FINAL ANALYSIS AND RECOMMENDATION FOR CAPTE Meeting Date: 02/28/2023

Type of Submission:
Renewal Petition

Criteria: 602.10(a-b)
Description of Criteria

The agency must demonstrate that—

(a) If the agency accredits institutions of higher education, its accreditation is a required element in enabling at least one of those institutions to establish eligibility to participate in HEA programs. If, pursuant to 34 CFR 600.11(b), an agency accredits one or more institutions that participate in HEA programs and that could designate the agency as its link to HEA programs, the agency satisfies this requirement, even if the institution currently designates another institutional accrediting agency as its Federal link; or
(b) If the agency accredits institutions of higher education or higher education programs, or both, its accreditation is a required element in enabling at least one of those entities to establish eligibility to participate in non-HEA Federal programs.

Narrative:
The Commission on Accreditation in Physical Therapy Education (CAPTE) accredits physical therapy educational programs, which is a required element in enabling at least one of these entities to establish eligibility to participate in non-HEA Federal programs. CAPTE is eligible for recognition by the Secretary under clause (b) of this section. CAPTE accreditation is required for students to participate in the Scholarships for Disadvantaged Students (SDS) program administered by the Bureau of Health Workforce of the Health Resources and Services Administration (Title VII of the Public Health Service Act). The Scholarships for Disadvantaged Students Program increases diversity in the health professions and nursing workforce by providing awards to schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, graduate programs in behavioral and mental health practice, and physician assistant programs, to provide eligible health profession schools for scholarships to students from disadvantaged backgrounds who have financial need, including students who are members of racial and ethnic minority groups. [EXHIBIT 602.10(b) Section 737 of the Public Health Service Act (42 U.S.C. § 293a)] The Doctor of Physical Therapy is listed under "other health disciplines" as an eligible applicant. [EXHIBIT 602.10(b) Title VII HRSA Application]

Further, the Rehabilitation Long-Term Training program authorized under the Rehabilitation Act and
administered by the Office of Special Education and Rehabilitative Services of the Department of Education also serves to establish a federal link. [EXHIBIT 602.10(b) 85 FR 17548] The Rehabilitation Long-Term Training program provides financial assistance for projects that provide 1) basic or advanced training leading to an academic degree in areas of personnel shortages in rehabilitation as identified by the Secretary; 2) a specified series of courses or program of study leading to the award of a certificate in areas of personnel shortages in rehabilitation as identified by the Secretary; and 3) support for medical residents enrolled in residency training programs in the specialty of physical medicine and rehabilitation. Under V. Application Review Information (b) Nature and scope of curriculum, (v) “if applicable, there is evidence of current professional accreditation by the designated accrediting agency in the professional field in which grant support is being requested.” [EXHIBIT 602.10(b) 85 FR 17548, page 6] Prior to practice, physical therapists must sit for and pass the National Physical Therapy Examination (NPTE) for Physical Therapists and physical therapist assistants must sit for and pass the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants administered by the Federation of State Boards of Physical Therapy. To approve a candidate to sit for the NPTE, at a minimum, jurisdictions will require that the candidate is a graduate of or graduating from a PT or PTA program that meets the accreditation standards of CAPTE or has an education that has been determined to be substantially equivalent by a recognized credentialing agency. [EXHIBIT 602.10(b) FSBPT Eligibility] The FSBPT is a member-driven organization comprised of fifty-three regulatory bodies charged with the regulation of physical therapy in their respective jurisdictions. Member boards have a variety of decision-making and support structures. The boards themselves typically include professionals and public members. The FSBPT is independent from CAPTE and APTA. [EXHIBIT 602.10(b) FSBPT Jurisdiction Licensure Reference Guide]

CAPTE collects data annually on programs’ participation in federal grant programs, including the Scholarships for Disadvantaged Students (SDS) Program. Currently, there are 20 physical therapy programs (DPT) that participate in the Scholarships for Disadvantaged Students (SDS) as physical therapy falls under the other health disciplines category. Currently, there are 4 Doctor of Physical Therapy (DPT) program that participate in the Long-Term Rehabilitation Training Grants program.

CAPTE currently accredits 261 PT programs (262 including one international program), 378 PTA programs, and 25 preaccredited “candidacy” programs throughout the United States, the District of Columbia, and its territories. The agency also recognizes one PT program in the United Kingdom, although this program is outside the scope of the agency’s recognition by the Secretary.

