviewers, which **may not** include revisions of any content in the Application for Candidacy that were not specifically requested by the Candidacy Reviewers and reviewed during the visit. For example, student handbook, curriculum revisions or revised syllabi cannot be submitted if they were not specifically requested prior to and reviewed during the onsite visit.
 - (2) is due no later than thirty (30) calendar days after the program receives the Candidacy Visit Report. Failure to meet that deadline will result in postponement of CAPTE's decision to the next available cycle.
 - (3) is submitted via the CAPTE Accreditation Portal.
- (c) A copy of the AFC and Candidacy Visit Report with Institution Response is provided to CAPTE.
- (d) No additional material will be considered unless explicitly and specifically requested by the CAPTE reviewer.

7.16 Assessment of the Candidacy Reviewers

The Accreditation staff shall utilize a Candidacy Reviewer assessment form. Information collected from the institution about the performance of the Candidacy Reviewers shall be reported to the Candidacy Reviewers to provide information about the areas in which he/she excels or needs improvement.

7.17 Release of Information about the Report

CAPTE considers the Candidacy Visit Report to be confidential. Should the program or institution choose to release any information about the Candidacy Visit Report, that information must be complete and accurate. If CAPTE determines that the institution or program has released any incorrect or misleading information about the Report, CAPTE reserves the right to publicly correct the incorrect or misleading information and to release the Report in its entirety. A notice describing this expectation is included in the Report.

7.18 Timing of the Candidacy Decision

- (a) Upon review of the Application for Candidacy, and the Candidacy Visit Report with Institution Response, CAPTE makes a candidacy decision within the time frame specified by the review cycle being followed by the program.
- (b) If an institution requests an extension of the time for a response to the Candidacy Visit Report, CAPTE will make the candidacy decision at the next regularly scheduled opportunity [see §7.4(b)].

7.19 Decision Options

- (a) Candidacy status is established following completion of:
 - (1) Application for Candidacy by program personnel;
 - (2) An on-site visit by a duly constituted team;
 - (3) Review of relevant materials by CAPTE; and,
 - (4) Action by the Central Panel.

Written notification of CAPTE's action and rationale is provided to the institution and program in the form of a Summary of Action. [See §4.5]

- (b) The Application for Candidacy and all relevant materials are evaluated to determine compliance with CAPTE Standards and Required Elements. The status of Candidate for Accreditation awarded to each program shall be based on the extent to which the program demonstrates meeting the expectations for candidacy following the current Standards and Required Elements for accreditation of physical therapy education programs. CAPTE's Summary of Action includes commentary in the following categories as appropriate:
 - (1) Evident: Indicates that the program meets the expectations for Candidacy for the element.
 - (2) Emerging: Indicates that the program's progress toward the expectations for Candidacy for the element is becoming apparent or prominent. The program has policies, processes, and procedures in place that reasonably infer the program is demonstrating satisfactory progress towards meeting the expectations of full compliance with Candidacy.
 - (3) Not Evident: Indicates that the program does not comply with the expectations for Candidacy for the element.
 - (4) Consultative Comments: The program meets the expectations for Candidacy for the Standards and Required Elements but receives guidance on making further improvements.
 - (5) Commendations: Aspects of the program are found to exceed minimum expectations for compliance with the Standards and Required Elements.
- (c) Grant Candidate for Accreditation
 - (1) CAPTE will act to grant Candidate for Accreditation status to the program if the program demonstrates satisfactory progress toward compliance with the Standards and Elements indicated by findings of evident, emerging, or not evident. All programs will be monitored for continuing progress to full compliance prior to receiving initial accreditation. If continuing progress is in question, programs may be required to submit written evidence, in the form of a Progress Report. If, in the judgment of CAPTE, sufficient progress is not being made or significant questions are raised by the content of the report, one of the following actions will be taken: a request for Progress Report(s) to clarify the program's progress; a focused visit (see 7.27); an unannounced visit (see §7.27); or an on-site visit. Notice of CAPTE's expectations for programs to demonstrate progress is included in the Summary of Action. [See §4.5]
 - (2) The decision to grant candidate status is based on the Commission's determination that the institution will be able to appropriately implement the program described in the Application for Candidacy, including the availability of necessary resources based on the size of the charter cohort. During Candidate for Accreditation status, the program is expected to make progress on demonstrating compliance for all findings of emerging or not evident elements following the enrollment of the charter cohort. Any increase in cohort size or the number of cohorts is not permitted.
 - (3) Following a decision to grant Candidate for Accreditation, the program may enroll/matriculate students into the technical/professional courses.
- (d) Deny Candidate for Accreditation
 - (1) The decision to deny candidate status is based upon the Commission's determination that the program is judged not to have made satisfactory progress toward full compliance with expectations for Candidacy and the Standards and Required Elements.
 - (2) A program that is denied Candidate for Accreditation status will not be permitted to enroll/matriculate students into the technical/professional courses or to proceed with the accreditation process.

7.20 Reconsideration/Appeal of Denial of Candidate for Accreditation Status

- (a) If a program is denied Candidate for Accreditation status, the institution has the option of requesting reconsideration of CAPTE's decision. The Rules of Procedure for Reconsideration of Candidate for Accreditation Status Decisions are found in Part 13 of these Rules. Notice of this opportunity is included in the Summary of Action. [See §4.5] The option of an expedited reconsideration is not available for programs seeking Candidate for Accreditation status.

- (b) Should the decision to deny candidacy be upheld on reconsideration, the program has the option to appeal the reconsideration decision. The Procedures for Appeal of Adverse Status Decisions are found in Part 14 of these Rules. Notice of this opportunity is included in the Summary of Action. [See §4.5]

7.21 Reapplication following Denial of Candidate for Accreditation Status

After a final decision to deny Candidate for Accreditation status, the institution and program may reapply after a waiting period of at least six (6) months following the final decision to deny. Reapplication requires the program to complete the full process again, beginning with notification of intent to seek accreditation. [§7.10(c)]

SUB-PART 7C – MAINTENANCE OF CANDIDATE FOR ACCREDITATION STATUS

7.22 Publication of Candidate for Accreditation Status

If a program is granted Candidate for Accreditation status, the institution/program MUST indicate such on its website and in publications, recruitment materials, and correspondence. The institution/program MUST use the statement below on all materials promoting the program, including on each webpage that includes program information. Notice of this requirement is included in the Summary of Action.

Effective (insert date), (insert Name of Program/Institution) has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706-3245; email: accreditation@apta.org. If needing to contact the program/institution directly, please call [INSERT Direct Program Phone Number] or email [INSERT Direct Program Email Address].

Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in technical/professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.

7.23 Term of Candidate for Accreditation Status

Candidate for Accreditation status is limited to two (2) years or the length of the professional/technical phase of the program, whichever is longer. Candidacy may be renewed for two (2) years by CAPTE, except that the maximum length of time that a program may hold Candidacy is five (5) years. If unusual circumstances exist, CAPTE action to renew candidacy may be based upon the findings from additional documentation and/or a focused visit, the travel and per diem expenses of which are to be assumed by the institution (see §16.5).

7.24 Annual Accreditation Report

Programs with Candidate for Accreditation status are required to submit an Annual Accreditation Report (AAR) in the format and at the time determined by staff in consultation with CAPTE. Review of Annual Accreditation Reports will follow the process outlined in Rule 4.3 (h). It should be noted that where a Compliance Report is required, programs with candidate status will be required to submit a Progress Report.

7.25 Candidacy Information Available to CAPTE at the time of Initial Accreditation

In order to determine that the program has addressed all issues officially raised in the candidacy review, the Candidacy Summary of Action will be made available to the Commissioners assigned to review the program for accreditation. If the program has not addressed the identified concerns, the initial accreditation decision may be adversely affected.

7.26 Reporting Significant Changes

Programs with Candidate for Accreditation status are expected to report significant changes as outlined in Part 9. Additionally, any change in core and associated faculty, including additions to the faculty, must be reported within thirty (30) calendar days. Program needs to provide all information regarding changes in the core and associated faculty as stipulated in Standards and Required Elements 4A. It should be noted that where a Compliance Report is required, programs with candidate status will be required to submit a Progress Report. The Progress Report and all accompanying documentation must be in English.

7.27 Focused and Unannounced Visits

- (a) CAPTE reserves the right to make focused and unannounced visits to programs during the Candidacy stage. For unannounced visits, the program will typically be given a maximum of two (2) weeks' notice, though CAPTE reserves the right to provide no notice of the visit. CAPTE will determine the general timing of the focused visit as well as the length of the focused or unannounced visit. The cost of the unannounced visit will be borne by CAPTE, unless the reason for the visit is the failure of the institution to respond to requests for information, in which case the institution will be billed for the cost of the visit. Fees for focused/unannounced visits are delineated in §16.4.
- (b) The need for a focused or unannounced visit will be determined by staff in consultation with the CAPTE Chair, who will determine the exact nature of the information to be gathered or verified during the visit.
- (c) The visits may be conducted by staff, current or former members of CAPTE, or experienced on-site team leaders in consideration of the situation that necessitated the visit.
- (d) A written report of the visit findings will be provided to staff and the CAPTE Chair, who will determine the next action to be taken by CAPTE, if any. A copy of the report will also be provided to the program along with notification of any action planned by CAPTE.

7.28 Retraction of Requests for Initial Accreditation

An institution may retract its request for initial accreditation of its program in physical therapy at any time prior to the decision on accreditation by CAPTE. If there are students enrolled in the program at the time of the retraction, the institution must either: (1) provide a teach-out plan for review and approval by CAPTE or (2) graduate all students currently in the program who complete the entire plan of study. Faculty must be qualified as defined in the Standards and Required Elements 4A and 4K.

SUB-PART 7D – WITHDRAWAL OF CANDIDATE FOR ACCREDITATION STATUS

7.29 Withdrawal of Candidate for Accreditation Status

- (a) CAPTE reserves the right to withdraw Candidate for Accreditation status if it determines that significant changes have occurred that are not part of the plan provided by the program in its Application for Candidacy, such that there are significant questions about the quality of the education being provided to the enrolled students or about the ability of the institution/program to achieve accreditation.
- (b) Changes that might result in a determination to withdraw Candidate for Accreditation status include, but are not limited to:
 - (1) Lack of a qualified program administrator/director
 - (2) Multiple changes of the program administrator/director during the implementation of the program
 - (3) Lack of at least two (2) full-time faculty members
 - (4) Lack of a physical therapist on the faculty
 - (5) Complete turnover of core faculty
 - (6) Significant deviation from the curricular plan that was approved at the time candidacy was granted
 - (7) Admission of more than one (1) cohort of students per year

- (8) Failure to adhere to any special conditions placed on, and agreed to by, the program during the initial candidacy review process. [See §7.11(e)(2)]
- (c) Show Cause
 - (1) Show Cause shall be considered notice of impending Withdrawal of Candidacy if evidence indicates that significant changes have occurred that are not part of the plan provided by the program in its Application for Candidacy, such that there are significant questions about the quality of the education being provided to the enrolled students or about the ability of the institution/program to achieve accreditation.
 - (2) Show Cause shall be used only when CAPTE judges that there is clear evidence of continuing circumstances that jeopardize the ability of the institution to sustain the program and that the institution has not been able to mitigate. Show Cause shall be in effect only until the next regularly scheduled meeting of CAPTE at which time CAPTE will act on the information available to it.
 - (3) When Show Cause is used, the program will be provided with a statement of the reasons for possible withdrawal and asked for additional information, in the form of a Progress Report, for consideration at the next CAPTE meeting. The program's candidacy status will remain unchanged until action is taken at the next meeting.
- (d) Decisions to Withdraw Candidate for Accreditation status may be made at a regularly scheduled meeting or between meetings by conference call.

7.30 Notification of Institution and Students

- (a) The chief administrative official of the sponsoring institution and program administrator/director shall be provided with a written statement of the program characteristics for which the program is judged to no longer be making satisfactory progress toward compliance with the standards/elements, the rationale for such judgment, and the basis for the withdrawal of Candidate for Accreditation status. The letter of notification of action shall be sent by registered or certified mail, return receipt requested, or other delivery service that can track receipt of the letter, and the chief administrative official and program administrator/director shall be notified of the reconsideration procedures relative to candidacy status decisions. (See Part 13 of these Rules.)
- (b) When Candidate for Accreditation status is withdrawn and the institution is so notified, the institution shall be required to notify all students enrolled in the physical therapy program, and those seeking admission, that Candidate for Accreditation status has been withdrawn.
- (c) Notice of these requirements is included in the Summary of Action. [See §4.5]

7.31 Reconsideration/Appeal of Withdrawal of Candidate for Accreditation Status

- (a) If Candidate for Accreditation status is withdrawn, the institution has the option of requesting reconsideration of CAPTE's decision to withdraw Candidate for Accreditation status. The Rules of Procedure for Reconsideration of Candidate for Accreditation Status Decisions are found in Part 13. Notice of this opportunity is included in the Summary of Action. [See §4.5]
- (b) Should the decision to withdraw candidacy be upheld on reconsideration, the program has the option to appeal the reconsideration decision. The Procedures for Appeal of Adverse Status Decisions are found in Part 14 of these Rules. Notice of this opportunity is included in the Summary of Action. [See §4.5]
- (c) Should the institution request reconsideration/appeal, CAPTE expects that classes will be continued until a final decision has been made.

7.32 Reapplication following Withdrawal of Candidate for Accreditation Status

If Candidate for Accreditation status is withdrawn, the institution and program may reapply at any time the institution judges that corrections have been made in the deficiencies that led to the withdrawal. Notice of this opportunity is included in the Summary of Action. [See §4.5] Reapplication requires submission of a new Application for Candidacy; the program will be billed for a pre-accreditation fee, and the process will begin anew. Prior to CAPTE action on the reapplication, a Candidacy Visit will be required. During this period, no students may be enrolled in the program.

PART 8 PROCEDURES FOR ACHIEVEMENT AND MAINTENANCE OF ACCREDITATION

(Adopted 10/00; Revised 4/02, 4/03, 4/04, 4/05, 10/05, 4/06, 10/06, 10/07, 4/08, 4/09, 10/09, 11/10, 4/11, 11/11, 5/12, 11/12, 4/13, 11/13, 4/14, 11/14, 4/15, 11/15, 5/16, 11/16, 4/17, 10/17, 5/18, 10/19, 4/20, 7/20, 1/21, 1/22)

SUB-PART 8A – SELF-STUDY REPORT

8.1 Submission Requirements

- (a) The procedure for becoming accredited once the pre-accreditation status of Candidate for Accreditation has been achieved or, in the case of a previously accredited program, for maintaining accreditation, requires the submission of a completed Self-study Report. The Self-study Report is completed by the program faculty by utilizing official instructions provided by the Accreditation staff. The Self-study Report and all accompanying documentation must be in English.
- (b) The Self-study Report is one of the major sources of substantiating information about elements of an educational program in relation to the Standards and Elements for Accreditation. It is the responsibility of the program's academic administrator to submit the completed Self-study Report to the Accreditation staff on or before the date established by the accrediting agency. The Self-study Report is submitted electronically using the CAPTE Accreditation Portal. **No paper submissions will be accepted.**
- (c) The Self-study Report submitted to the Accreditation staff prior to the on-site visit is the official document to be used by CAPTE in its deliberations about the program's compliance with the Standards and Elements for Accreditation.
- (d) The Self-study Report instructions for preparation thereof will be provided by the Accreditation staff for use by the program faculty in the completion and submission of the final document. Information is provided following each standard/element to guide the program's response to that standard/element.
- (e) The Self-study Report is due sixty (60) days prior to the scheduled on-site visit. The date for the visit is typically determined at least one (1) year in advance.
- (f) Failure to submit a Self-study Report in compliance with established and published procedures, including the established timetable, may lead to Probationary Accreditation for currently accredited programs. Normally such Probationary Accreditation will not extend beyond one (1) year. All procedures ordinarily related to Probationary Accreditation shall be applicable in such a case. Failure by the end of that year to demonstrate intent to comply with procedure may lead to withdrawal of accreditation.
- (g) For a program with Candidacy status, failure to submit a Self-study Report in compliance with established and published procedures, including the established timetable, may lead to a delay in an initial accreditation decision.

8.2 Requests for Withdrawal of Accreditation

An institution may request withdrawal of accreditation of its program in physical therapy at any time. If there are students enrolled in the program at the time of the request, it must include a teach-out plan for review and approval by CAPTE.

SUB-PART 8B – PROCEDURES TO ALLOW THIRD PARTY COMMENTS ABOUT PROGRAMS BEING REVIEWED

8.3 Opportunities to Provide Written Comments

- (a) Individuals wishing to provide written comments about a program undergoing review by CAPTE for the purpose of initial or reaffirmation of accreditation may do so through the method described below. Information can be found on the website (www.capteonline.org) that provides directions for anyone

who wishes to provide comments. Written comments may be either positive or express concerns about physical therapy education programs seeking CAPTE accreditation.

- (b) Accreditation staff members announce upcoming reviews to the community of interest at least ninety (90) days prior to each meeting and post on-site visit dates, organized by CAPTE review dates, on the website once the visit dates have been set.
- (c) Because submission of comments expressing concerns about physical therapy education programs under review are provided to CAPTE, the issues raised are subject to exploration and, if necessary, further investigation through regular review processes. Therefore, the third-party comment process may be used in lieu of, but not in addition to, CAPTE's procedures for filing a formal complaint about the same concern related to a program seeking initial or reaffirmation of accreditation. [Part 11 of these Rules describes the formal complaint process.] If the nature of a concern falls into the possibility of a formal complaint, individuals are urged to contact the Accreditation staff to discuss the nature of the complaint and to determine what procedures would be best taken to address the individual's concerns.

8.4 Procedures to Allow Third Party Comments About Programs Seeking Accreditation

- (a) Individuals wishing to provide written comments about a program seeking accreditation may do so through the methods described in this section. Information can be found on the website (www.capteonline.org) that provides directions for anyone who wishes to provide written comments, either positive ones or those expressing concerns about physical therapy education programs seeking accreditation.
- (b) Accreditation staff announce upcoming reviews to the community of interest prior to the meeting at which programs are being reviewed. This occurs in concert with the announcements of CAPTE's actions. Announcements are made available to the public on the CAPTE website and to the following specific constituencies:
 - (1) PT and PTA program directors
 - (2) State physical therapy licensure boards
 - (3) State higher education boards
 - (4) Recognized institutional accrediting agencies
 - (5) Recognized specialized/programmatic accrediting agencies
 - (6) USDE and CHEA
- (c) Individuals wishing to make comments about a program seeking accreditation may do so in the following manner:
 - (1) After reviewing the list of upcoming reviews, anyone wishing to submit written comments about a program must meet the following expectations:
 - (i) Comments must be submitted no later than the date specified in the announcement
 - (ii) Comments are to be sent to accreditation@apta.org and must include the subject line "Written Comments: re (program name)." The email must include the name, title, affiliation, mailing address, email address, telephone numbers, and website (if any) of the person/group making the comment.
 - (iii) Comments must identify the specific program and must be related to the program's compliance with the relevant published standards/elements.
 - (2) Staff provide comments submitted as prescribed above to the program for information and, at the program's discretion, a response. Both the written comments and the program's response, if any, are provided to CAPTE for its deliberation on the program.
- (d) Individuals/groups that make comments in this manner may not utilize the formal complaint process at a later date to address the same issue.