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

Given that the agency seeks recognition as a programmatic accrediting agency, the agency must demonstrate and provide documentation that its accreditation is a required element in enabling at least one of its programs to establish eligibility to participate in non-HEA Federal programs.

Analyst Remarks to Narrative:

The agency submitted information regarding two Federal programs through which it seeks to establish its link. First is the Scholarships for Disadvantaged Students (SDS) program offered through the Health Resources & Services Administration (HRSA) at the Department of Health and Human Services (HHS) (Exhibits 1, 4, and 5). The law providing the authority for the SDS program is Section 737 of the Public Health Services Act (42 USC § 293a). The law specifies that the award is made to an eligible entity defined as ‘a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 296 of this title), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, or allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants...’ 42 USC § 293a(d)(1)(A). However, the statue does not provide information regarding any requirements for institutional or programmatic
accreditation. The agency noted that the scholarship application specifically lists “Doctor of Physical Therapy” as a program establishing eligibility to apply (Exhibit 5, p. 10) which states that “Each institution’s program that is applying for the SDS Program (e.g., pharmacy, baccalaureate nursing, dentistry, etc.) must be accredited by the recognized, major accrediting body for each specific health discipline. If not, the institution must be accredited by the relevant accrediting body recognized by the U.S. Department of Education, prior to submission of the SDS Program application... Applicants must provide proof of accreditation by a recognized body or bodies approved for such purpose by the Secretary of Education” (Exhibit 5, p. 12). Department staff verified through information from HRSA publications that physical therapy programs are included in the list of possible programs for which SDS grants may be granted for the year of the agency’s petition. The agency’s narrative notes that “there are 20 physical therapy programs (DPT) that participate in the Scholarships for Disadvantaged Students (SDS) program as physical therapy falls under the other health disciplines category.” In addition, the agency provided sample documentation of participation in the SDS program (Analyst Exhibit 2 – Notice of Award for SDS). However, Department staff notes that the language in the application does not require programmatic accreditation specifically, as institutional accreditation could be used by the program to establish eligibility. Department staff confirmed with the SDS project officer at HRSA that programmatic accreditation is not required for participation. Therefore, the SDS program cannot serve as the agency’s link to a Federal programs.

The agency also submitted information regarding its accreditation as enabling participation of multiple programs in the Rehabilitation Long-Term Training Program offered through the Office of Special Education and Rehabilitative Services at the Department of Education. According to the agency’s petition, there are 4 Doctor of Physical Therapy (DPT) programs that participate in the Rehabilitation Long-Term Training Program (RLTT). The law providing the authority for the RLTT is the Rehabilitation Act of 1973, as amended (29 USC § 772) with the implementing regulation found at 34 CFR Part 386. Though institutions of higher education are possible recipients of the grant, neither the statute or implementing regulation require programmatic accreditation to establish eligibility. In 34 CFR 386.20(b)(2)(v), the applicable regulation offers that “The Secretary looks for information that shows – if applicable, there is evidence of current professional accreditation by the designated accrediting agency in the professional field in which grant support is being requested.” Department staff notes that the language shows that programmatic accreditation or the lack thereof informs the application but is not a required element. Additionally, though physical therapy is a specifically named possible area in the program for selection by the Secretary for funding, there are no funded projects in physical therapy as the primary focus of recent projects are rehabilitation counseling, mental health and illness, rehabilitation of individuals with low vision and visual impairments, and rehabilitation of individuals who are deaf or hard of hearing (see Exhibit 1). Department staff also confirmed with the RLTT project officer at OSERS that there are not current funded projects in physical therapy. Given there are no funded projects in the Rehabilitation Long-Term Training Program that require CAPTE accreditation to establish program eligibility, it does not appear that this is a valid link to Federal programs.

As neither Federal program offered by the agency can serve as the agency’s link, the agency must provide additional information demonstrating that its accreditation is a required element in enabling at least one of its programs to establish eligibility to participate in non-HEA Federal programs.

List of Document(s) Uploaded by Analyst - Narrative
The Commission on Accreditation in Physical Therapy Education (CAPTE) accredits physical therapy educational programs, which is a required element in enabling at least one of these entities to establish eligibility to participate in non-HEA Federal programs. CAPTE is eligible for recognition by the Secretary under clause (b) of this section. CAPTE accreditation is required for programs to participate in the Research Enhancement Award Program (REAP) program administered by the Department of Health and Human Services with the National Institute of Health as a participating organization. The Research Enhancement Award Program announcement was reissued January 11, 2022, as a PAR-22-60.