SUB-PART 8C – ON-SITE VISITS

8.5 Timing of the On-site Visit

- (a) **An on-site visit is a routine component of the accreditation process.** An on-site visit may be completed with all team members physically on site at the institution; conducted virtually with a one day on-campus visit as soon as possible after the virtual visit; or may involve a combination of on-site and virtual team member participation.
- (b) **Initial Accreditation**
On-site visits to programs seeking initial accreditation are scheduled late in the penultimate term in which the charter class is enrolled and at least ten (10) weeks prior to the regularly scheduled meeting at which the initial accreditation decision is scheduled to be made.
- (c) **Reaffirmation of Accreditation**
On-site visits to programs seeking reaffirmation of accreditation are scheduled as necessary to maintain the program's cycle of accreditation.

8.6 Composition of the On-site Review Team

- (a) An on-site team usually consists of three members selected by staff from the cadre of on-site reviewers. To the extent possible, each team is tailored specifically for the particular on-site visit.
- (1) Factors considered in selecting members for a team include the following:
- (i) conflict of interest declarations by program and on-site reviewers;
 - (ii) type of institution;
 - (iii) type of program, i.e., for the physical therapist or for the physical therapist assistant;
 - (iv) type of expertise needed;
 - (v) distance education expertise; and
 - (vi) geographic proximity.
- (2) A member of the team is designated as the team leader for each selected team.
- (3) Team composition
- (i) The on-site team for a physical therapist education program consists of two physical therapists (one of whom is an educator, the other a practitioner) and either a non-physical therapist basic scientist, an educator from another health discipline, a non-physical therapist higher education administrator selected to offer balance in expertise among areas of clinical physical therapy, clinical medicine, education, educational administration, and the basic sciences.
 - (ii) The on-site team for a physical therapist assistant education program consists of a physical therapist or physical therapist assistant (who is an educator), a physical therapist assistant (who is a practitioner), and one non-physical therapist higher education administrator from a two-year institution selected to offer balance in expertise among areas of education for the physical therapist assistant and employment roles of the physical therapist assistant.
 - (iii) If the program being visited offers more than 10% of its required courses by distance education (asynchronously or synchronously), at least one member of the team will have expertise (either by training or experience) in distance education.
 - (iv) If the program being visited is a distance education program (i.e., more than 50% of the courses are distance education courses), at least two members of the team will have expertise (either by training or experience) in distance education.
- (b) Individuals selected to serve on teams will be assigned to each position based on their current status as an educator, practitioner or non-physical therapist. [See Part 6, §6.2(b)(2).] In those instances where a team needs to be expanded beyond the usual size, any on-site visitor may be selected to complete the team.

- (c) Teams may have more than three (3) members if the institution offers multiple programs, particularly if they are at different sites. Adding team members in this situation is at the discretion of staff, in consultation with the institution/program.
- (d) If an assigned team member is unable to go on the visit and notifies staff at least thirty (30) days prior to the visit, staff will attempt to find a replacement reviewer and the program will be notified of the change. If a replacement cannot be found or if an assigned team member is unable to go on the visit and notifies staff less than thirty (30) days prior to the visit, the program and the remaining team members will be contacted to discuss the options available, including, but not limited to:
 - (1) a two person team, with the assigned third member being available by phone for consultation with the team as needed
 - (2) a two person team
 - (3) a two person team, accompanied by staff
 - (4) postponement of the visit (which may result in different team members)
 The final determination of the team composition/visit date must be agreeable to both the program and the team.

8.7 Functions of the On-site Review Team

- (a) The functions of the on-site review team shall be to validate the information found in the Self-study Report submitted by the program prior to the visit and to gather data about the physical therapy education program seeking accreditation in order to facilitate CAPTE's evaluation of the extent of compliance with the accreditation standards/elements. The on-site review team offers consultation and advice to programs. The team shall not be responsible for recommending accreditation status for any program. Additional information about the on-site visit is available from staff.
- (b) The on-site visit will include a series of interviews with constituents of the program. It is the Commission's policy that interviews are intended to be confidential between the team members and the individual(s) being interviewed, whether individually or in a group; therefore
 - (1) interviews are not open to individuals other than those intended to be there (e.g., the program director is not to be involved in the interviews of faculty or students, institutional administrators are not to be involved in any interviews of faculty, students or employers, etc.)
 - (2) interviews are not to be recorded in any manner (audio, video or verbatim)
- (c) The on-site visit will include an Exit Summary of the team's findings. The Exit Summary may not be recorded in any manner (audio, video or verbatim).

8.8 On-site Reviewer Assessment

CAPTE staff shall utilize an on-site reviewer assessment form and shall annually review its usefulness. Information collected about the performance of the team members shall be reported to the individual on-site reviewers to provide information about the areas in which they excel or need improvement.

8.9 Consultation from On-site Reviewers and CAPTE

- (a) Optional consultative comments from an on-site review team may be provided orally on site. When consultation is provided by the on-site team, the program is advised that the consultation represents the opinion of the on-site team members and that adoption of the advice or suggestions made during consultation does not ensure compliance with the Standards. Reference to the consultation is not included in the Visit Report.
- (b) When determined by the program's reviewers to be helpful, consultative comments from CAPTE shall be included in the Summary of Action that is sent to the Program Director and to other institution officials.

8.10 Requests for Postponement of On-site Visits

- (a) Requests for postponement of an on-site visit must be made in writing to the Accreditation staff at least ninety (90) days prior to the scheduled on-site visit, except in the case of emergencies that would preclude a visit from happening. The request must describe in detail the facts and circumstances which necessitate the postponement.
- (b) Requests for postponement will not be liberally granted. Instead, such requests will be approved only in extraordinary circumstances and for good cause shown. A postponement may not delay a program review beyond the next regularly scheduled CAPTE meeting following the program's original review date. If the program seeking postponement of a visit is being followed by CAPTE for issues related to program outcomes, a postponement may not delay the scheduled review by CAPTE.
- (c) Requests for postponement may be granted or denied by the staff of the Accreditation staff.
- (d) Should a visit be postponed, the visit for the next accreditation cycle will be scheduled based on the original date of the postponed visit.

SUB-PART 8D – VISIT REPORT

8.11 Submission of the Report

The Visit Report is to be submitted to the Accreditation staff by the leader of the on-site review team within fourteen (14) calendar days following the visit. The report is reviewed and edited by staff and then forwarded to the program administrator, the chief administrative official of the sponsoring institution, and other institutional officials identified by the institution.

8.12 Program Response to the Report and Submission of Additional Materials

- (a) Programs shall be given an opportunity to respond to the Visit Report for the purpose of correcting errors of fact or interpretation as well as provide evidence of compliance with any cited deficiencies in the Required Elements.
- (b) The Visit Report with Institution Response is to be submitted via the CAPTE Accreditation Portal no later than thirty (30) days following receipt of the Visit Report. The response shall be provided in its entirety to the CAPTE members unless they are in conflict with the program.
- (c) Additional materials will be accepted until thirty (30) days prior to the CAPTE meeting at which the program will be reviewed. All additional materials must be uploaded to the CAPTE Accreditation Portal.
- (d) **Programs seeking initial accreditation MUST** provide the following information for the charter class no later than thirty (30) days prior to the CAPTE meeting at which the program will be reviewed:
 - (i) a list of each student's clinical placements and an indication of the type of experience provided (e.g., in-patient, out-patient, acute care, rehabilitation, home care, pediatrics, etc);
 - (ii) a summary of each student's most recent evaluation (mid-term or final); and
 - (iii) an analysis of the performance of students (in aggregate) in clinical education based on feedback provided by clinical educators.
- (e) Program access to the Portal will be discontinued thirty (30) days prior to the CAPTE meeting. No other additional materials will be accepted unless specifically requested by the CAPTE reviewer. Such materials must be submitted to the Accreditation staff via email and will be forwarded to the reviewers by staff.

8.13 Release of Information about the Report

CAPTE considers the Visit Report to be confidential. Should the program or institution choose to release any information about the Visit Report, that information must be complete and accurate. If CAPTE determines

that the institution or program has released any incorrect or misleading information about the Visit Report, CAPTE reserves the right to publicly correct the incorrect or misleading information and to release the Visit Report in its entirety for that purpose. Notice of this policy is included in the Report.

SUB-PART 8E – CAPTE DECISIONS

8.14 Timing of Decisions

- (a) Programs seeking initial accreditation are acted upon at the next regularly scheduled Spring or Fall meeting of CAPTE following the on-site visit, which must occur during the penultimate term that the charter class is enrolled. Ordinarily, the initial accreditation decision occurs prior to the graduation date; in some cases, it may occur within thirty (30) days after the graduation date. Programs that have chosen to have the last term occur in the summer will be reviewed at the Fall meeting.
- (b) Programs seeking reaffirmation of accreditation are acted upon at the first regularly scheduled meeting of CAPTE following the on-site visit, unless the on-site visit occurs less than one hundred (100) days prior to the meeting, in which case review of the program will occur at the next regularly scheduled meeting. This allows sufficient time for 1) the team to submit its report, 2) the report to be edited and forwarded to the program, 3) the program/institution to submit its response to the report, and 4) CAPTE members to thoroughly review the report/response prior to the meeting.
- (c) In unusual circumstances, CAPTE may find it necessary to postpone action on accreditation status, but such postponement does not usually extend beyond the next regularly scheduled meeting and shall not extend beyond one (1) year.

8.15 Basis for Accreditation Status Decisions

CAPTE shall make decisions on accreditation status based on information from the Self-study Report materials, the Visit Report, information obtained during the course of the on-site visit, the response of the institution to the Visit Report, additional materials provided by the program, eligible written third-party comments (see §8.4(c)) and, when requested, Compliance Reports. Additional information may be solicited by CAPTE from the program director and/or the on-site review team leader when such information is needed for clarification.

8.16 Status Decision Options

- (a) The accreditation status is generally established following:
 - (1) granting of the pre-accreditation status Candidate for Accreditation; and
 - (2) completion of:
 - (i) Self-study Report by program personnel;
 - (ii) an on-site visit by a duly constituted team;
 - (iii) review of relevant materials by CAPTE; and,
 - (iv) action by CAPTE.Written notification of CAPTE's action and rationale is provided to the institution and program in the form of a Summary of Action. [See §4.5]
- (b) The status of accreditation awarded to each program shall be based on the extent to which the program complies with the current standards/elements for accreditation of physical therapy education programs. CAPTE's Summary of Action includes commentary in the following categories as appropriate:
 - (1) Non-compliance: The program has in place less than a substantial portion of the elements necessary to meet all aspects of the standard/element.
 - (2) Conditional compliance: The program has in place a substantial portion, but not all, of the elements necessary to meet all aspects of the standard/element.
 - (3) Consultative comments: The program is compliant with the standards/elements, but is given advice about how improvements could be made.

- (4) Commendations: Aspects of the program are found to be well beyond compliant with the standards/elements.
 - (5) Student Achievement: Judgments with respect to success in student achievement.
 - (6) Program Mission: Judgments with respect to the program's success in achievement of its stated mission.
- (c) There are two (2) accreditation status classifications utilized by CAPTE for describing education programs for the physical therapist and physical therapist assistant: (1) "accreditation", and (2) "probationary accreditation"
- (1) Status: Accreditation
 - (i) Programs that are found to be in substantial compliance with the accreditation standards/elements shall be granted Accreditation status. Programs that fail to comply with the standards/elements in one or more areas will be required to submit written evidence, in the form of a Compliance Report, of the action taken to bring the program into compliance. If, in the judgment of CAPTE, sufficient progress is not being made toward compliance or significant questions are raised by the content of the report, an on-site or focused visit may be scheduled prior to further action regarding the accreditation status. Notice of CAPTE's expectations for programs to come into compliance is included in the Summary of Action. [See §4.5]
 - (ii) The usual period of initial accreditation shall be five (5) years, but may be limited to a shorter period by CAPTE. The usual period of accreditation for an established program shall be ten (10) years, but may be limited to a shorter period. The cycle is determined from the date of the on-site visit to the program. An institution shall be allowed to request a change in date for the reaffirmation on-site visit. [See §8.10]
 - (iii) Written notification of CAPTE's decision to grant or reaffirm Accreditation status shall be sent to the chief administrative officials of the sponsoring institution and the program director. If CAPTE has determined that the program has deficiencies, CAPTE shall provide the sponsoring institution with a clear statement of each program characteristic that is judged to be in non-compliance or conditional compliance with the evaluative standards/elements and a deadline for demonstrating substantial compliance with the standards/elements. [See §4.5 for the notices that are included in the Summary of Action.]
 - (iii) In the event that CAPTE acquires confirmed information that a program holding the status of accreditation no longer complies with one or more of the standards/elements, the seriousness of the situation shall be judged and, if warranted, one of the following actions may be taken: a request for Compliance Report(s) to document the program's compliance; a change in the period of accreditation; a change to Probationary Accreditation status; a focused visit may be scheduled; an unannounced visit may be scheduled; or an on-site visit may be scheduled.
 - (2) Status: Probationary Accreditation
 - (i) The status of Probationary Accreditation signals CAPTE's determination that a program's accreditation is in jeopardy. The classification of Probationary Accreditation shall be granted when:
 - (a) the program has been determined to have significant areas of non-compliance and/or conditional compliance, such that there is reason to question the institution's ability to offer an acceptable educational experience and to generate acceptable outcomes; or
 - (b) the ultimate licensure pass rate for any single year reporting period is less than 40%; or
 - (c) CAPTE's citations have not been addressed in a satisfactory and timely manner; or
 - (d) the institution has been placed on Probationary Accreditation by its institutional accrediting agency and the reasons for the institutional probation affect the quality of the program; or
 - (e) the program has been out of compliance with one or more elements for eighteen (18) months.
 - (ii) Once a program has been placed on probation, the program will remain on probation until it demonstrates compliance with all standards/elements and may be required to suspend enrolling new cohorts until probation is removed.

- (iii) Probationary Accreditation will not exceed the length of the program or two (2) years, whichever is shorter, unless the status is extended, for good cause, following CAPTE's determination that the program has demonstrated a substantive effort (see §8.16(d)(2)(vii), below) toward achieving compliance with the standards/elements.
 - (iv) CAPTE shall provide the sponsoring institution with a clear statement of each program characteristic that is judged to be in non-compliance or conditional compliance with the standards/elements and a deadline for demonstrating substantial compliance with the standards/elements.
 - (v) Written notification of CAPTE's decision to place a program in Probationary status shall be sent to the chief administrative official of the sponsoring institution and the program director. The institution shall be required to notify all students enrolled in the physical therapy program, and those seeking admission, that future accreditation is in jeopardy. The program officials may be advised that they may wish to consider suspending admission to the program until the deficiencies are eliminated. [See §4.5 for the notices that are included in the Summary of Action.]
 - (vi) CAPTE will require periodic Compliance Reports describing the actions taken by the program to achieve compliance. An on-site visit may be required before removal of probationary status is considered. If such a visit is required, the expenses of the on-site review team will be borne by the institution.
 - (vii) Failure to show evidence of compliance with the standards/elements within two (2) years of being determined to be out of compliance will normally result in withdrawal of accreditation, unless the program has demonstrated a substantive effort to come into compliance with the standards/elements, in which case CAPTE may determine, for good cause, to continue the accreditation cycle for a maximum of two years and to monitor the program's progress. CAPTE defines a substantive effort as:
 - (a) a completed comprehensive assessment of the problem/issue under review,
 - (b) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years,
 - (c) a detailed timeline for completion of the plan,
 - (d) evidence that the plan has been implemented according to the established timeline, and
 - (e) evidence that the implemented plan is showing results that provide reasonable assurance that the program can achieve compliance within the allotted time frame.
 - (viii) Further, CAPTE may act to withdraw accreditation status at any time during which a program holds Probationary Accreditation status if CAPTE receives information that provides clear evidence that circumstances exist which further jeopardize the capability of the sponsoring institution to provide an acceptable educational experience for the physical therapy students.
- (d) Other Status Actions CAPTE can take
- (1) Withhold Accreditation
 - (i) The decision to withhold accreditation is restricted to programs initially applying for accreditation and is made when the Self-study Report or the Visit Report indicates that the program, as currently conducted, does not fulfill significant requirements included in the standards/elements. This action is also taken when CAPTE judges that the program characteristics that fail to comply with the standards/elements are vital to the success of the program in offering acceptable learning experiences to students.
 - (ii) The chief administrative official of the sponsoring institution and program director are provided with a written statement of each program characteristic that is judged to be in non-compliance and/or conditional compliance with a standard/element and the rationale for such judgment. The written notification of action is sent by registered or certified mail, return receipt requested or other delivery service that can track receipt of the letter, to the chief administrative official of the institution and to the program director. Such official shall also be notified of the reconsideration and appeal procedures available regarding adverse accreditation status decisions. The sponsoring institution may request review of CAPTE's decision through the established reconsideration mechanism (see Part 13), or may reapply

for accreditation as a new applicant at a later date. [See §4.5 for the notices that are included in the Summary of Action.]