The funding opportunity description notes the National Institute of Health's goal is “to stimulate research at educational institutions that provide baccalaureate and/or advanced degrees for a significant number of the Nation's research institutions that have not been major recipients of NIH support.” The NIH annual budget has included funds for this initiative, known as the Academic Research Enhancement Award program, since the 1985 Congressional appropriations. The purpose of the Research Enhancement Award Program (REAP) for Health Professional Schools and Graduate Schools is to support small scale research grants at institutions that do not receive substantial funding from the NIH, with an emphasis on providing biomedical research experiences primarily for health professional, undergraduate and graduate students and enhancing the research environment at applicant institutions. The funding is to “(1) provide support for meritorious research; (2) strengthen the research environment at these institutions; and (3) give health professional, undergraduate and/or graduate students an opportunity to gain significant biomedical research experience through active involvement in the research.”

CAPTE seeks to establish its federal link through the Research Enhancement Award Program, as the funding description states eligible health professional schools/colleges may include schools or colleges of physical therapy and requires that accreditation “be provided by a body approved for such purpose by the Secretary of Education.”

In section 15 of the Annual Accreditation Report, CAPTE programs respond to the question, “Does your program currently receive REAP grants?” In 2022 CAPTE added the Research Enhancement Award Program to the existing list which includes the Health Careers Opportunities Grant, Scholarships for Disadvantaged Students Grant, and the Long-term Rehabilitation grant. CAPTE will inform the Department if it becomes aware of any REAP program awards once accredited programs submit 2022 annual report data by December 1, 2022.

Exhibit 1: 602.10(b) Section 737 of the Public Health Service Act (42 U.S.C. § 293a)] The Doctor of Physical Therapy is listed under “other health disciplines” as an eligible applicant.

Exhibit 2: 602.10(b) Title VII HRSA Application
Exhibit 3: 602.10(b) NIH Research Enhancement Award Grants

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency provided information that its accreditation serves as a required element in enabling its accredited programs to establish eligibility to participate in the Research Enhancement Award Program (REAP), a non-HEA Federal program administered by the National Institutes of Health (NIH) (Exhibit 1 Analyst - PAR-22-060 Research Enhancement Award Program (REAP)). The eligible entity to apply to the REAP program is an institution; however, the non-HEA Federal program includes a list of specific programs, to include the physical therapy doctoral degree (DTP), that qualify for funding. The program announcement further states that the accreditation of the specific programs must be 'provided by a body approved for such purpose by the Secretary of Education.' Institutional accreditation alone would therefore not solely qualify a program for funding via REAP, with the specific programmatic accreditation related to the particular program seeking funding being required. Therefore, the agency has demonstrated that its accreditation is a required element in enabling at least one of its accredited programs to establish eligibility to participate in a non-HEA Federal program.

In addition, the agency has implemented additional information gathering from its accredited programs whereby the agency collects annual information related to federal grants and awards. This process will allow the agency to better monitor and support programs that are participating in non-HEA Federal funding opportunities.

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Criteria: 602.11(a-c)
Description of Criteria

The agency must demonstrate that it conducts accrediting activities within—
(a) A State, if the agency is part of a State government; 
(b) A region or group of States chosen by the agency in which an agency provides accreditation to a main campus, a branch campus, or an additional location of an institution. An agency whose geographic area includes a State in which a branch campus or additional location is located is not required to also accredit a main campus in that State. An agency whose geographic area includes a State in which only a branch campus or additional location is located is not required to accept an application for accreditation from other institutions in such State; or 
(c) The United States.

Narrative:
CAPTE accredits physical therapy education programs throughout the United States and, only one physical therapist professional education programs offered at the clinical doctoral degree level in Scotland (UK). There have not been any changes to CAPTE’s geographic scope of accrediting activities since its last renewal of recognition which could result in noncompliance with this criterion. [EXHIBIT 602.11 List of Accredited and Preaccredited Programs]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency demonstrates that it conducts accrediting activities in the United States. 2.3 of the CAPTE Rules of Practice and Procedure (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 4) notes that “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.” The agency currently accredits 643 programs in the United States and provided a list of the accredited programs which demonstrates that the agency’s geographic area of accrediting activities takes place throughout the United States (Exhibit 6). The agency additionally has the ability to and does accredit international programs. It is within the agency’s purview to accredit internationally. However, the Secretary’s recognition process does not extend to locations outside of the United States and its territories. Therefore, the agency should ensure that the public and its accredited programs understand that its recognition by the secretary does not extend to accreditation activities outside of the United States. Since the last review cycle, the agency no longer accredits master’s degree programs and has requested a change in scope as noted in the foreword section on scope in this petition.
Department staff during the file review in January 2022, reviewed documentation, publications, and notifications demonstrating the agency’s accrediting activities in the United States.

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Criteria: 602.14(a)
Description of Criteria

(a) The Secretary recognizes only the following four categories of accrediting agencies:

(1) A State agency that—
   (i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and
   (ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991.

(2) An accrediting agency that—
   (i) Has a voluntary membership of institutions of higher education;
   (ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and
   (iii) Satisfies the “separate and independent” requirements in paragraph (b) of this section.

(3) An accrediting agency that—
   (i) Has a voluntary membership; and
   (ii) Has as its principal purpose the accrediting of institutions of higher education or programs, and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with §602.10.

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—
   (i) (A) Has a voluntary membership of individuals participating in a profession; or
(B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and
(ii) Satisfies the “separate and independent” requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

Narrative:
CAPTE complies with 602.14(3). CAPTE has a voluntary membership and has as its principal purpose the accrediting of programs and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with §602.10. CAPTE accredits higher education programs that at least one entity uses its recognition by the U.S. Department of Education as a link to non-HEA Federal programs in accordance with §602.10. CAPTE has been continually recognized by the U.S. Department of Education since 1977 through its most recent renewal in 2018. CAPTE accredits physical therapist professional education programs offered at the clinical doctoral degree level by higher education institutions in the United States and one program 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. Seeking accreditation by CAPTE is voluntary. Physical therapists must sit for and pass the National Physical Therapy Examination (NPTE) for Physical Therapists and physical therapist assistants must sit for and pass the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants administered by the Federation of State Boards of Physical Therapy. To approve a candidate to sit for the NPTE, at a minimum, jurisdictions will require that the candidate is a graduate of or graduating from a PT or PTA program that meets the accreditation standards of CAPTE or has an education that has been determined to be substantially equivalent by a recognized credentialing agency. Candidates must pass the NPTE prior to entering professional practice. [EXHIBIT 602.14(a)(3) FSBPT Eligibility] CAPTE accreditation is required for eligible students to participate in the Scholarships for Disadvantaged Students (SDS) program and for the Rehabilitation Long-Term Training program authorized under the Rehabilitation Act and administered by the Office of Special Education and Rehabilitative Services of the Department of Education (i.e., non-HEA Federal programs).

CAPTE accreditation is required for students to participate in the Scholarships for Disadvantaged Students (SDS) program administered by the Bureau of Health Workforce of the Health Resources and Services Administration (Title VII of the Public Health Service Act). The Scholarships for Disadvantaged Students Program increases diversity in the health professions and nursing workforce by providing awards to schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, graduate programs in behavioral and mental health practice, and physician assistant programs, to provide eligible health profession schools for scholarships to students from disadvantaged backgrounds who have financial need, including students who are members of racial and ethnic minority groups. [EXHIBIT 602.14(a)(3) Section 737 of the Public Health Service Act (42 U.S.C. § 293a)] The Doctor of Physical Therapy is listed under “other health disciplines” as an eligible applicant. [EXHIBIT 602.14(a)(3) Title VII HRSA Application]