- (iii) When accreditation is withheld and the institution is so notified, the institution shall be required to notify all students enrolled in the physical therapy program, and those seeking admission, that CAPTE has acted to withhold accreditation. [See §4.5 for the notices that are included in the Summary of Action.]
- (2) Withdraw Accreditation
- (i) A sponsoring institution may at any time request withdrawal of CAPTE accreditation status by submitting a written request to CAPTE. The sponsoring institution and its affiliates shall thereafter be advised that, as requested, the name of the program has been removed from the list of CAPTE accredited programs. The sponsoring institution shall also be informed that any reactivation of the program will be treated as a new program for purposes of accreditation.
 - (ii) CAPTE will act to withdraw Accreditation when a program's accreditation status is Probationary Accreditation and it has failed to show evidence of substantial compliance with any one or more of the standards/elements within two (2) years of being determined to be out of compliance or, if the program has been granted an extension of probation for good cause and the program has failed to demonstrate compliance within the maximum two year extension period.
 - (iii) Accreditation may be withdrawn, without the program having been previously put on probation, if any of the following situations occurs:
 - (a) a vacancy of the qualified program director for a period of more than two (2) years;
 - (b) the institution fails to pay annual accreditation fees within the allotted time; or
 - (c) the state regulatory/authorizing body has withdrawn legal authority to provide post-secondary education from the sponsoring institution; or
 - (d) the institutional accrediting agency of the parent institution loses its recognition by the USDE or CHEA. The parent institution must achieve (1) applicant, candidacy, or similar status, with an institutional accrediting agency recognized by the USDE or CHEA within eighteen (18) months of the loss of recognition, and (2) accreditation by an institutional accrediting agency recognized by the USDE or CHEA within thirty-six (36) months of the loss of recognition. If the parent institution of the CAPTE-accredited program fails to achieve (1) and/or (2), CAPTE will withdraw accreditation of the program. Actions to withdraw accreditation due to loss of USDE or CHEA recognition of the accreditor of the parent institution are not subject to appeal; or
 - (e) the program has been determined to have significant area(s) of non-compliance, such that there is reason to question the institution's ability to offer the educational experiences and outcomes to meet the CAPTE standards.
 - (iv) The chief administrative official of the sponsoring institution and program director shall be provided with a written statement of the program characteristics that are judged to be in non-compliance and/or conditional compliance with the standards/elements, the rationale for such judgment, and the basis for the withdrawal of accreditation status. The letter of notification of action shall be sent by registered or certified mail, return receipt requested or other delivery service that can track receipt of the letter and the chief administrative official and program director shall be notified of the reconsideration procedures relative to accreditation status decisions. [See §4.5 for the notices that are included in the Summary of Action.]
 - (v) When accreditation is withdrawn and the institution is so notified, the institution shall be required to notify all students enrolled in the physical therapy program, and those seeking admission, that CAPTE has acted to withdraw accreditation. The institution shall provide information to the students about its plan to address the accreditation decision. The institution shall also be required to develop a teach-out plan for students enrolled in the program and provide a copy to CAPTE. [See §4.5 for the notices that are included in the Summary of Action.]

8.17 Other Actions CAPTE Can Take

- (a) Request for Additional Information (RAI)
 - (1) Requests for additional information may result from review of:
 - (i) program changes reported per Part 9
 - (ii) information provided in the Annual Accreditation Report
 - (iii) reported outcome data including graduation rates, licensure pass rates and employment rates
 - (a) when annual or 2-year rates decline (even when they are above the expected level)
 - (b) when annual rates are below the minimal expected level but above the trigger for imposition of Warning
 - (c) when 2-year rates are not available (e.g., new programs)
 - (2) The additional information provided by the program will be reviewed by staff and, when appropriate, placed on the agenda of the next regularly scheduled CAPTE meeting. Failure to provide the additional information will result in an automatic finding of non-compliance with the relevant standard/element.
- (b) Defer Action
 - (1) Defer Action shall be used only with previously accredited, established programs and shall be in effect until the next regularly scheduled meeting of CAPTE at which time CAPTE will act on the information provided to it. Defer action may be taken when CAPTE judges that one of the following conditions exists:
 - (i) conflicting or insufficient information has been provided by the program, institution, or on-site team; or
 - (ii) an unstable situation exists and resolution is in process that is planned to occur by the next regularly scheduled meeting of CAPTE.
 - (2) When Defer Action is used, the program will be asked for additional information, in the form of a Compliance Report, for consideration at the next CAPTE meeting. The program's accreditation status will remain unchanged until action is taken at the next meeting.
- (c) Warning
 - (1) Warning shall be considered notice of impending Probationary Accreditation if evidence of sufficient improvement is not submitted by the institution prior to the next regularly scheduled meeting of CAPTE.
 - (2) Warning shall be used when
 - (i) an established program's current status is Accreditation and CAPTE judges that there is clear evidence of circumstances that may jeopardize the capability of the sponsoring institution to provide acceptable educational experiences. Warning shall be in effect only until the next regularly scheduled meeting of CAPTE at which time CAPTE will act on the information available to it.
 - (ii) the ultimate licensure pass rate for any single year reporting period is between 40% and 65%.
 - (3) When Warning is used, the program will be provided with a statement of the reasons for possible probation and asked for additional information, in the form of a Compliance Report, for consideration at the next CAPTE meeting. The program's accreditation status will remain unchanged until action is taken at the next meeting.
- (d) Show Cause
 - (1) Show Cause shall be considered notice of impending Withdrawal of Accreditation if evidence of sufficient improvement is not submitted by the institution prior to the next regularly scheduled meeting of CAPTE.
 - (2) Show Cause shall be used only when an established program's status is Probationary Accreditation and CAPTE judges that there is clear evidence of continuing circumstances that jeopardize the ability of the institution to sustain an accredited program and that the institution has not been able to mitigate. Show Cause shall be in effect only until the next regularly scheduled meeting of CAPTE at which time CAPTE will act on the information available to it.

- (3) When Show Cause is used, the program will be provided with a statement of the reasons for possible withdrawal and asked for additional information, in the form of a Compliance Report, for consideration at the next CAPTE meeting. The program's probationary accreditation status will remain unchanged until action is taken at the next meeting.
- (e) Focused Visit
- (1) At its sole discretion, CAPTE may determine that a focused visit to a program is required. The purpose of the visit is to gather additional information to assist CAPTE to make an appropriate decision about the quality of an educational program. Reasons for focused visits include, but are not limited to:
 - (i) investigation of conflicting information about a program;
 - (ii) investigation of information that a program may no longer be in compliance with the Standards and Elements;
 - (iii) determination of program conditions prior to imposing or removing probation;
 - (iv) determination of program conditions prior to withdrawal of accreditation;
 - (v) investigation of a formal complaint about a program;
 - (vi) implementation of the process for approval of an additional program offering (see §9.10(d)(4)); or
 - (vii) investigation of the effects of natural or man-made disasters (see §9.13)
 - (2) Focused visits will usually require submission of a Compliance Report or other documentation and may be combined with any other action taken by CAPTE.
 - (3) CAPTE will determine the general timing of the focused visit, the length of the focused visit, and the composition of the focused visit team, in consideration of the situation that necessitated the focused visit. Specific dates of the visit will be negotiated with the program. Accreditation staff will determine if it will be an on-site focused visit or a virtual focused visit.
 - (4) Fees for focused visits are delineated in §16.4.
 - (5) A written report of the findings of the visit will be provided to the institution within twenty-one (21) calendar days and the program will have twenty-one (21) calendar days to respond. Both the report of the visit and the program response will be provided to CAPTE for review at its next regularly scheduled meeting.
- (f) Shortened Accreditation Cycle
- (1) CAPTE may determine that conditions of a program preclude the awarding of the usual accreditation cycle: five (5) years for the first cycle and ten (10) years for subsequent cycles. In such cases, CAPTE may determine to shorten a program's accreditation cycle. Reasons to shorten a cycle include, but are not limited to:
 - (i) program is granted probationary accreditation;
 - (ii) conditions exist at the institution that cause CAPTE to seriously question the ability of the institution to sustain its support of the program for the length of a regular cycle; or
 - (iii) conditions exist within the program that cause CAPTE to seriously question the ability of the program to achieve its stated mission and expected outcomes over the length of a regular cycle.
 - (2) If CAPTE determines that the conditions that warranted a shortened cycle no longer exist, CAPTE may choose to restore a program to the usual accreditation cycle.
- (g) Postponement of Action

CAPTE may elect by majority vote to postpone action on a program at a given meeting. Such a decision may be made only in very unusual situations (i.e., the circumstances are such that CAPTE is unable to make any decision) and will be very rare. If action is postponed, CAPTE will notify the chief executive officer of the institution explaining the reason for postponing action.

8.18 Unannounced Visits

- (a) CAPTE reserves the right to make unannounced visits to programs. The program will be given a maximum of two (2) weeks' notice and the cost will be borne by CAPTE, unless the reason for the visit

is the failure of the institution to respond to requests for information, in which case the institution will be billed for the cost of the visit.

- (b) The need for an unannounced visit will be determined by staff in consultation with the CAPTE Chair and the Chair of the appropriate review panel, who will determine the exact nature of the information to be gathered or verified during the visit.
- (c) Unannounced visits may be conducted by staff, current or former members of CAPTE, or experienced on-site team leaders.
- (d) A written report of the visit findings will be provided to staff, the CAPTE Chair and the Chair of the appropriate review panel, who will determine the next action to be taken by CAPTE, if any. A copy of the report will also be provided to the program along with notification of any action planned by CAPTE.

8.19 Definition of an Accredited Program

Any program that holds either status (i) “accreditation” or (ii) “probationary accreditation” shall be considered to be an accredited program as long as that status is in effect for that program.

8.20 Information Required to be Made Public by the Program

(a) Accreditation Status

- (1) Once a program has been accredited, and for as long as it remains accredited, the program must publicly disclose its accreditation status. The following statement must be used on the institution/program website in a place easily located by the public, as well as be included in any other educational and promotional materials in which the program’s accreditation status is disclosed. Notice of this requirement is included on appropriate Summaries of Action. [See §4.5]

[INSERT Name of Program] at [INSERT Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call [INSERT Direct Program Phone Number] or email [INSERT Direct Program Email Address].

- (2) If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Further, information available to the public regarding the additional programs must clearly indicate that they are not accredited by CAPTE.
- (3) If the program’s status changes to probation, the following statement must be used during the time that probation is in effect.

[INSERT Name of Program] at [INSERT Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. The program’s current status is probationary accreditation; for more information see <http://www.capteonline.org/WhatWeDo/RecentActions/PublicDisclosureNotices/>. If needing to contact the program/institution directly, please call [INSERT Direct Program Phone Number] or email [INSERT Direct Program Email Address].

(b) Student Outcomes

- (1) The program must provide the public with current, accurate, reliable, and easily available information about student outcomes. CAPTE interprets “easily available” to mean (1) having access to the information without being required to provide personal contact information and (2) requiring only one “click” from the program web page to gain access to the outcome data.
- (2) At a minimum, information about outcomes must (1) include graduation rate, first time exam pass rate, ultimate licensure exam pass rate, and employment rate, all averaged over the most recent two years, (2) identify the years being reported, and (3) be updated annually at the time that the program submits its Annual Accreditation Report (AAR).
- (3) Annual rates are expected to be determined as follows
 - (i) Graduation rate: use the formula required in the AAR; New Students only – re-entry/decelerated students do not count.
 - (ii) Licensure examination pass rate: consistent with the information published by the Federation of State Boards of Physical Therapy (If this is not the case, an appropriate explanation must be provided.)
 - (iii) Employment rate: % of graduates who sought employment and were employed as PTs or PTAs within one year of graduation.
- (4) Programs that do not have two years of data are expected to provide the data that is available.
- (5) Any other information provided to the public regarding student outcomes must be accurate, reliable and verifiable.
- (6) All student achievement data reported/published for any purpose is expected to reflect an accurate and verifiable portrayal of the program's performance, which is subject to review for integrity, accuracy, and completeness. CAPTE reserves the right to request that a program provide verification by an external source of a program's student achievement data that CAPTE relies on, in part, in making an accreditation decision. The program is responsible for any cost related to verification by an external source of a program's student achievement data.

(c) Student Cost

- (1) The program must provide the public with current, accurate, reliable, and easily available information about the cost of attendance. The cost should include current tuition and fees as well as the total cost for completing the program. Total cost is the program's estimate of the total cost of tuition and fees over the length of the program. CAPTE interprets “easily available” to mean
 - (i) (1) having access to the information without being required to provide personal contact information and
 - (ii) requiring only one “click” from the program web page to gain access to the program cost data.
- (2) All accredited and Candidacy granted programs are required to complete and post on the program's website a CAPTE developed Program Financial Fact Sheet. The Program Financial Fact Sheet is required for programs to use in posting this required information. The format for the Program Financial Fact Sheet and instructions for its completion and posting will be provided to all programs at the same as the Annual Accreditation Report Information.

(d) Due Process

- (1) The program must make readily available to the public the institution's policies and procedures. These policies and procedures must be easily accessible. Additionally, the program must publish easily available information on items that fall outside of due process.

8.21 Use of the CAPTE Logo

- (a) **Required Use:** Accredited programs are required to include the “Accredited by CAPTE” logo supplied by the Accreditation staff on the program home page or where the program’s accreditation information can be found to indicate that CAPTE has accredited the program. If the logo is not on the program’s home page, there needs to be easy access to the logo from the program’s home page. The logo may also be used on other institutional web pages where the program’s accreditation status is described. The supplied logo will be protected from use by anyone other than approved users. It may NOT be used, however, on any webpage where its use could imply that CAPTE accredits programs that are not subject to CAPTE accreditation (e.g., post-professional degree programs, residency or fellowships) unless there is clear language that indicates those programs are NOT accredited by CAPTE.
- (b) **Optional:** Upon request, the Commission on Accreditation in Physical Therapy Education (CAPTE) will also grant permission to use a version of the CAPTE logo to any physical therapist education program or physical therapist assistant education program that is accredited by CAPTE within the following guidelines:
 - (1) A program may use the CAPTE logo to indicate its relationship with CAPTE as an accredited program on letterhead, business cards, and other appropriate printed materials as long as such use does not imply that CAPTE accreditation extends to other programs.
 - (2) A program may use the licensed logo only while the program is accredited by CAPTE.
 - (3) The logo must appear exactly as set forth, except that its size may be altered.
- (c) CAPTE specifically reserves the right to revoke permission to use the logo at any time in its sole discretion with or without cause.
- (d) Use of any form of the CAPTE logo by any entity other than CAPTE and education programs accredited by CAPTE is not permitted.

8.22 Effective Date of Accreditation Status Decisions

- (a) Accreditation decisions granting accreditation status for new programs shall be effective on the date of the decision. Following adverse decisions that have been reconsidered favorably, CAPTE will note on its Summary of Action and in all published lists sent to state licensing boards that the decision does or does not include the charter class of students. [See Part 14]
- (b) Accreditation decisions that continue an accreditation status of existing programs shall be effective on the date action is taken by CAPTE.
- (c) Accreditation decisions that withhold accreditation or that change accreditation status to accreditation withdrawn shall not be effective until forty-five (45) days after the decision or thirty (30) days after the institution’s receipt of official notification of the accreditation decision, whichever is later. If a request for reconsideration is made or an appeal is lodged, the decision shall not become effective until a final decision is rendered after reconsideration and appeal.

8.23 Review by Counsel

At CAPTE’s or staff’s request, Summaries of Action pertaining to programs to be put on Probationary Accreditation, or that may result in an adverse decision, or any other reports where legal questions are raised, may be reviewed by legal counsel prior to being finalized.

SUB-PART 8F – COMPLIANCE REPORTS

8.24 Submission Requirements

- (a) Submission of a written report that provides evidence of compliance with accreditation standards is a normal part of the accreditation process. The Compliance Report and all accompanying documentation must be in English.

- (b) A program found to be in non-compliance or conditional compliance with a standard/element will be required to address the deficiency in a Compliance Report.
 - (1) The first Compliance Report will be due in time for CAPTE review either six (6) months or one (1) year following review of a self-study and on-site visit report,
 - (2) After one (1) year, if the program is not able to demonstrate full compliance, additional Compliance Reports will be required at six (6) month intervals.
- (c) CAPTE determines the specific date(s) at which Compliance Reports are due. The program is notified of the due date in the Summary of Action

8.25 Failure to Submit in Timely Manner

- (a) CAPTE reserves the right not to act on any Compliance Report that is not received by the Accreditation staff at least thirty (30) days prior to the meeting of CAPTE at which the program is scheduled to be discussed.
- (b) Failure to submit a Compliance Report as scheduled will be interpreted as a lack of progress toward compliance and therefore may lead to a change in accreditation status.

8.26 CAPTE Actions Based on Compliance Reports

- (a) Upon review of the information provided in a Compliance Report, CAPTE may take any of the following actions:
 - (1) If the program provides sufficient evidence that the deficiency has been corrected, the program will be found in compliance with individual standards/elements.
 - (2) If the program provides evidence of satisfactory progress toward compliance in the deficient area(s), conditional compliance will be continued or non-compliance will become conditional compliance.
 - (3) If the program provides little or no evidence of progress toward compliance in the deficient area(s), conditional compliance will become non-compliance, non-compliance will be continued, or accreditation will be withdrawn.
 - (4) If the program provides evidence of a worsened situation, the program will be found in non-compliance or have accreditation withdrawn.
- (b) Based on review of a Compliance Report, CAPTE may continue a program in its status category or alter that category to another as appropriate.
 - (1) If the program is judged not to be making satisfactory progress toward bringing the program into compliance, CAPTE will act to place the program on probationary accreditation and/or shorten the accreditation cycle or withdraw accreditation.
 - (2) If the program does not come into compliance within two (2) years of being determined to be out of compliance, CAPTE will withdraw accreditation unless the program has provided sufficient evidence of a substantive effort to meet the standards/elements and CAPTE is convinced that compliance will be achieved within a reasonable time frame, not to exceed two (2) years. In this instance, CAPTE will grant an extension for good cause.
- (c) If, upon review of a Compliance Report, CAPTE finds evidence that raises serious concerns in areas other than those being reported on, CAPTE may add citations of conditional compliance or non-compliance to those previously being followed or withdraw accreditation.
- (d) If, after review of one or more Compliance Reports from a program, CAPTE determines that there is a need to visit the program, a focused visit may be scheduled. If CAPTE determines that a focused visit is necessary, the expenses of that visit will be the responsibility of the program.

SUB-PART 8G – ANNUAL ACCREDITATION REPORTS

8.27 Submission Requirements

All accredited and candidate programs are required to submit Annual Accreditation Reports at the time requested by CAPTE. The reports must be submitted regardless of any other accreditation activities in which the program may be involved. The due date and the format for submission are determined by the Accreditation staff, in consultation with CAPTE.

8.28 Review of Annual Accreditation Reports

- (a) Information provided in the Annual Accreditation Report that bears directly on a program's compliance with the standards/elements, including but not limited to the information listed in §9.2(a)(15-21), will be reviewed by staff and, when appropriate, placed on the agenda of the next regularly scheduled CAPTE meeting.
- (b) Because the Annual Accreditation Report allows programs to provide information about changes that may affect compliance with the standards/elements, status decisions that include citations may be made based on the information provided in Annual Accreditation Reports.
- (c) CAPTE may also ask programs to provide additional information in the form of a Compliance Report, which will be acted upon at the following meeting.

SUB-PART 8H – COMPLIANCE WITH REVISED STANDARDS AND ELEMENTS

8.29 Expectations for Compliance

Programs are expected to be in compliance with all revised standards/elements within two (2) years of their effective date, unless CAPTE has announced a different timeline for compliance. [See §5.4.]

8.30 Monitoring of Compliance

Ordinarily, CAPTE will monitor compliance with revised standards/elements through Annual Accreditation Reports [see §8.28 above], but may choose to use other mechanisms for that purpose.

PART 9
PROCEDURES FOR REPORTING AND APPROVAL OF PROGRAM CHANGES

(Adopted 4/02. Revised 4/03, 4/04, 10/04, 4/05, 10/05, 10/06, 4/07, 4/08, 10/08, 4/09, 4/10, 11/10, 4/11, 11/11, 4/13, 11/13, 11/14, 4/15, 11/15, 5/16, 11/16, 4/17, 10/17, 5/18, 10/18, 4/19, 4/20, 1/22)

9.1 Reporting Changes in Contact Information

Changes in contact information affecting the ability of CAPTE to communicate effectively with programs and institutions that **MUST BE REPORTED IN WRITING AT TIME OF OCCURRENCE**

- (a) Name or address of the institution
- (b) Name, address, phone number, web address, or email address of the program
- (c) Name, credentials, title, address, phone number, and email address of the program director
- (d) Name, credentials, title, address, phone number and email address of institutional officials to whom CAPTE sends official correspondence: Dean, Provost, and President.

9.2 Other Changes that must be Reported and/or Approved

- (a) Changes that **MUST BE REPORTED** as noted in the relevant section of the Rules

Changes to be Reported

No later than one week following the change **Location in Rules**

- (1) Change in program director (temporary or permanent) of the program.....§9.4(b)(1)
- (2) Change in the program director's workload distribution or allocation of time to non-program related duties greater than 20%§9.4(b)(2)
- (3) Change in physical therapist assistant program core faculty composition§9.4(b)(3)
- (4) Relocation of the program or reassignment of dedicated program space§9.4(b)(4)

No later than one week following the decision to change **Location in Rules**

- (5) Decision to not admit a class/cohort of students.....§9.4(c)(1)
- (6) Closure of an additional program offering.....§9.4(c)(2)
- (7) Plans for permanent program closure§9.4(c)(3)
- (8) Change of institutions involved in a consortium arrangement to offer a PT or PTA program§9.4(c)(4)
- (9) Dissolution of a consortium arrangement§9.4(c)(5)
- (10) Change in the administrative structure in which the program is housed§9.4(c)(6)
- (11) Change in ownership of the institution that sponsors the program.....§9.4(c)(7)

No later than three months prior to implementation **Location in Rules**

- (12) Implementation of another program not subject to accreditation by CAPTE for which the program director or core faculty have responsibility or involvement (e.g., a transition DPT program, a post-professional education program for domestic or foreign students, a program offered in another country, or another program housed in the same academic unit as the accredited program).....§9.4(d)(1)
- (13) Change in the number of credits required ($\pm 5\%$), the number of courses required (± 2 or more), or the number of terms students are required to be enrolled, including changes of types of terms (quarter/semester/trimester/other).....§9.4(d)(2)

No later than one week following notice of a change in institution status **Location in Rules**

- (14) Change in the accreditation status of the institution or any other action taken by the institutional accrediting agency.....§9.4(e)(1)
- (15) Change in the status of the institution's license/authorization to operate§9.4(e)(2)

Reviewable Changes Reported in the Annual Accreditation Report **Location in Rules**

- (16) A decrease in the total program budgeted operating expenses (excluding salary and benefits) of 10% or more from one year to the next or 25% or more over the most recent three years;§9.4(f)(1)
- (17) A decrease in the total program budgeted salary expenses (excluding benefits) of 10% or more from one year to the next or 25% or more over the most recent three years;§9.4(f)(2)
- (18) A decrease in the square footage of teaching laboratory space routinely used by the program of 25% or more;§9.4(f)(3)
- (19) A delay in any student(s)' graduation due to lack of available student clinical education placements;§9.4(f)(4)

- (20) A decrease of 25% or more over the most recent three years of the FTEs of core faculty positions allocated to a PT professional program;§9.4(f)(5)
- (21) Evidence that 30% or more of the core faculty positions allocated to a PT professional program are vacant or are filled temporarily with adjunct faculty;§9.4(f)(6)
- (b) Substantive changes that **MUST BE PRE-APPROVED by CAPTE** **Location in Rules**
- (1) Significant change in the mode or format of delivery of the program (e.g., change from site-based program to use of distance education for 25% or more of the professional/technical portion of the curriculum OR a change to prior learning assessment and/or competency-based education with direct assessment)..... §9.6 and §9.7
 - (2) Permanent increases (10% annually) in the size of student cohorts §9.6 and §9.8
 - (3) Increase in the Number of Cohorts Admitted to an Established Program §9.6 and §9.9
 - (4) Development of an additional program offering to be implemented on an on-going basis to an additional cohort of students in some manner that is different from the established program (e.g., at a different site or primarily through distance learning. Further examples are provided in §9.10(a)) §9.6 and §9.10
 - (5) Separation of an additional offering from the sponsoring program..... §9.6 and §9.11
 - (6) Development of a Consortium Arrangement..... §9.12
- (c) Substantive changes resulting from natural or man-made disasters affecting the delivery of the physical therapy program that **MUST BE REPORTED AS SOON AS POSSIBLE AND PRACTICAL** **Location in Rules**
- (1) Need for use of alternative space §9.13
 - (2) Need to modify the sequence of the curriculum plan §9.13
 - (3) Delay in student matriculation and/or graduation §9.13
 - (4) Inability of students to engage in appropriate learning activities, including clinical education..... §9.13
 - (5) Loss of fiscal, human or physical resources §9.13

9.3 Failure to Notify CAPTE or Seek Approval of Changes

Failure to notify the Accreditation staff and/or seek approval from CAPTE of changes listed above will result in assignment of Administrative Probation (see Part 10) and imposition of a sanction fee, and may result in placement of the program in Probationary Accreditation status (see Part 8).

SUB-PART 9A: PROCEDURES FOR REPORTING CHANGES THAT DO NOT REQUIRE PREAPPROVAL

9.4 Reporting Requirements

- (a) Official written notification from the program administrator or appropriate institutional official of the changes that do not require pre approval must be provided as described in this section. Except for the information required to be reported in the Annual Accreditation Report as delineated in §9.4(f), all reports of changes must be provided independent of other formal reports (i.e. self-study reports, compliance reports, annual reports).
- (b) Notification of the following changes must be submitted no later than **one (1) week following the change** and must include the listed information.
- (1) Change in leadership (temporary or permanent) of the program.
 - (i) the name, credentials and contact information for the new person responsible for the program, whether permanent, interim or acting, accompanied by the individual's updated curriculum vitae that demonstrates compliance with all program director qualifications.
 - (ii) If the change is not permanent, also provide information about the processes being used to put a qualified leader in place on a permanent basis.
 - (2) Change in program director's workload distribution or allocation of time to non-program related duties greater than 20%.

- (i) description of the program director's new responsibilities, including the amount of time that that has been reallocated
 - (ii) information regarding how the program director's obligations to the program are being met
 - (iii) for PTA programs, information regarding how the program is maintaining the required complement of 2 FTE faculty dedicated to the program.
 - (3) Change in physical therapist assistant program core faculty composition, when the change results in either of the following situations: fewer than 2 full-time core faculty dedicated to the PTA program or no PT on the full-time faculty in the PTA program.
 - (i) information regarding how the program is meeting its obligations during the situation
 - (ii) the program's plan for remediation of the situation.
 - (4) Relocation of the program or reassignment of dedicated program space
 - (i) a description of the new space with a floor plan drawn essentially to scale
 - (ii) information about the impact of the change on the program.
- (c) Notification of the following changes must be submitted no later than one (1) week following the decision to implement the change or when all approvals have been received and must include the listed information.
- (1) Decision to not admit a cohort of students -- Cohorts can only be suspended for two years. If suspending cohorts beyond two years, an AASC will be required to restart a cohort at an expansion site; if suspending cohorts beyond two years at the main program, the program is required to go through the preaccreditation process. Accreditation fees continue to be paid annually.
 - (i) the reason(s) for this decision and an indication of whether this action is limited to one cohort or will be extended to further cohorts
 - (ii) information regarding projected total student enrollments resulting from this action
 - (iii) information regarding the impact of this action on the program, including number and workload of faculty.
 - (2) Closure of an additional program offering (e.g., expansion program)
 - (i) a copy of the official decision, including the planned closure date, and the teach-out plan for any students who will still be enrolled in the program at the time of closure
 - (ii) information regarding the expected impact of this decision on the remaining program relative to faculty, budget and other resources
 - (iii) notification when all students have completed the program is also required.
 - (3) Plans for permanent program closure
 - (i) copies of official approval to close the program, a description of the teach-out plans, and the date that the last class of students will graduate
 - (ii) evidence that the institution will abide by CAPTE's Statement on Academic Integrity Related to Program Closure [see §1.3 (c)] and evidence that the program has informed enrolled students of the statement. As noted in the statement, failure to abide by it will be reported to the institutional accreditor.
 - (iii) also provide notification that all students have completed the program immediately following graduation of the last student(s).
 - (4) Change of institutions involved in a consortium arrangement to offer a PT or PTA program
 - (i) description of any changes in the program that will result from the change in the composition of the consortium, including information regarding which institution(s) will be awarding the degree
 - (ii) contact information for the administrative officials at any new institution that joins a consortium.
 - (5) Dissolution of a consortium arrangement
 - (i) documentation of official agreement to dissolve the consortium
 - (ii) information that describes the effect of the dissolution on the program, including on enrolled and prospective students
 - (iii) if the dissolution will result in program closure, provide the information described in §9.4(c)(3) above
 - (iv) if the intent of the dissolution is that two or more consortium members will each have its own program, then an Application for Approval of Substantive Change will be required.
 - (6) Change in the administrative structure in which the program is housed
 - (i) information regarding the proposed new structure

- (ii) information about the effect of the change on the program, if any.
- (7) Change of ownership of the institution that sponsors the program after all approvals have been received
 - (i) contact information for new institutional owners
 - (ii) information about the effect of the change of ownership on the program, if any.
- (d) Notification of the following changes must be submitted no later than **three (3) months prior to implementation** and must include the listed information
 - (1) Implementation of another program not subject to accreditation by CAPTE for which the program director or core faculty have responsibility or involvement (e.g., a transition DPT program, a post-professional education program for domestic or foreign students, a program offered in another country, or another program housed in the same academic unit as the accredited program).
NOTE: CAPTE's interest in such programs is related solely to its responsibility to assure the quality of the program(s) that it accredits and the accuracy of information about the accreditation status of programs offered by the institution. CAPTE is not interested in limiting the ability of physical therapy academic units to develop new offerings not subject to CAPTE accreditation.
 - (i) provide a description of the impact of the new program on the professional program accredited by CAPTE, including but not limited to alterations in core faculty workload (teaching, scholarship and service), curriculum, and resources.
 - (ii) provide a copy of planned advertising (brochures, website, etc.) for the new program that clearly indicates the program is not accredited by CAPTE.
 - (2) Change in the number of credits required ($\pm 5\%$ or more of the professional/technical course credits), the number of courses required (± 2 or more), or the number of terms students are required to be enrolled, including changes of types of terms (quarter/semester/trimester)
 - (i) a rationale for the proposed change
 - (ii) information about the implications of the proposed change on the following:
 - (a) the number, qualifications and workload of the faculty, especially as it relates to the proposed change
 - (b) the curricular plan, content and delivery methods
 - (c) expected student outcomes
 - (d) resources (finances, space, equipment, library, clinical sites, etc.) necessary to implement the planned change
 - (e) anticipated effects on students
- (e) Notification of the following must be submitted no later than **one (1) week following receipt of the decision** and must include the listed information
 - (1) Change in the accreditation status of the institution or other action taken by the institutional accrediting agency as programs are required to exist within sponsoring institutions that are accredited by an accrediting agency recognized by the US Department of Education or the Council for Higher Education Accreditation.
 - (i) information about the reasons for any decision that changes the institution's accreditation status adversely (i.e., probation or withdrawal) or that signals the potential for such a change (e.g., show cause, warning)
 - (ii) information about the effect of the reasons for the institution's accreditation status change on the program, if any.
 - (2) Change in the status of the institution's license/authorization to operate in its jurisdiction as programs are required to exist within sponsoring institutions that are authorized by state law or other acceptable authority to provide postsecondary education and has degree granting authority.
 - (i) information about the reasons for any decision that negatively affects the institution's license/authorization to operate in its jurisdiction
 - (ii) information about the effect of the reasons for the institution's licensure/authorization status change on the program, if any.

- (f) Evidence provided in the Annual Accreditation Report of the following changes will be reviewed by staff and may result in a request for additional information or, if the program is clearly out of compliance with a standard/element, a citation:
- (1) A decrease in the total program budgeted operating expenses (excluding salary and benefits) of 10% or more from one year to the next or 25% or more over the most recent three (3) years;
 - (2) A decrease in the total program budgeted salary expenses (excluding benefits) of 10% or more from one year to the next or 25% or more over the most recent three (3) years;
 - (3) A decrease in the square footage of teaching laboratory space routinely used by the program of 25% or more;
 - (4) A delay in any student(s)' graduation due to lack of available student clinical education placements;
 - (5) A decrease of 25% or more over the most recent three (3) years of the FTEs of core faculty positions allocated to a PT professional program;
 - (6) Evidence that 30% or more of the core faculty positions allocated to a PT professional program are vacant or are filled temporarily with adjunct faculty;
 - (7) A one-time temporary increase (greater than 25%) in the size of a matriculated cohort (e.g., to teach out students from another program). (See §9.8 for expectations related to permanent increases in class size.)

9.5 Review of Reportable Changes

- (a) Reportable changes will be reviewed as follows:
- (1) Official written notification of changes will be reviewed by staff who will either place the program on the agenda of the next regularly scheduled CAPTE meeting following receipt of the notification, request additional information, and/or notify the program no further information is needed.
 - (2) If necessary, notification of changes that signal a serious concern can trigger action by the Commission Chair in connection with staff, other CAPTE members, or legal counsel as deemed appropriate prior to a CAPTE meeting.
- (b) Review by CAPTE of reportable changes, regardless of the source of the information, may result in a status decision and/or a request for additional information in the form of a Compliance Report.
- (1) If CAPTE determines that the information provided about the substantive change is valid and clearly reveals that the program is out of compliance with one or more of the standards/elements, a status decision including citations will be made.
 - (2) If CAPTE determines that the information provided about the substantive change reveals that the program may be out of compliance with one or more of the standards/elements, additional information will be requested for review at CAPTE's next meeting.

SUB-PART 9B: GENERAL PROCEDURES FOR ACHIEVING APPROVAL OF SUBSTANTIVE CHANGE

9.6 Substantive Change Approval Process

Regardless of the type of substantive change for which approval is being sought, the following process is used. Additional requirements may apply depending on the type of change being sought. (See Sub-Part 9C.)

- (a) Application for Approval of Substantive Change (AASC)
- (1) CAPTE has developed a format, the Application for Approval of Substantive Change, for programs to use in submitting information related to proposed substantive changes. The format for the AASC and instructions for its completion are available upon request from the Accreditation staff and include CAPTE's expectations for the various types of changes.
 - (2) The AASC is predicated on the existence of an accredited program that has been reviewed by CAPTE. The AASC is designed to focus on the capacity of the institution/program to implement the proposed change and the implications for compliance with the standards/elements that the proposed change will have. Therefore, although the format of the AASC is the same for all types

of substantive change, the exact reporting requirements may vary and are described in Sub-Part 9C and in the instructions for the AASC.

(b) Eligibility:

- (1) Programs are not eligible to seek substantive change during the twelve (12) month period immediately preceding a scheduled decision by CAPTE for reaffirmation of accreditation. For example, a program having its accreditation reaffirmed at a spring CAPTE meeting can submit an AASC for consideration no later than at a spring CAPTE meeting of the prior year.
- (2) Programs holding initial accreditation are not eligible to seek substantive change until two cohorts have graduated to ensure compliance with required student outcomes defined in the Standards and Required Elements.
- (3) Programs on probation are not eligible to seek substantive change until probation has been removed and two cohorts have graduated to ensure compliance with required student outcomes defined in the Standards and Required Elements.
- (4) Programs seeking approval of substantive change must:
 - (i) obtain approval of the proposed substantive change from all necessary bodies (e.g., the institutional administration, appropriate state approving bodies, and institutional accrediting agency) prior to submission of the AASC. Evidence of all approvals must be submitted with the AASC.
 - (ii) hold Accreditation status (i.e., not on probation or show cause)
 - (iii) have no pending Compliance Reports on the established accredited program at the time of AASC submission. If, during the AASC approval process, the program is found out of compliance with any required element, the AASC will be denied and may result in a request for additional information or a compliance report.

(c) The Accreditation staff will screen the Application for Approval of Substantive Change to determine whether it meets the eligibility requirements and is therefore ready for further review by CAPTE.

- (1) If, during review of the AASC, staff discover that required responses or documents have not been provided, the program will be notified by phone and email. On the assumption that the missing information exists and is only missing due to a clerical/uploading error, the program will be given a maximum of twenty-four (24) hours to provide the missing information.
- (2) Failure to provide the missing information in the allotted time will result in the automatic determination that the AASC is not eligible for further review.

(d) Submission of the AASC and Fee for Review

- (1) The Application for Approval of Substantive Change shall be submitted to the Accreditation staff no later than March 1st in order to be considered at the Spring meeting or no later than September 1st in order to be considered at the Fall meeting. Programs must submit the AASC in time for CAPTE to review and act on it PRIOR to implementation of the change. The institution is encouraged to contact the Accreditation staff to ascertain the appropriate procedures, timing, and format for submitting information to CAPTE. The AASC and all accompanying documentation must be in English.
- (2) Programs must confirm/reconfirm their intent to submit an AASC with the Accreditation staff by February 1 for the March 1 submission and August 1 for the September 1 submission.
- (3) Accreditation staff will invoice the program for the AASC review fee approximately thirty (30) days prior to the date the AASC is due. [See Part 16] The fee must be received prior to or at the same time as the AASC submission and may accompany the signature page and the required electronic copy (ie flash drive) of the AASC. After receipt of the fee, the program will be placed on the agenda of the next regularly scheduled meeting of CAPTE. Failure to submit the fee by the appropriate due date will result in delay of the review to the next meeting.

(e) CAPTE Actions

- (1) Upon review of the AASC, CAPTE will make a judgment about the program's and institution's readiness to implement the proposed change, including an assessment of the impact of the proposed change on the program's compliance with the standards/elements. In making this judgment, CAPTE will act to:

- (i) approve the change with an effective date to be no earlier than when CAPTE's decision was made; approved change must be implemented within one (1) year of the date of its approval by CAPTE. Changes not implemented within (one) 1 year will require a new AASC; or
 - (ii) withhold approval of the proposed change.
 - (2) The institution will be notified in writing of CAPTE's decision. The Summary of Action will include the reasons for the decision. The Summary of Action may also contain consultative suggestions related to findings with respect to compliance with the standards/elements
 - (3) A decision by CAPTE to withhold approval of a substantive change is not defined as an adverse action and is, therefore, not subject to formal reconsideration or appeal. The institution may resubmit its Application for Approval of Substantive Change if, or when, it deems appropriate by submitting the entire application including revised areas of needed development.
- (f) Continuing Accreditation Activities
- (1) CAPTE reserves the right to request a Compliance Report or to schedule a focused visit, if necessary, to determine the effect of the changes as implemented.
 - (2) Unless postponed pursuant to the procedures in §8.10, the next on-site visit will occur as previously scheduled.
 - (3) Annual reporting through graduation of first cohort affected by the change with continued approval of the substantive change dependent, at a minimum, on funding and resources as reported in the AASC.

SUB-PART 9C: SPECIFIC PROCEDURES FOR ACHIEVING APPROVAL OF SUBSTANTIVE CHANGE

In addition to the general procedures for approval of substantive changes described in Sub-Part 9B, programs are also subject to the following specific procedures as appropriate.

9.7 Significant Changes in the Mode or Format of Delivery of an Established Program

- (a) Types of change that must be pre-approved include but are not limited to:
- (1) change from site-based education to the use of distance education (synchronous or asynchronous) for 25% or more of the didactic/laboratory courses in the professional/technical portion of the program.
 - (i) CAPTE defines distance education as education that uses one or more of the technologies listed in paragraphs (a) through (d) to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include--
 - (a) The internet;
 - (b) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
 - (c) Audioconferencing; or
 - (d) Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in paragraphs (a) through (c). [CFR_602.3]
 - (ii) for the purposes of this section, the following definitions pertain:
 - (a) Distance Education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct interaction between the student and the faculty member(s).
 - (b) Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses. **[34.C.F.R 602.22(A)(1)(ii)(c).**
 - (c) An instructor is an individual responsible for delivering course content and who meets the qualifications for instruction established by an institution's accrediting agency.
 - (d) Substantive interactions is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following.

1. Providing direct instruction
 2. Assessing or providing feedback on a student's coursework
 3. Providing information or responding to questions about the content of a course or competency
 4. Facilitating a group discussion regarding the content of a course or competency
 5. Other instructional activities approved by the institution's or program's accrediting agency
- (e) Regular interaction involves
1. Substantive interactions between the student and faculty on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency
 2. Monitoring the student's academic engagement and success and ensuring that the instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request of the student.
- (2) additional cumulative increase(s) in the use of distance education (synchronous or asynchronous) of 25% or more of the courses in the professional/technical portion of the program
 - (3) change from primarily distance education to site-based education
 - (4) any change in the format of the delivery of the program, e.g., full-time to part-time, part-time to full-time, week-day to week-end, week-end to week-day, daytime to evening, evening to daytime, or any combination thereof.
 - (5) change to the use of prior learning assessment and/or competency-based learning with direct assessment)
- (b) Programs are expected to contact Accreditation staff to determine whether other changes in the mode of delivery of a program should be submitted for prior approval.
- (c) Reporting requirements: AASC
- (1) The AASC must report the implications of the proposed change on the following:
 - (i) the number, qualifications and workload of the faculty, especially as it relates to the proposed change
 - (ii) the curricular plan, content and delivery methods
 - (iii) expected outcomes
 - (iv) resources (finances, space, equipment, library, clinical sites, etc.) necessary to implement the new delivery model
 - (2) The AASC must also report the implications of the proposed change on all other aspects of the program that might be affected.
 - (3) Programs seeking to use prior learning assessment and/or competency based learning with direct assessment must
 - (i) describe the processes used to
 - (a) identify the competencies that will be expected and ensure that they are sufficiently comprehensive to identify the knowledge, behavior and skills required for entry-level practice
 - (b) determine what competencies have not been achieved and therefore what further education is needed (type, length, etc)
 - (c) determine that the student has indeed achieved all of the required competencies.
 - (ii) provide the identified competencies that have been developed, including an analysis of their comprehensiveness
 - (iii) describe the processes to be used to assess student achievement of the competencies, including sample measurement tools
 - (iv) provide the mechanism to be used to determine how much credit will be granted for the achievement of competencies, both prior to and during the educational process
- (d) Reporting requirements: SSR
- (1) Programs offering Distance Education courses are required to address

- (i) the quality of those courses in the Self-study Report, as described in the lists of expected evidence.
 - (ii) additional expectations related to the quality of the program as noted in the standards and elements.
- (2) Programs using prior learning assessment and/or competency based learning with direct assessment must provide evidence that
 - (i) the established competencies are sufficiently comprehensive to assure development of entry-level knowledge, behavior and skill
 - (ii) the assessment process is comprehensive, valid and reliable
 - (iii) graduate outcomes are consistent with professional norms

9.8 Permanent Increases (greater than 10%) in the CAPTE Set Size of Student Cohorts to be Admitted

- (a) Every program has a CAPTE approved set class size. Set class size includes all new students starting the professional/technical program. Each entering cohort must meet the CAPTE set class size. Programs may admit no greater than 10% (rounding is not permitted) of their CAPTE set class size. Decelerating students are not counted against the CAPTE set class size or 10% restriction. NOTE: According to Rule 7.19, any increase in cohort size or the number of cohorts is not permitted for programs in candidacy until eligible to seek a substantive change.
- (b) An AASC is required if a program wants an increase in the CAPTE set class size.
- (c) Reporting requirements.
 - (1) Needs assessment
 - (2) If AAR data indicates that the cohort size is increased more than 10% over the CAPTE set class size, staff will seek information from the program regarding the intent of the program for a permanent increase. Programs will be required to return to the CAPTE set class size and submit an AASC.
 - (3) In addition to other information required in every AASC, the AASC must specifically report the implications of the increase on the following:
 - (i) organizational policies and procedures affecting the program
 - (ii) the number, qualifications and workload of the faculty to accommodate the increased numbers of students
 - (iii) the curricular plan, content and delivery
 - (iv) adequacy of the pool of clinical education sites
 - (v) adequacy of program resources
 - (v) evidence of sufficient, current resources for the ultimate planned class size, if requesting increased planned class size over multiple years.
 - (4) The AASC must also report the implications of the proposed change on all other aspects of the program that might be affected by the increase.
- (d) Staff will review class size and enrollment data provided in the Annual Accreditation Report.
- (e) The timing of the next on-site visit will not be affected. However, CAPTE reserves the right to require a focused visit when the maximum number of students is enrolled.

9.9 Increase in the Number of Cohorts Admitted to an Established Program

- (a) CAPTE defines a cohort of students as a group of students who matriculate into the professional/technical courses at the same time at the same location with the expectation that they will also complete the program at the same time. In this case, an additional cohort of students is one that matriculates at a different time at the same location (e.g., fall, spring, summer) than the established cohort(s) and follows the same curricular sequence, but at a different time, as the established program.

- (b) In order for an established accredited program to be eligible to seek to add additional cohorts of students to its program, there must be no pending Compliance Reports on the established accredited program at the time of AASC submission.
- (c) An approved additional cohort must be implemented within one (1) year of the date of its approval by CAPTE. An additional cohort not implemented within this time frame will not be considered to be part of the accredited program: therefore, a new AASC will be required in order to implement the additional cohort(s).
- (d) Reporting Requirements
 - (1) The AASC must include the data upon which the decision to add additional student cohort(s) is based including, but not limited to, local, regional and, for PT programs, national data regarding the expected employability of graduates of the additional cohort(s) and the impact of other accredited and developing programs on the sustainability of increased program capacity over time.
 - (2) The AASC must report ALL implications of implementing the additional cohort on ALL aspects of the sponsoring program that might be affected and indicate how the program intends to address them in order to maintain compliance with the standards/elements.
- (e) Continuing Accreditation Activities
 - (1) The accreditation status of the sponsoring program can and will be affected by the continuing compliance/noncompliance with the standards/elements for each student cohort.
 - (2) Student outcomes (including but not limited to graduation rates, licensure pass rates and employment rates) MUST be reported separately for each cohort of students.
 - (3) Each additional cohort is subject to an accreditation fee. [See Part 16.]

9.10 Expansion of Program Accreditation Status to an Additional Program Offering

- (a) CAPTE defines a cohort of students as a group of students who matriculate into the professional/technical courses at the same time at the same location with the expectation that they will also complete the program at the same time. In this case of an additional program, the program offered to the additional cohort of students is one that
 - (1) is located at a different site; or
 - (2) has a different mode of delivery (e.g., teleconferencing or web-based, etc.); or,
 - (3) has a different delivery schedule
 - (i) Day: regularly scheduled classes are conducted during the day (e.g., classes end before 6:00 pm)
 - (ii) Evening: regularly scheduled classes, except clinical education, are conducted in the evening (e.g., classes begin at 4:00 pm or later)
 - (iii) Weekend: regularly scheduled classes, except clinical education, are conducted on the week-ends (Fri-Sun or Sat-Mon)
 - (iv) Part time: courses are spread over a longer period with a concomitant lower course load per term
 - (4) has a different curricular sequence; or
 - (5) has a different admissions process and requirements; or
 - (6) has a different mission, curriculum design, expected student outcomes, or student assessment processes.
- (b) The following conditions must be met for an established accredited program to be eligible to seek to expand its accreditation to additional program offering(s):
 - (1) There must be no pending Compliance Reports on the established accredited program at the time of AASC submission.
 - (2) Each additional offering must:
 - (i) be located within the same state jurisdiction as the established accredited program;
 - (ii) demonstrate the same institutional sponsorship and governance;
 - (iii) provide evidence of all necessary approvals for the additional offering(s) from the institution, the educational licensing and/or governing board(s) of the state in which the

program is to be offered, and the institutional accrediting body. In cases where no approval is needed, statements to that effect from the relevant body(ies) or other relevant official documentation are required.

- (iv) have the degree awarded by the institution that sponsors the established accredited program;
 - (v) consider faculty that teach the additional cohort(s) to be faculty of the established accredited program such that:
 - (a) the faculty report to the program administrator of the established accredited program;
 - (b) there are mechanisms utilized for efficient and effective communication among all program faculty;
 - (c) all faculty are subject to the same policies and procedures.
 - (vi) for proposed offerings to be housed at a different site, have a designated full-time, core program faculty member to serve as the official contact person at the site and provide on-site leadership. The designated contact/leader must have qualifications commensurate with a written job description; and
 - (vii) be under the budgetary control of the established accredited program.
- (3) Proposed additional program offerings that do not meet all of these expectations are considered to be new programs and are subject to the Rules outlined in Part 7.
- (c) Implementation of an Approved Additional Offering
- (1) An approved additional offering must be implemented within one (1) year of the date of its approval by CAPTE. An additional offering not implemented within this time frame will not be considered to be part of the accredited program: therefore, a new AASC will be required in order to implement the additional offering.
 - (2) If the additional offering is housed at an institution other than the institution that has the accredited program, any information about the program on the website of the institution where the program is housed must not imply that the host institution has an accredited program or that the host institution offers the program.
- (d) Reporting Requirements/Focused Visit
- (1) The AASC must provide evidence that the proposed additional offering meets the eligibility requirements listed in §9.10(b), above.
 - (2) The AASC must report ALL implications of implementing the additional offering including, but not limited to:
 - (i) organizational policies and procedures affecting the program
 - (ii) the number, qualifications and workload of the faculty to accommodate the increased numbers of students
 - (iii) the curricular plan, content and delivery
 - (iv) adequacy of the pool of clinical education sites
 - (v) adequacy of facilities
 - (3) The AASC must also describe how the program intends to address the identified changes in order to maintain compliance with the standards/elements.
 - (4) Upon approval of the additional offering, a focused visit to the program may be scheduled. The purpose of the visit will be to confirm the information provided in the AASC. The cost of the focused visit will be borne by the institution.
 - (i) Focused visits will typically be scheduled to occur shortly after implementation of offerings located at different site(s).
 - (ii) Visits to other types of offerings may be scheduled at CAPTE's discretion depending on the circumstances.
- (e) Continuing Accreditation Activities
- (1) The accreditation status of the sponsoring program can and will be affected by the continuing compliance/noncompliance with the standards/elements for each program offering included under the program's accreditation.
 - (2) Additional offerings are limited to the admission of one cohort per year until the program has provided evidence of acceptable graduate outcomes (Element IC), at which time the institution may seek a substantive change to increase the number of cohorts to be admitted annually.

- (3) Student outcomes (including but not limited to graduation rates, licensure pass rates and employment rates) MUST be reported separately for each cohort of students.
 - (4) The next Self-study Report and on-site visit for the additional offering will occur in the same cycle as the established accredited program.
 - (5) The parent or sponsoring physical therapy education program and institution must include all information related to any and all aspects of all its offerings in the regularly scheduled accreditation activities. These activities include the Annual Accreditation Report, the Self-study Report and On-site Visit and may include the requirement for separate Annual Accreditation Reports.
 - (6) Each student cohort admitted to the additional offering is subject to an accreditation fee. [See Part 16.]
- (f) **Reclassification of Existing Programs**
- (1) CAPTE reserves the right to reclassify programs for the purpose(s) of improving the accreditation review process, maintaining compliance with recognition agency requirements, facilitating conformity with jurisdictional requirements, or reducing expenses.
 - (2) If at any time CAPTE alters its Rules or classifications of programs, it will notify the affected institution/program of its actions and inform each of the accreditation activities and cycles pertinent to its circumstances.

9.11 Separation of an Additional Offering from the Sponsoring Program

- (a) Separation of an additional offering results in each program having its own accreditation status and therefore each program will be expected to meet expectations for accreditation individually. This is not intended to preclude the sharing of resources when it is to the benefit of each program.
- (b) **Reporting requirements.**
 - (1) The AASC must report the implications of the separation on the following:
 - (i) organizational policies and procedures affecting the programs
 - (ii) the number, qualifications and workload of the faculty in each program
 - (iii) the curricular plan, content and delivery of each program
 - (iv) expected and actual outcomes of each program
 - (v) adequacy of facilities, including clinical sites
 - (2) The AASC must also report the implications of the proposed change on all other aspects of both programs that might be affected by the separation.
- (c) Upon approval of the separation, the new program will usually be granted a 5-year cycle, unless doing so will extend the time since the last visit to more than ten (10) years. CAPTE also reserves the right to shorten the cycle for other reasons, if warranted.

9.12 Development of a Consortium Arrangement

- (a) CAPTE defines a Consortium as a formal agreement between two or more higher education institutions for the purpose of participating in or pooling their resources for the implementation and ongoing operation of a physical therapy program.
- (b) Institutions that have an accredited physical therapy education program and wish to develop a consortium arrangement with another institution must apply for a substantive change.
- (c) Due to the wide variations possible for consortium arrangements, a two-step approval process will be utilized.
 - (1) Submission of an initial proposal that provides a brief description (maximum 5 pages) of the proposed consortium.
 - (i) The initial proposal should describe the planned arrangement and include a brief description of the anticipated effect(s) on each program/institution, including:
 - (a) The role of each institution in the consortium arrangement

- (b) How the administration of the program(s) will be managed, including the identification of who will have responsibility for:
 - (1) Program faculty, including a description of the potential differences in expectations of each institution (e.g., faculty workload, tenure/promotion expectations) and how that will be managed
 - (2) Curriculum
 - (3) Admissions
 - (4) Budget/resources
 - (c) Anticipated areas of difficulty in implementation of the plan, if any.
- (ii) The Commission will identify the specific information that must be included in the narrative and appendix of the AASC based on the characteristics of the proposed consortium arrangement.
- (iii) This proposal may be submitted at any time. CAPTE will respond to the proposal within eight (8) weeks. The deadlines for submission and review are noted in §9.6(c)(1).
- (2) Submission of the AASC, which must be approved by CAPTE prior to implementation of the consortium arrangement.
- (d) Continuing Accreditation Activities: The site visit schedule will be determined based on the characteristics of the consortium.

SUB-PART 9D: PROCEDURES FOR MANAGING EFFECTS OF DISASTERS

9.13 Reporting Effects of Disasters

- (a) Effects of natural or man-made disasters that directly impact the education program must be reported as soon as possible and practical. Such reports may be provided by telephone, e-mail or letter. Effects that must be reported include, but are not limited to:
 - (1) Need for use of alternative space
 - (2) Need to modify the delivery type and/or sequence of the curriculum plan
 - (3) Delay in student matriculation and/or graduation
 - (4) Inability of students to engage in appropriate learning activities, including clinical education
 - (5) Loss of fiscal, human or physical resources
- (b) In the event of a man-made or natural disaster, staff will make an initial determination of the best course of action to be taken to accommodate the program's needs while maintaining the integrity of the accreditation process. Actions to be considered include but are not limited to:
 - (1) Rescheduling of accreditation activities
 - (2) Fee waivers
- (c) A written report may be reviewed at the next CAPTE meeting, if feasible, or as soon as possible thereafter. Review by CAPTE may result in a status decision and/or a request for additional information in the form of a Compliance Report.
- (d) If CAPTE determines that a focused visit is necessary, the expenses of that visit will be the responsibility of the program.

SUB-PART 9E: PROCEDURES TO ALLOW THIRD PARTY COMMENTS ABOUT PROGRAMS REQUESTING SUBSTANTIVE CHANGE NEEDING PRE-APPROVAL

9.14 Opportunities to Provide Written Comments

- (a) Individuals wishing to provide written comments about a program seeking a substantive change needing pre-approval may do so through the methods described in this section. Information can be found on the website (www.capteonline.org) that provides directions for anyone who wishes to provide written comments, either positive ones or those expressing concerns about physical therapy education programs seeking accreditation.

- (b) Accreditation staff announce upcoming reviews to the community of interest prior to the meeting at which programs are being reviewed. Announcements are made available to the public on the CAPTE website.
- (c) Individuals wishing to make comments about a program seeking a substantive change that needs pre-approval may do so in the following manner:
 - (1) After reviewing the list, anyone wishing to submit written comments about a program must meet the following expectations:
 - (i) Comments must be submitted no later than the date specified in the announcement
 - (ii) Comments are to be sent to accreditation@apta.org and must include the subject line "Written Comments: re (program name)." The email must include the name, title, affiliation, mailing address, email address, telephone number, and website (if any) of the person/group making the comment.
 - (iii) Comments must identify the specific program and must be related to the program's compliance with the relevant published standards/elements.
 - (2) Staff provide comments submitted as prescribed above to the program for information and, at the program's discretion, a response. Both the written comments and the program's response, if any, are provided to CAPTE for its deliberation on the program.
- (d) Individuals/groups that make comments in this manner may not utilize the formal complaint process at a later date to address the same issue.

PART 10
RULES AND PROCEDURES FOR ADMINISTRATIVE PROBATION
(Adopted 10/99. Revised 4/03, 4/05, 10/05, 10/06, 4/08, 10/08, 4/09, 4/13, 11/14, 11/15, 11/16)

10.1 Administrative Probation

- (a) Administrative Probation is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Probation, programs continue to be recognized as being accredited according to the last status decision and are maintained on the list of accredited programs. In addition, the programs will be listed as being on Administrative Probation in all published documents that specify accreditation status.
- (b) Administrative Probation may be assigned when the program does not comply with administrative requirements for maintaining accreditation including:
 - (1) Failure to pay annual accreditation fees within sixty (60) days of the due date.
 - (2) Failure to complete and file the Annual Accreditation Report by the established deadline.
 - (3) Failure to submit Compliance Reports by the due date as established by CAPTE.
 - (4) Failure to submit the Self-study Report no later than sixty (60) days prior to a scheduled site visit.
 - (5) Failure to schedule an on-site visit upon request.
 - (6) Failure to provide information necessary to the efficient operation of the accreditation process, e.g. declaration of conflicts of interest.
 - (7) Failure to report changes in program leadership or other changes listed in Part 9.
 - (8) Failure to submit an Application for Substantive Change, as required by the procedures outlined in Part 9.
 - (9) Failure to pay the fee for a focused visit, an expedited reconsideration visit or an on-site Self-study Workshop by the established due date.
 - (10) Inappropriate use of the CAPTE Logo.
 - (11) Failure to provide information requested by CAPTE or staff that is needed to meet expectations of CAPTE's recognition agencies.
 - (12) Failure to pay a sanction fee by the established due date.

10.2 Procedure for Placing Programs on Administrative Probation

- (a) When staff determines that a program has failed to meet its administrative obligations as listed above, the program will be notified by telephone and/or email that: 1) the program has failed to meet its obligations; 2) if the situation is not rectified within fourteen (14) calendar days, the person to whom the program reports and the chief executive officer will be informed of the situation; and 3) failure to comply will result in imposition of administrative probation.
- (b) If the program fails to comply within fourteen (14) calendar days, the program director, the person to whom the program director reports, and the chief executive officer will be notified in writing (by registered/certified mail, return receipt requested, or by another delivery service that can track receipt) that administrative probation will be automatically imposed if the obligation is not met in the next seven (7) calendar days. The notification will include the reason why administrative probation is imminent and a description of administrative probation, and will recount the efforts that have been taken to avoid it.
- (c) If the program fails to comply after the above seven (7) day extension, the program will be placed on administrative probation and notice of this will be included in the Master List of Accredited Programs and in the Directory of Accredited Programs, both of which are published on CAPTE's website.

10.3 Removal of Administrative Probation

Administrative Probation will be removed once the administrative requirement has been met.

10.4 Continued Delinquency in Meeting Administrative Requirements

Failure of a program to take the steps necessary for removal of Administrative Probation will be interpreted as an indication that the program no longer seeks accreditation. A registered or certified letter, return receipt requested, will be sent informing the program director and institutional officials that CAPTE will act on the Accreditation status of the program at the next meeting. If the action by CAPTE results in Accreditation Withdrawn, the program will no longer be recognized as an accredited physical therapy education program.

PART 11
PROCEDURES FOR HANDLING COMPLAINTS AND ADVERSE INFORMATION ABOUT
AN ACCREDITED OR DEVELOPING PHYSICAL THERAPY EDUCATION PROGRAM
(Adopted 4/00. Revised 10/00, 4/02, 4/03, 10/03, 10/05, 10/06, 10/07, 4/09, 10/09, 4/10, 5/12, 4/13, 11/13, 11/14, 4/15, 11/15, 5/16, 11/16, 4/17)

SUB-PART A: COMPLAINTS ORIGINATING FROM INDIVIDUALS RELATED TO THE PROGRAM

11.1 Formal Complaints

- (a) Any person may submit to CAPTE a complaint about an accredited or developing program. CAPTE will investigate and take action on any complaint filed in accordance with §11.2(a) against a physical therapy education program that is a candidate for accreditation or is accredited by CAPTE. Complaints must allege violation of one or more of the following:
 - (1) one or more of the Evaluative Criteria for Accreditation (for complaints about events occurring before December 31, 2015) or the Standards and Required Elements (for complaints addressing events occurring January 1, 2016 and thereafter)
 - (2) one or more of CAPTE's expectations related to program integrity (see Part 1)
 - (i) Truthful Identification of Pre-accreditation or Accreditation Status
 - (ii) Academic Integrity in the Pre-accreditation and Accreditation Processes,
 - (iii) Integrity in the Development and Implementation of New Programs
 - (iv) Integrity in the Operation of Accredited Programs; or
 - (v) Integrity Related to Program Closure
- (b) CAPTE will consider two types of complaints: those that involve situations subject to formal due process policies and procedures established by the institution/program and those that involve situations not subject to formal due process procedures.
 - (1) If the complainant is involved with an institution/program grievance subject to formal due process established by the institution/program and procedure, CAPTE requires that the institution/program process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institution/program process or of the untimely handling of such must be included in the complaint materials.
 - (2) If the complaint is related to situations that fall outside of formal due process policies and procedures established by the institution/program, the complaint may be filed at any time after the complainant has been unable to achieve satisfactory resolution from the program.
- (c) CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the evaluative criteria (or standards and elements as appropriate) and the statements listed above. When appropriate, complainants will be referred to other organizations to pursue their concern(s).
- (d) In all communications with individuals seeking to file a formal complaint, it is emphasized that CAPTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, or dismissal. CAPTE will take action only when it believes practices or conditions indicate the program may not be in compliance with the Evaluative Criteria for Accreditation (or the Standards and Required Elements, as appropriate) or the statements listed above.

11.2 Submission of Formal Complaints

- (a) Complainants are expected to contact the staff of Accreditation prior to submission of a formal complaint. The purpose of the contact is two-fold: to ascertain whether the concern of the complainant is within CAPTE's jurisdiction/authority and to obtain contact information from the complainant for the purpose of providing information regarding the complaint process and the required format for submission of the complaint.

- (b) Complaints must be submitted in writing to CAPTE, in the format provided by the Accreditation staff, and must identify the name(s) and relationship(s) to the education program of the individual(s) initiating the complaint and must clearly describe the specific nature of the complaint and the relationship of the complaint to the Evaluative Criteria for Accreditation (or Standards and Required Elements as appropriate), and provide supporting data for the charge(s). If the complaint alleges a violation of the statement on Truthful Identification of Pre-accreditation or Accreditation Status, the statement on Academic Integrity in Accreditation or the statement on Integrity Related to Program Closure, the complainant must identify the name(s) and relationship(s) to the education program of the individual(s) initiating the complaint and provide supporting data for the allegation. Complaints that do not contain required information will be returned to the complainant with an explanation of why the complaint is being returned. Returned complaints may be resubmitted at any time.
- (c) Written materials, including the complaint narrative and any supporting documentation, is limited to 150 pages. Every effort should be made to avoid submission of duplicate information.
- (d) Complaints that are submitted anonymously will be reviewed by Accreditation staff. Depending on the circumstances and severity of the allegations in an anonymous complaint, it may or may not be forwarded to the program for either information purposes only or to request program response. The decision to forward is made by the Director of Accreditation. Tracking of anonymous complaints will be maintained by Accreditation staff.
- (e) Complaints that describe situations not directly related to compliance with the Evaluative Criteria (or Standards and Elements as appropriate) or the integrity statements but that appear to have potential negative consequences for students/graduates if not addressed quickly will be reviewed by the Director of Accreditation and handled in a manner that preserves the best interests of the students/graduates.
- (f) Provision of the release form authorizes CAPTE to forward a copy of the complaint, including identification of the complainant, to the accredited unit for a response except in submission of an anonymous complaint.
- (g) Statute of Limitation: In order for CAPTE to consider a complaint, the situation(s) or event(s) being complained about must have occurred at least in part within three (3) years of the date the complaint is filed.
- (h) Timing of submission and review
 - (1) Complaints will ordinarily be reviewed at the next meeting at which complaints may be reviewed (spring, summer and fall) following receipt of the complaint. In order for the process to be completed in time for considered review by CAPTE, complaints must be received no later than ninety (90) days prior to a meeting.
 - (2) At its discretion, CAPTE may choose to consider complaints between its regularly scheduled meetings. Ordinarily, such consideration will occur only when delay in consideration of the complaint could have a serious adverse effect on either the complainant or the institution.

11.3 Complaint Alleging Violation of Evaluative Criteria or Standards and Required Elements and/or integrity in the Accreditation Process

- (a) Accreditation staff will conduct an initial review of the complaint to determine whether it sets forth information or allegations that reasonably suggest that the accredited unit may not be in compliance with CAPTE accreditation standards or integrity of the accreditation process. If additional information or clarification is required, the Director will send a request to the complainant. If the requested information is not received within fourteen (14) calendar days, the complaint may be considered abandoned and may not be investigated by CAPTE.
- (b) If the Director determines after the initial review of the complaint that the information or allegations do not reasonably demonstrate that an accredited unit is out of compliance with CAPTE standards or integrity of

the accreditation process, the complaint may be considered closed and will not be investigated by CAPTE. The complainant will be informed electronically of this decision.

- (c) If the Director determines, after the initial review of the complaint, that the information or allegations suggest that an accredited unit may not be in compliance with CAPTE standards or integrity of the accreditation process, the Director will notify the accredited unit that a complaint has been filed. The notice will summarize the allegations, identify the CAPTE standards or integrity issues that were allegedly violated and provide a copy of the original complaint to the accredited unit. The accredited unit will be given 30 calendar days to provide a response. A shorter response time may be required where, in the judgment of the Director, a complaint alleges serious violations of accreditation standards or policies that may pose a potential risk to students and/or the public.
- (d) The Director will review the complaint and the accredited unit's response. If the Director concludes that the allegations do not establish that there has been a violation of standards, procedures or integrity, the Director will consider the complaint closed with electronic notice to the complainant and the accredited unit and no further action will be required.
- (e) If the Director concludes that the allegations may establish a violation of CAPTE standards, procedures or integrity, the Director will report this finding, along with recommendations, to the CAPTE Central Panel at its next regularly scheduled meeting, or sooner where circumstances require.
- (f) The Central Panel shall be the final decision-making body on the complaint and its decision may include any of the following:
 - (1) dismiss the complaint;
 - (2) render a decision about non-compliance;
 - (3) defer action on the complaint pending receipt of further information and/or exploration of the situation by CAPTE. The maximum period allowed for a deferral of action shall be to the next meeting at which complaints are reviewed; or,
 - (4) schedule a visit to the program following the specified procedures for a focused on-site visit within the parameters set by CAPTE.
- (g) Written notification of CAPTE's action shall be electronically sent, within thirty (30) calendar days of the decision, to the program. The complainant will also be electronically notified of CAPTE's decision within thirty (30) calendar days.
- (h) If CAPTE defers action on the complaint and requests further information, the additional information will be considered by CAPTE at its next regularly scheduled meeting.
- (i) An institution that is adversely affected by a CAPTE accreditation status decision resulting from the review of a formal complaint may appeal that decision as outlined in Part 14.

11.4 Failure of Institution or Complainant to follow Established Timelines

- (a) Failure of the institution to respond within the established timelines will be considered an admission that the complaint has merit, unless the institution has requested an extension of the deadline. Ordinarily, the maximum extension that will be given is fourteen (14) calendar days.
- (b) Failure of the complainant to respond within the established timelines will be considered an indication that the complainant has withdrawn the complaint, unless the complainant requests an extension of the deadline. Ordinarily, the maximum extension that will be given is fourteen (14) calendar days.

SUB-PART B: COMPLAINTS ORIGINATING FROM CAPTE

11.5 Initiation of Complaint by CAPTE or Staff

CAPTE or staff may initiate the complaint process about programs/institutions based on information from any source and finds that a program or institution may be in violation of one or more of the following:

- (1) the Standards and Required Elements
- (2) CAPTE's expectations related to program integrity (see Part 1)
 - (i) Truthful Identification of Pre-accreditation or Accreditation Status
 - (ii) Academic Integrity in the Pre-accreditation and Accreditation Processes,
 - (iii) Integrity in the Development and Implementation of New Programs
 - (iv) Integrity in the Operation of Accredited Programs; or
 - (v) Integrity Related to Program Closure

11.6 Notice of Complaint

- (a) Upon CAPTE's or staff's determination that a program may be in violation of any item listed in §11.5, staff will notify the program within fourteen (14) calendar days, by registered or certified mail or a delivery service that can track delivery, to the program administrator and to the chief executive officer of the educational institution offering the program. The notification will include the following information:
 - (1) the nature of the alleged violation;
 - (2) the evidence that CAPTE used to determine that a potential violation exists; and
 - (3) a copy of the relevant Rules of Practice and Procedure.
- (b) The program administrator and the chief executive officer shall be invited to submit comments about the allegation along with any appropriate supporting evidence. This response shall be in writing and must be received by the Accreditation staff within thirty (30) calendar days following the institution's receipt of notification of the complaint.
- (c) No pending accreditation action or decision will be rendered until the complaint is resolved.

11.7 CAPTE Action on Alleged Violation

- (a) At its next regularly scheduled meeting after receipt of the educational institution's response, CAPTE Central Panel shall act to:
 - (1) dismiss the complaint. If, in the opinion of CAPTE, the program's response clarifies that no violation has occurred, no further action will be taken. All parties involved will be notified within thirty (30) days following the meeting and normal accreditation activities will resume.
 - (2) conclude that a violation was committed and impose a sanction. Possible sanctions include, but are not limited to, a letter of reprimand, imposition of a penalty fee or a change in accreditation status.
 - (3) or, request further information. If, in the opinion of CAPTE, the information provided by the program is not sufficient for a decision to be made, additional information will be requested. The additional information will be due to the Accreditation staff no later than thirty (30) days following receipt of CAPTE's request. All pertinent information will then be reviewed by the Central Panel. Upon review of all materials, Central Panel may:
 - (i) conclude that there was no violation and recommend to CAPTE that no further action be taken, and that normal accreditation activity resume.
 - (ii) conclude a violation was committed and notify CAPTE of facts and deliberations and recommend any appropriate sanction to be imposed at CAPTE's next regularly scheduled meeting. The sanctions could include, but not be limited to, a letter of reprimand, imposition of a sanction fee or a change in accreditation status.
- (b) If CAPTE's decision is to change the program's accreditation status, the institution may request a hearing before an Appeal Panel following the procedures for appeal as outlined in Part 14.

PART 12
PROCEDURES FOR HANDLING COMPLAINTS ABOUT THE AGENCY
(Adopted 4/00. Revised 4/02, 4/05, 10/05, 10/09, 4/15, 5/16, 10/18)

12.1 Submission of Complaint

- (a) Any person may file a signed complaint about the agency with CAPTE. Complaints about the agency's standards/elements, its procedures or other aspects of the agency's work, including its staff and volunteers, will be considered by CAPTE. To be considered as a formal complaint against the Commission, however, a complaint must involve issues other than concern about a specific program action.
- (b) Complaints must be submitted in writing. The event(s) being complained about must have occurred at least in part within one (1) year of the date the complaint is filed. The complaint must be identified as a complaint and submitted independent of any other documentation submitted to CAPTE. The complaint must 1) set forth and clearly describe the specific nature of the complaint, 2) provide supporting data for the charge, 3) specify the changes sought by the complainant, and 4) identify the person making the complaint.

12.2 Agency Action

Within two (2) weeks of receipt of a complaint, staff will acknowledge receipt of the complaint and provide the complainant with a copy of CAPTE's procedures. Receipt and processing of a complaint against the agency will not result in the suspension of any accreditation activities that may be in process.

12.3 Initial Screening of Complaint

- (a) In all cases except complaints against staff, staff will collect additional information, if necessary, and then conduct an initial screening to determine whether the complaint falls within §12.1 and is sufficiently well supported to be referred to CAPTE. Staff will complete this initial screening within forty-five (45) days of receipt of the complaint and will notify the complainant of the results.
- (b) In cases of complaints against staff, the complaint will be automatically referred to CAPTE for review. If any required information (as noted in §12.1) is missing from the complaint, staff at least one supervisory level above the named individual will request the information from the complainant prior to referral of the complaint to CAPTE.

12.4 Referral of Complaint

- (a) If the complaint is against staff or if staff refers a complaint, CAPTE ordinarily will consider the complaint at the next regularly scheduled meeting following the referral. However, if waiting until the next meeting would preclude a timely review, the Chair of CAPTE will refer the complaint to the Central Panel, which will consider the complaint and promptly communicate its recommendation to the full Commission for disposition by mail/e-mail ballot or by conference call, as determined by the Chair.

12.5 Resolution of Complaint

- (a) Except in cases of complaints against staff, the Central Panel shall serve as reviewers of the complaint and shall recommend an action to CAPTE. CAPTE shall consider the changes sought by the complainant and will act on the complaint to:
 - (1) make such changes as are warranted by the evidence before it; or
 - (2) dismiss the complaint.
- (b) In cases of complaints against staff, the Central Panel and the public member from the appropriate review panel shall serve as reviewers of the complaint and shall act on the complaint to:
 - (1) make such changes as are warranted by the evidence before it; or
 - (2) dismiss the complaint.

12.6 Notification of Decision

CAPTE will notify the complainant of its disposition of the complaint within thirty (30) days of making its decision.

PART 13
PROCEDURES FOR RECONSIDERATION OF ADVERSE ACTIONS

(Adopted 4/02. Revised 10/05, 10/06, 10/08, 4/10, 11/10, 4/11, 5/12, 8/12, 9/12, 11/13, 11/14, 4/15, 11/16, 5/18, 1/21)

SUB-PART 13A -- GENERAL INFORMATION

13.1 Scope of Rules

- (a) The following rules set forth the practices and procedures to be followed by education institutions seeking reconsideration of adverse actions taken by the Commission on Accreditation in Physical Therapy Education ("Commission" or "CAPTE"). They shall be construed to secure the just and least expensive determination of every proceeding while fully protecting the rights of all parties involved therein.
- (b) The actions covered by these Rules are
 - (1) Deny Candidate for Accreditation
 - (2) Withdraw Candidate for Accreditation
 - (3) Withhold Accreditation
 - (4) Withdraw Accreditation
- (c) Placing a program on Probationary Accreditation and shortening an accreditation cycle are not defined as adverse actions, since programs may address those actions through Compliance Reports. Likewise, actions to withhold approval of substantive changes are not defined as adverse, since programs may reapply for approval. Therefore, these decisions are not subject to reconsideration as described in this Part or Appeal as described in Part 14.

13.2 Notice of Adverse Action

- (a) Deny Candidate for Accreditation
Official notification of an action to deny candidate for accreditation shall be sent by registered or certified mail, return receipt requested, or by another delivery service that can track receipt of the letter, to the chief administrative officer of the institution, the administrator to whom the program director reports, and the program director affected by the decision. The notification shall (a) advise the institution of the options available to either 1) cease the implementation of the program, 2) reapply at a later date, or 3) postpone admission of the first class, if appropriate, and seek reconsideration of the decision, and (b) provide the institution with a copy of these Rules of Procedure for the Reconsideration of Adverse Candidate for Accreditation Status Actions.
- (b) Withdraw Candidate for Accreditation
Official notification of an action to withdraw candidate for accreditation shall be sent by registered or certified mail, return receipt requested, or another delivery service that can track receipt of the letter, to the chief administrative officer of the institution, the administrator to whom the program director reports, and the program director affected by the decision. The notification shall (a) advise the institution of the options available to either 1) cease the implementation of the program, 2) reapply for candidacy at a later date, or 3) suspend classes and seek reconsideration of the action and (b) provide the institution with a copy of these Rules of Procedure for the Reconsideration of Adverse Actions.
- (c) Withhold Accreditation
Official notification of an accreditation status action in which accreditation is withheld shall be sent by registered or certified mail (return receipt requested), or by another service that can track delivery, to the chief executive officer of the institution, the administrator to whom the program director reports, and the program director affected by the action. The notification shall (a) advise the institution that it has the right to seek reconsideration of the action, and (b) provide the institution with a copy of these Rules of Procedure for the Reconsideration of Adverse Actions.

- (d) **Withdraw Accreditation**
Official notification of an accreditation status action in which accreditation is withheld shall be sent by registered or certified mail (return receipt requested), or by another service that can track delivery, to the chief executive officer of the institution, the administrator to whom the program director reports, and the program director affected by the action. The notification shall (a) advise the institution that it has the right to seek reconsideration of the action, and (b) provide the institution with a copy of these Rules of Procedure for the Reconsideration of Adverse Actions.

13.3 Effective Date of Action

- (a) **Deny Candidate for Accreditation**
The action of CAPTE to deny candidate status shall become effective on the date of CAPTE action. If the institution seeks reconsideration and/or an appeal of the decision, the action will be set aside until a final decision is rendered on the reconsideration or appeal.
- (b) **Withdraw Candidate for Accreditation**
An action to withdraw candidate status shall become effective forty-five (45) days following the date of the CAPTE action, or fifteen (15) days following the institution's receipt of notification of the action, whichever is later. If the institution seeks reconsideration and/or an appeal of the action, the action to withdraw candidate status will be set aside and the program's status will remain Candidate for Accreditation until a final decision is rendered on reconsideration or appeal.
- (c) **Withhold Accreditation**
An action to withhold accreditation shall become effective forty-five (45) days following the date of the CAPTE action, or fifteen (15) days after the date on which the official notification on the action is received by the institution, whichever is later, unless the program seeks reconsideration of the action, in which case the accreditation status decision shall not become effective until the date upon which a final decision is rendered on reconsideration or appeal. If accreditation is withheld, the program's status continues to be Candidate for Accreditation.
- (d) **Withdraw Accreditation**
An action to withdraw accreditation shall become effective forty-five (45) days following the date of the CAPTE action, or fifteen (15) days after the date on which the official notification on the action is received by the institution, whichever is later, unless the institution seeks reconsideration of the action, in which case the accreditation status decision shall not become effective until the date upon which a final decision is rendered on reconsideration or appeal.

13.4 Status of Enrolled Students

- (a) **Action to Deny Candidate for Accreditation**
There should be no students enrolled in the professional/technical phase of a developing program at the time of a candidacy decision. Therefore, students have no specific status related to the accreditation process.
- (b) **Withdraw Candidate for Accreditation**
Should CAPTE act to withdraw candidacy at any time while students are enrolled, the program is expected to suspend classes until that action becomes final.
- (c) **Withhold Accreditation**
Should a program have its accreditation withheld, students in the charter class will not be considered to be graduates of an accredited program unless the decision is reversed on reconsideration or appeal [See Part 14] and CAPTE determines that the decision is to be retroactive to include the charter class of students. CAPTE reserves the right to choose not to make the decision retroactive to include the charter class in cases where there is serious concern about the academic preparation and/or clinical competence of the graduates. In such cases, if the decision is reversed on reconsideration or appeal, students in subsequent classes will be considered graduates of an accredited program.

(d) **Withdraw Accreditation**

Should a program have its accreditation withdrawn at any time while students are enrolled, only those students in the final year (twelve months) of the program will be considered to be graduates of an accredited program. Those students must successfully complete the program within the original time frame scheduled for their graduation to be considered graduates of the program during its period (cycle) of accredited status. If the institution seeks reconsideration of the decision, the accreditation status decision shall not become effective until the date upon which a final decision is rendered on the reconsideration. If the reconsideration does not result in reversal of the adverse decision and the institution elects to appeal the decision, the effective date will remain the date established by the reconsideration decision.

SUB-PART 13B -- REQUEST FOR RECONSIDERATION

13.5 Purpose of Reconsideration

A request for reconsideration asks CAPTE to conduct its own review of its adverse status decision for the purpose of determining whether it 1) committed any error or made any oversight or omission in its decision-making process or 2) whether matters have arisen since CAPTE's decision that require relief from the Commission's original decision. By way of contrast, an appeal (Part 14) calls upon a special Appeal Panel to review the decision of CAPTE. A request for reconsideration must be made and acted upon before an appeal can be filed.

13.6 Filing of Request for Reconsideration

- (a) Within fourteen (14) calendar days after receipt of the official notification of the adverse status decision, the chief executive officer of the institution may file a Request for Reconsideration of the decision.
- (b) The request for reconsideration shall be made in writing and addressed to the Chair of CAPTE at the American Physical Therapy Association, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085.
- (c) If a request for reconsideration is not filed within the allotted time period, the institution will have lost its right to reconsideration and subsequent appeal.

13.7 Status of the Program during the Reconsideration Process

- (a) **Action to Deny Candidate for Accreditation**
Following an action to deny candidacy, the program will continue to be listed as a developing program that has submitted an application for candidacy until such time as the program is granted candidacy or the action to deny candidacy is final.
- (b) **Action to Withdraw Candidate for Accreditation Status**
Receipt of the request for reconsideration by the Accreditation staff will result in setting aside the action to withdraw (leaving the status of Candidate for Accreditation intact) until the reconsideration is conducted and a decision on reconsideration is made.
- (c) **Action to Withhold Accreditation**
Receipt of the request for reconsideration by the Accreditation staff will result in setting aside the action to withhold (leaving the status of the program as Candidate for Accreditation) until the reconsideration is conducted and a decision on reconsideration is made.
- (d) **Action to Withdraw Accreditation**
Receipt of the request for reconsideration by the Accreditation staff will result in setting aside the action to withdraw (leaving the program's accredited status intact) until the reconsideration is conducted and a decision on reconsideration is made.

13.8 Contents of Request for Reconsideration

The Request for Reconsideration shall include the following information:

- (a) A concise statement of the institution's reasons for seeking a reversal or modification of CAPTE's decision.
- (b) A request that the reconsideration decision be placed on CAPTE's next regularly scheduled meeting in the spring or fall or, if appropriate, a request that the reconsideration be expedited. [See Part §13.14].
- (c) Should the institution also desire the opportunity to present oral testimony or argument in support of reconsideration, it shall submit a request for an oral hearing at the same time it submits its Request for Reconsideration. Failure to request the oral hearing will be interpreted to mean that CAPTE will conduct the reconsideration on the basis of submitted documentation only.

13.9 Granting of Reconsideration

- (a) Requests for reconsideration of adverse decisions will be granted automatically as will the request for a hearing. The reconsideration will be based on CAPTE's review of the institution's Reconsideration Support Statement (see §13.10, below) and any information provided at the oral hearing requested by the institution.
- (b) An invoice for the reconsideration fee will be included along with confirmation of the granting of reconsideration. [See Part 16 for the current fee for a reconsideration.] The reconsideration fee shall be submitted with the Reconsideration Support Statement. The reconsideration will not occur unless the fee has been paid.

13.10 Reconsideration Support Statement and Supplementary Documentation

- (a) Not later than thirty (30) calendar days prior to the CAPTE meeting at which the program's status will be reconsidered, the institution shall submit to the Accreditation staff one (1) copy of a Reconsideration Support Statement in electronic format (i.e., flash drive). This statement shall discuss in detail the matters outlined in the Request for Reconsideration. The statement shall be accompanied by any documents, also in electronic format, that the institution relies upon to support reconsideration.
- (b) If a Reconsideration Support Statement is not filed within this time period, the institution will have lost its right to reconsideration and subsequent appeal, unless the institution has formally requested an extension of the deadline. The maximum extension that will be given is one (1) week.
- (c) If a hearing has been requested, the Reconsideration Support Statement must be accompanied by a list of the names and titles of all persons who will offer testimony or argument, which may not include consultants to the program.

SUB-PART 13C – RECONSIDERATION PROCEDURES

13.11 Reconsideration Hearing Panel Composition

The Reconsideration Hearing Panel shall be composed of seven Commissioners (two representatives from each panel and one public member) and shall include at least one of the individuals who served as primary or secondary reviewer when the decision being reconsidered was made. All hearing panel members shall be free of conflicts of interest with the program under consideration.

13.12 Reconsideration Hearing Procedures

- (a) At the hearing on reconsideration, the institution has the burden of presenting evidence that proves that CAPTE's decision was erroneous or materially deficient or that there has been a change in facts or circumstances that requires CAPTE's decision be altered. To this end, the institution may present

oral testimony and limited documentary evidence and make any arguments that it believes substantiates its case.

- (b) An institution that desires testimony from the Candidacy Reviewer(s) or member(s) of the on-site team must so advise the Accreditation staff at the time it files its Reconsideration Support Statement. All reasonable expenses incurred by witnesses attending the hearing shall be borne by the party requesting their presence.
- (c) The hearing shall commence with an opening statement by the Chair of the Commission, or a designee, that briefly describes the parties and the issues involved in the reconsideration, and summarizes the procedures to be followed at the hearing. The representatives of the institution, which may include legal counsel, may then make an opening statement following which the institution's witnesses shall be called. Any member of the reconsideration panel may cross-examine any of the institution's witnesses. After all of the witness testimony has been presented, the institution's representative may make a closing argument. The hearing record shall then be closed and the hearing adjourned. Normally, the hearing will last no longer than ninety minutes.
- (d) The hearing shall be conducted so as to bring out all relevant facts. The rules of evidence shall not be strictly applied, but the Hearing Chair shall exclude irrelevant, repetitious, or frivolous materials and testimony.
- (e) For withhold initial accreditation and withdraw accreditation decisions, a transcript of the reconsideration hearing shall be made and placed in the record of the proceeding. A copy will be provided to the institution. The costs of such a transcript shall be shared equally between CAPTE and the institution that requested reconsideration.

13.13 Decision on Reconsideration

- (a) As soon as practicable after the close of the hearing, or, if there is no hearing, after the review of the Reconsideration Support Statement, CAPTE shall act to uphold/affirm, modify, or reverse its original action. The Commission may also take any other action that it believes is just and proper, except that it may not defer action.
- (b) If the Commission changes its original status decision, it shall grant or continue candidate for accreditation status or place the program in one of the accreditation classifications as appropriate.
- (c) The chief executive officer of the institution, the administrator to whom the program director reports, and the program director shall promptly be notified in writing of CAPTE's decision on reconsideration.
- (d) When the previous decision to deny candidacy is upheld upon reconsideration, the institution may appeal that decision as outlined in Part 14.
- (e) The effective date of a decision that reverses the previous adverse decision shall be the last day of the CAPTE meeting at which the hearing took place. The effective date of a decision that upholds the previous adverse decision shall be fifteen (15) days after receipt of the official notification of the decision.

13.14 Expedited Reconsideration

- (a) Granting of Expedited Reconsideration
 - (1) A request for expedited reconsideration of an action to withhold accreditation submitted within fourteen (14) calendar days after receipt of the official notification will be granted automatically. The automatic granting of a request for expedited reconsideration signifies that CAPTE understands the importance of a timely decision. An expedited reconsideration consists of a visit to the program.

- (2) Because the Reconsideration Support Statement is submitted after the request for an expedited process, granting the expedited process does not imply that CAPTE has made any judgment about the merits of the evidence that may be provided in the program's Reconsideration Support Statement.
- (b) Expedited Reconsideration Visit
- (1) The expedited reconsideration visit will typically be a one- or two-day on-site assessment of conditions by a duly constituted team. The expedited reconsideration team will be appointed by the Chair of CAPTE upon recommendation from staff, will consist of three members of the Commission, including at least one reviewer of the program, and will be accompanied by a staff member. As a sub-group of CAPTE, the expedited review team is authorized to act on CAPTE's behalf.
 - (2) The Accreditation staff shall establish with the institution and CAPTE mutually acceptable dates for the expedited reconsideration visit, which shall be no earlier than forty-five (45) days, and no later than one hundred and five (105) days after the program has been officially notified of the adverse decision. The program's receipt of the Summary of Action describing the Commission's findings constitutes official notification.
 - (3) An invoice for the reconsideration visit fee will be provided once the visit date is set. [See Part 16 for the current fee for an expedited reconsideration visit.] The fee will be due no later than 21 days prior to the visit. The visit will not occur unless the fee has been paid.
 - (4) Four (4) electronic copies of the Reconsideration Support Statement are to be submitted to the Accreditation staff no later than twenty-one (21) calendar days prior to the expedited reconsideration visit.
- (c) At CAPTE's sole discretion, based on the circumstances that resulted in the decision to withhold accreditation, the expedited reconsideration may occur by conference call attended by members of CAPTE and representatives of the institution/program. Notice of this option will be provided to affected programs when they are notified of the decision to deny; otherwise, the option is not available. [See Part 16 for the fee to conduct an expedited reconsideration by conference call.]
- (d) The institution and program will be provided official written notification of the Commission's decision within fourteen (14) calendar days of the expedited reconsideration.
- (e) The effective date of an expedited reconsideration decision that reverses the previous adverse decision shall be the last day of the visit. The effective date of an expedited reconsideration decision that upholds the previous adverse decision shall be fifteen (15) days after receipt of the official notification of the decision.

PART 14
PROCEDURES FOR APPEAL OF RECONSIDERATION DECISIONS THAT UPHOLD PREVIOUS
ADVERSE ACTIONS OR OF DECISIONS ON FORMAL COMPLAINTS

(Adopted 4/02, revised 6/06; 1/08, 4/09, 4/10, 11/11, 9/12, 4/13, 11/14, 4/15, 10/17, 5/18, 10/18, 4/20)

SUBPART 14A -- GENERAL INFORMATION

14.1 Scope of Rules

The following rules set forth the practices and procedures to be followed by higher education institutions seeking to appeal adverse reconsideration decisions or adverse sanctions imposed following review of formal complaints.

14.2 Notice of Decision

Official notification of each reconsidered accreditation status decision in which a previous adverse decision is upheld or an adverse sanction is imposed shall be sent by registered or certified mail (return receipt requested), or by another service that can track delivery, to the chief executive officer of the institution, and the director of the program affected by the decision. The notice shall (a) advise the program that it has the right to appeal the decision, (b) include an effective date of the decision that allows sufficient time to seek an appeal before the decision is final, and (c) provide the institution with a copy of these Rules of Procedure for Appeal.

14.3 Status of Enrolled Students

(a) Decision to Withhold Accreditation

Should a program have its initial accreditation withheld on reconsideration, students in the program will be considered to be graduates of an accredited program. No new students can be enrolled. Enrolled is defined as students who have started at least one course in the professional/technical curriculum.

(b) Decision to Withdraw Accreditation

Should a program have its accreditation withdrawn on reconsideration while students are enrolled, students in the program will be considered to be graduates of an accredited program. No new students can be enrolled. Enrolled is defined as students who have started at least one course in the professional/technical curriculum.

(c) Decision to Withdraw Candidacy

Should a program have candidacy status withdrawn on reconsideration while students are enrolled, students will be considered to be enrolled in a candidate program and the program must either:
(1) provide a teach-out plan for review and approval by CAPTE, or (2) graduate all students currently in the program and accept no new students.

14.4 Mailing Procedures

Notices of appeal and all documents and correspondence pertaining thereto shall be sent electronically. A copy will also be sent to the program director by registered or certified mail with return receipt requested, or by another service that can track delivery.

SUB-PART 14B – APPEAL PROCEDURES

14.5 Notice of Intent to Appeal

- (a) Institutions that seek to appeal an adverse action on reconsideration or a sanction following a formal complaint must, within fourteen (14) calendar days following receipt of the decision, notify the

President of the American Physical Therapy Association (APTA) in writing that it is appealing CAPTE's decision. This Notice of Intent to Appeal shall be sent via email to the Director of Accreditation.

- (b) Receipt of the Notice of Intent to Appeal will stay the adverse decision, leaving the accreditation status of the program in place until the final disposition of the appeal.
- (c) The Notice of Intent to Appeal shall set out in concise fashion the grounds for appeal that the institution plans to present to the Appeal Panel.
- (d) If a Notice of Intent to Appeal is not filed within the fourteen (14) calendar days' time period, the institution and program will have forfeited the right to appeal and the adverse decision will become final.

14.6 Statement on Appeal

- (a) Within thirty (30) calendar days following the filing of its Notice of Intent to Appeal, the institution shall submit a Statement of Appeal via email to the Director of Accreditation, who shall inform the Chair of CAPTE that the appeal has been submitted. This statement shall set out in detail all of the arguments which the institution believes warrants reversal or modification of CAPTE's decision.
- (b) CAPTE may submit a response to the program's Statement of Appeal and to any supplementary information submitted by the program. CAPTE's response must be submitted to the Director of Accreditation and the program no later than thirty (30) calendar days after receiving the Statement of Appeal.

14.7 Standard of Review of Appeal

- (a) On appeal, the institution has the burden of proving that CAPTE's status decision was
 - (1) not supported by substantial evidence on the record,
 - (2) otherwise arbitrary and capricious,
 - (3) an abuse of the Commission's discretion, or
 - (4) directly attributable to a failure of the agency to follow its published *Rules of Practice and Procedure*.
- (b) Except as provided for in §14.9(b)(11), the appeal must be based solely on information before CAPTE at the time of the reconsideration decision being appealed; no additional information may be added to the record as part of the appeal.

14.8 Selection of an Appeal Panel

- (a) Accreditation staff shall maintain a list of individuals, drawn from the Cadre of On-site Reviewers and from previous members of CAPTE, who are qualified to serve on an Appeal Panel as needed. The list shall consist of persons who have a working knowledge about and experience with CAPTE's standards used in accreditation and shall be subject to CAPTE's conflict of interest policies (as outlined in Part 4).
- (b) Upon receipt of the Notice of Intent to Appeal, staff will develop a list, drawn from the list of qualified individuals, of those individuals who are eligible to be appointed to an Appeal Panel for the specific program seeking appeal.
 - (1) The list will include only those individuals who are 1) not previous members of CAPTE who participated in making the adverse decision and 2) not in conflict with the appellant program. Staff will determine this by reviewing existing conflict of interest information in the Accreditation database.
 - (2) Staff will also confirm that the public members included in the list of qualified individuals continue to meet the definition of a public member as described in §3.2(b) prior to including them on the list of individuals eligible to serve on the Appeal Panel.

- (c) The names of all eligible individuals shall be forwarded to the administrator to whom the program director reports, chief administrative officer of the institution, and program director within thirty (30) calendar days following receipt of the Notice of Intent to Appeal. If the institution believes that anyone on the list does not meet the qualifications set out in 14.8(a) or suffers from a conflict of interest with the program, the institution may declare that individual to be in conflict of interest by notifying the Accreditation staff of the conflict in writing within fourteen (14) calendar days of receiving the list of eligible individuals.
- (d) The Chair of CAPTE, in collaboration with the Director of Accreditation, shall appoint a four member Appeal Panel, chosen from the list of eligible individuals that remain after the institution has declared any existing conflicts of interest. The appointed Appeal Panel must include an educator, a practitioner, a non-physical therapist, and a public member. One of the appointees shall be designated as Chair of the Appeals Panel.
- (e) Once appointed, the names, academic and professional qualifications shall be provided to the institution.

14.9 Appeal Panel Procedures

- (a) Once appointed, the members of the Appeals Panel shall receive from the Accreditation staff copies of the complete record of the accreditation proceedings involving the appellant institution. All sessions in which the Appeal Panel meets to organize its work will be conducted in executive session.
- (b) For appeals of adverse decisions upheld on reconsideration, the record shall include the following when applicable to the appeal:
 - (1) Correspondence between CAPTE and the appellant institution
 - (2) Self-study Report or Application for Candidacy
 - (3) Visit Report or Candidacy Visit Report
 - (4) Institution Response to Visit Report or Candidacy Visit Report
 - (5) Summaries of Action of all CAPTE actions on the program
 - (6) Any Compliance Reports submitted by the program
 - (7) On-site reviewers' responses to Compliance Reports
 - (8) The Statement in Support of Reconsideration and Supplementary Documentation
 - (9) Transcript from Reconsideration Hearing
 - (10) Statement on Appeal
 - (11) CAPTE's response to Statement of Appeal
 - (12) New financial information, only if all of the following conditions are met:
 - (i) The only remaining citation in support of a final adverse decision is the institution's or program's failure to meet the element pertaining to finances;
 - (ii) The financial information was unavailable to the institution or program until after the decision subject to appeal was made; and
 - (iii) The financial information is significant and bears materially on the financial deficiencies identified. The criteria of significance and materiality will be determined by CAPTE.
 - (iv) Review of new financial information is not subject to additional appeal.
- (c) For appeals of sanctions issued as the result of formal complaints, the record shall include the following as applicable to the case:
 - (1) All correspondence between the complainant, the institution and CAPTE, including, but not limited to, Notice of Intent to Appeal
 - (2) The formal complaint
 - (3) The institution's response
 - (4) The complainant's comments
 - (5) The institution's rebuttal
 - (6) All additional material requested by CAPTE, if any
 - (7) The Commission's written decision
 - (8) Statement of Appeal
 - (9) CAPTE's response to the Statement of Appeal

- (d) A list of all materials that comprise the complete record as well as the actual materials shall be provided to the appellant institution.
- (e) On behalf of the Chair of the Appeal Panel, staff shall distribute a copy of the complete record to each member of the Appeal Panel.
- (f) The Appeal Panel Chair shall establish the date, time, and location of the hearing and shall so notify the institution and CAPTE in writing at least thirty (30) calendar days prior to the hearing date. The hearing shall be held within ninety (90) calendar days after the panel is appointed.
- (g) Prior to the Appeal Hearing, members of the appointed Appeal Panel will be trained by APTA legal counsel. Topics of training shall include the appeals process, the relevant standards, policies and procedures, and the decision options available to the Appeal Panel.

14.10 Appeal Hearing Procedures

- (a) The Appeal Hearing shall commence with an opening statement by the Chair of the Appeal Panel which describes the issues raised on appeal, the applicable standard of review, and the procedures to be followed at the hearing. A verbatim transcript of the hearing will be made.
- (b) The appellant institution's representatives, which may include legal counsel, shall then offer oral argument in support of the appeal not to exceed forty (40) minutes. The argument shall make reference to any facts in the record, or the lack thereof, which demonstrate that CAPTE's decision was not supported by substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to a failure to follow published procedures.
- (c) Any member of the Appeal Panel may question the representative(s) of the institution at any time during or after the oral argument.
- (d) No new information, (i.e., information that was not before CAPTE at the time they made the decision) will be considered by the Appeal Panel. During the presentation by the appellant, the Appeal Panel is responsible for seeking assurance that no new information is introduced.
- (e) After the Appeal Panel has concluded its questioning, the institution's and CAPTE's representative may make brief closing arguments. Following the questioning and closing argument, the hearing shall be adjourned.

14.11 Appeal Decisions

- (a) The Appeal Panel may affirm, amend, or remand the adverse decision under appeal and render its decision within thirty (30) calendar days of the hearing's adjournment.
- (b) If the Appeal Panel upholds CAPTE's decision, the Panel decision shall be final and shall not be subject to further appeal. In such case, this decision shall be submitted within fourteen (14) calendar days after the hearing by the Chair of the Appeal Panel to the institution and Chair of CAPTE. The Chair of CAPTE will submit the decision to the full Commission of CAPTE and accreditation staff.
- (c) If the Appeal Panel amends, reverses, or remands CAPTE's decision, the Appeal Panel shall expressly state the basis for its conclusion that CAPTE's decision was not predicated upon substantial evidence on the record, was otherwise arbitrary and capricious, was an abuse of its discretion, or was directly attributable to CAPTE's failure to follow its published procedures. In such case, the decision shall be sent to CAPTE for final action. The Chair of the Appeal Panel shall in turn notify the institution that the decision has been sent to CAPTE for final action.
- (d) Upon receipt of the Appeal Panel's decision to amend, reverse or remand the adverse decision, CAPTE shall issue a Summary of Action that implements the Appeal Panel's decision. CAPTE's

action, which shall typically occur at its next regularly scheduled meeting or as directed by the Appeal Panel, shall constitute final action in the matter.

14.12 Expenses of Appeal

- (a) Expenses to be borne exclusively by the appellant institution
 - (1) All expenses incurred in the development and presentation of its appeal, including the cost to CAPTE for duplication of any program records requested by the institution.
 - (2) All reasonable expenses of any witness who attends the hearing at the request of the appellant institution.
- (b) Expenses to be borne exclusively by CAPTE
 - (1) All expenses involved in the selection of the Appeal Panel and arrangements for the location of the hearing.
 - (2) All reasonable expenses of any witnesses who attend the hearing at the request of CAPTE.
- (c) Expenses to be shared equally by the appellant institution and CAPTE
 - (1) All reasonable expenses of the Appeal Panel members directly associated with the hearing (e.g., travel, meals, and lodging)
 - (2) All expenses involved in providing the Appeal Panel with copies of the official records related to the decision under appeal.
 - (3) All reasonable expenses of any witnesses who attend the hearing at the request of the Appeal Panel
 - (4) Cost of producing the verbatim transcript.

PART 15
FINANCIAL POLICIES AND PRACTICES
(Adopted 11/14; Revised 4/15, 5/16, 11/16, 10/17, 4/20, 7/20, 1/22)

15.1 Revenue

- (a) Fees paid by accredited and developing programs are the primary source of revenue that supports the activities of CAPTE and the Accreditation staff. Fees are described in Part 16.
- (b) Review of Fees
 - (1) All fees are reviewed annually at CAPTE's spring meeting in preparation for development of the next year's budget and determination of future annual accreditation fees.
 - (2) Notice of annual fees is provided to programs at least two (2) years in advance. Notice of other fee increases is provided at the time that they are implemented.
 - (3) CAPTE reserves the right to alter previously set annual fees if circumstances warrant a change. If a change is made, programs will be notified as early as possible, but no later than six months in advance. If annual fees are increased, the notification to programs will include justification for the change.

15.2 Expenses

- (a) Travel and per diem
 - (1) On-site reviewers, CAPTE members and staff will follow APTA travel and per diem policies, which are provided to travelers when assignments are made
 - (2) Rental cars for on-site visits must be pre-approved by staff
 - (3) Travel "exceptions" must be pre-approved by staff
 - (i) extra days for travel purposes
 - (ii) extra days for personal purposes
- (b) Honoraria

	<u>Current</u>
(1) Candidacy Reviewers	\$650/visit
(2) On-site Visitors	
(i) Team Leaders	\$250/day
(ii) Team Leaders with trainee	\$275/day
(iii) Team Members	\$200/day
(iv) Trainees	\$150/day
(v) Follow-up Focused Visit following Virtual Visit, either Onsite or Virtual	\$200/day
(3) CAPTE	
(i) CAPTE members will be paid an annual honorarium which may be differentiated by CAPTE panel position. Payment shall be prorated in quarterly installments for each quarter of CAPTE panel service. The honorarium will be prorated per the amount of time the member completes CAPTE commissioner duties in their final quarter of service to CAPTE. The effective date of change to an annual honorarium for CAPTE members is January 1, 2022. APTA will follow all IRS obligations and report the annual honorarium to the IRS as taxable income to the recipients.	
(ii) The annual honorarium for each member of CAPTE	
i. Central Panel	\$3500 per member
ii. PT Panel	\$2000 per member
iii. PTA Panel	\$2000 per member
(4) Visits to Programs (focused, reconsideration, etc)	
	\$200 per day
(5) Other (DPW, SSW, training, hearings, appeals, etc)	
	\$200 per day

(c) **Virtual Reaffirmation Visits and CAPTE Meetings**

(1) Each on-site reviewer conducting a virtual visit and each CAPTE commissioners participating in a CAPTE scheduled virtual meeting will be given a \$100 gift card in lieu of an on-site per diem

15.3 Budget Process

- (a) At its spring meeting, the Central Panel considers what activities, in addition to those that must occur, might be included in the next year's budget.
- (b) Based on that information, staff prepares a preliminary budget.
- (c) The formal proposed budget is prepared and submitted to APTA, using the guidelines promulgated by the APTA Finance Department.

15.4 Other Financial Policies

- (a) CAPTE/APTA Memorandum of Agreement

The provisions of the current Memorandum of Agreement with APTA related to finances define the parameters of CAPTE's authority for the deployment of financial resources in service of its accreditation mission.

- (b) Waiver of Annual Fees

At the discretion of staff, annual fees may be waived in highly unusual circumstances, such as in the aftermath of a natural disaster affecting the program. Such waivers will be considered annually and will ordinarily not extend beyond two (2) years.

PART 16 FEES

(Adopted 10/99. Revised 10/02, 4/03, 4/06, 10/06, 4/07, 10/08, 4/09, 10/09, 4/10, 11/10, 4/11, 11/11, 5/12, 4/13, 11/13, 4/14, 11/14, 4/15, 11/15, 5/16, 10/17, 5/18, 10/18, 4/19, 7/20, 1/22)

16.1 Pre-accreditation/Initial Accreditation Fees

- (a) The fee for the pre-accreditation process is \$20,000 and is billed in three installments:
 - (1) The **\$2,500 AFC Review Fee** is billed when the Application for Candidacy materials are made available to the program director. The fee is due fifteen (15) calendar days prior to submission of the Application for Candidacy. The fee is non-refundable. Delay in submission of the fee will result in delay of the review process to the next available Candidacy cycle. The fee covers the cost of the review to determine that the Application for Candidacy is eligible for further review. Should the Application for Candidacy be determined not to be eligible for further review, a new AFC review fee is required upon resubmission at a later date.
 - (2) The **\$12,500 Pre-accreditation Fee** is billed upon receipt of the Application for Candidacy and is due within twenty one (21) calendar days following submission of the Application (after the Application has been determined to be eligible for further review). Once submitted, the fee is non-refundable. Delay in submission of the fee will result in delay of the candidacy visit and will therefore result in delay of the review process to the next available candidacy cycle.
 - (3) The **\$5,000 Initial Accreditation Fee** billed when the Self-study Report materials are made available to the program director. The fee is due at the same time the Self-study Report is submitted by the program, but may be submitted prior to that. The fee is non-refundable after submission of the Self-study Report. Delay in submission of the fee will result in delay of the on-site visit and delay of the accreditation decision to the next CAPTE meeting. The fee covers the cost of all activities related to the initial accreditation process, including the costs of the on-site visit.
- (b) The above fees are subject to change; therefore, programs will be held to new fee structure and amount for any review cycle that occurs after the fee changes are approved.

16.2 Annual Fees for Accredited Programs

- (a) All accredited programs are subject to annual accreditation fees as follows:
 - (1) 100% of the annual fee is charged to the first or only program offered by an institution; the fee covers one cohort of students. If the program admits multiple cohorts of students per year, including expansion cohorts, 60% of the annual fee is charged for each additional cohort. Cohorts that are not started annually will still be charged the annual fee.
 - (2) 100% of the annual fee is charged for each additional program that is separately accredited: the fee covers one cohort of students. If the program admits multiple cohorts of students per year, 60% of the annual fee is charged for each additional cohort. Cohorts that are not started annually will still be charged the annual fee.
- (b) Annual fees cover the cost of on-site visits for reaffirmation of accreditation. There is no additional charge to programs for the on-site visit.
- (c) Projected annual fees for accredited programs are as follows:

CY 2018 (billed during AY 2017-2018)	\$4,250
CY 2019 (billed during AY 2018-2019)	\$4,250
CY 2020 (billed during AY 2019-2020)	\$4,500
CY 2021 (billed during AY 2020-2021)	\$4,500
CY 2022 (billed during AY 2021-2022)	\$4,500
CY 2023 (billed during AY 2022-2023)	\$4,750
- (d) Fees for a given calendar year are billed in the previous August, are due December 1 and are considered late on January 1. Invoices are sent to all programs expected to be accredited on January

1 of each year. Failure to submit the annual fee in a timely manner will trigger the Administrative Probation process [see Part 10] and may lead to withdrawal of accreditation.

- (e) When accreditation is granted to a new program or accreditation status is expanded to include additional offering(s) at the Spring meeting, one-half of the annual fee for that year will be billed. If accreditation is granted or expanded at the Fall meeting, the full annual fee for the following year will be billed.
- (f) Changes to annual fees for accredited programs can only be adopted at the fall CAPTE meeting for implementation in the next academic year in order to allow programs time for budget planning.

16.3 Fee for Review of Application for Approval of Substantive Change

- (a) The fee for review of an Application for Approval of Substantive Change is two-thirds of the annual fee and is billed approximately thirty (30) days prior to the date the AASC is due. The fee is non-refundable. Failure to remit the fee in a timely manner will delay review of the document by CAPTE.
- (b) The fee for review of a resubmitted AASC if the AASC is resubmitted for review at the next CAPTE meeting is one-third of the annual fee. Resubmissions after that are considered to be new and, therefore, are subject to the fee described above.

16.4 Fees for Focused Visits

The fee for conducting a focused visit is based on the number of individuals who make the visit and the length of the visit. For on-site focused visit, the fee is calculated at \$2,600 per person making the visit for the first day and \$600 per person making the visit for each additional day. If focused visit team members include people other than staff, an additional \$150 per additional team member per day is added. For a virtual focused visit, the only fee is \$200 per day, per person.

16.5 Fees for Reconsideration of an Adverse Decision

- (a) The fee for a reconsideration hearing is \$4,000.
- (b) The fee for conducting an expedited reconsideration visit at the request of the program is \$8,000.
- (c) The fee for conducting an expedited reconsideration by conference call is \$1,000.

16.6 Fee for Self-study Workshops Provided by Staff at the Program

The fee for staff to provide a self-study workshop at a program is calculated at \$2,600 per staff member for the first day and \$600 per staff member for each additional day. If staff are unable to attend and Commissioners conduct the workshop, an additional \$150 per Commissioner per day is added.

16.7 Fee for Workshop Attendance by Program

- (a) The fee for attending a workshop will be \$150 for each person (starting in 2020). A corporate rate for 3 or more is \$100 for each person. Registration fee is waived for On-site Reviewers who have conducted at least one visit within the past two years and current Commissioners.
- (b) The fee for attending a virtual workshop will be \$50 per person (starting September, 2021).

16.8 Sanction Fees

- (a) When Accreditation staff learn of a program's failure to provide notification of changes as described in Part 9, the program will be assessed a fee of \$500 as a sanction for such failure.

- (b) CAPTE also reserves the right to assess a fee as a sanction for breach of academic integrity. The amount of the fee will be dependent on the gravity of the breach of integrity, but in no case will it be greater than twice the current annual fee.

16.9 Special Fees

CAPTE reserves the right to assess special fees for specific projects to enhance the accreditation process. In such cases, all programs will be notified of the fee to be assessed at least one (1) year in advance.

16.10 Research and Development Administrative Fee

The fee for staff to provide aggregate data or analysis of aggregate data is calculated at \$35 for each hour to be billed at the completion of the requested project.