Further, the Rehabilitation Long-Term Training program authorized under the Rehabilitation Act and administered by the Office of Special Education and Rehabilitative Services of the Department of Education also serves to establish a federal link. [EXHIBIT 602.14(a)(3) 85 FR 17548] The Rehabilitation Long-Term Training program provides financial assistance for projects that provide 1) basic or advanced training leading to an academic degree in areas of personnel shortages in rehabilitation as identified by the Secretary; 2) a specified series of courses or program of study leading to the award of a certificate in
areas of personnel shortages in rehabilitation as identified by the Secretary; and 3) support for medical residents enrolled in residency training programs in the specialty of physical medicine and rehabilitation. Under V(b) Application Review Information Nature and scope of curriculum, “if applicable, there is evidence of current professional accreditation by the designated accrediting agency in the professional field in which grant support is being requested.” [EXHIBIT 602.14(a)(3) 85 FR 17548, page 6] Physical therapists must sit for and pass the National Physical Therapy Examination (NPTE) for Physical Therapists and physical therapist assistants must sit for and pass the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants administered by the Federation of State Boards of Physical Therapy. To approve a candidate to sit for the NPTE, at a minimum, jurisdictions will require that the candidate is a graduate of or graduating from a PT or PTA program that meets the accreditation standards of CAPTE or has an education that has been determined to be substantially equivalent by a recognized credentialing agency. Candidates must pass the NPTE prior to entering professional practice.

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Analyst Worksheet- Narrative
Analyst Review Status: Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s narrative and supporting documentation confirms that the Secretary’s recognition occurs under 602.14(a)(3) in that the agency (i) has a voluntary membership, and (ii) has as its principal purpose the accrediting of programs, and the accreditation it offers is used to provide a link to non-HEA Federal programs in accordance with § 602.10.

The agency was established to accredit higher education programs in physical therapy and physical therapy assistant studies and the agency has, as also noted in this section, demonstrated its link to non-HEA Federal programs in Section 602.10.

The agency is not required to meet the ‘separate and independent’ requirements of this section.

Department staff during the file review in January 2022, reviewed agency minutes, resumes, and information regarding conflict of interest.
CAPTE is not required to meet the “separate and independent” requirements of this section

Narrative:
CAPTE, through APTA Human Resources, posts, hires, and retains accreditation staff needed to carry out its accrediting responsibilities. The Director oversees the administrative, management, and support services to ensure the efficient execution of CAPTE’s accreditation activities for physical therapist and physical therapist assistant programs. The number, composition, and organization of accreditation staff are determined by the Director in collaboration with APTA to ensure the effective management of the accreditation process and support of CAPTE. The work of CAPTE is supported by 10 full-time equivalent (FTE) positions (four of whom are senior accreditation staff) dedicated to overseeing the effective execution of accreditation activities (Note: Accreditation staff salaries, benefits, and taxes are reflected in the CAPTE budget). Additionally, CAPTE pays fair market value for access to legal counsel, finance, communications, human resources, information technology services, meeting services, mailroom services, and facilities management through the Memorandum of Understanding between the American Physical Therapy Association (APTA) and the Commission on Accreditation in Physical Therapy Education (CAPTE). [EXHIBIT 602.15(a)(1) CAPTE Org Chart] [EXHIBIT 602.15(a)(1) Senior Accreditation Staff Resumes] [EXHIBIT 602.15(a)(1) Senior Accreditation Staff Job Descriptions]
CAPTE ensures adequate financial resources to carry out its accrediting responsibilities through a robust and precise annual budgeting process. Annually, the Director develops a comprehensive budget in collaboration with the Central Panel based on prior year budget to actuals and upcoming revenue projections and strategic plan initiatives. The current budget is based primarily on estimated fees from accredited and developing programs and planned event registrations. CAPTE reviews fees and adjusts them based on past expenses, projected budget needs, and planned upcoming operations. Expenses are projected based on prior year actuals and planned activities including a comprehensive breakdown of staffing hours, related salary and benefit costs, and other direct expenses.

CAPTE’s Yearly Financial Reports for years ended 2019 and 2020 demonstrate that the agency can consistently meet or exceed its net profit goals. Specifically, CAPTE exceeded net profit for 2020, despite the COVID-19 pandemic significantly altering the agency’s planned operations. This demonstrates CAPTE’s ability to effectively manage its finances and operations while making mid-year adjustments to budgets as needed.

CAPTE’s budget-to-actual reports for years ended 2018, 2019, and 2020, further demonstrates that its budgeting processes sufficiently and consistently results in effective revenue forecasting and conservative expense planning. Accreditation fee revenue for 2018 and 2019 exceeded budget forecasts by 4.9% and 6% respectively. Accreditation fee revenue for 2020 was only .14% lower than projected, despite the challenges of the pandemic on accreditation activities. CAPTE total expenses are consistently lower than budgeted: 2018 expenses were 8.4% less than budgeted, 2019 expenses were 15.3% less than budgeted, and 2020 expenses were 22.9% less than budgeted.

CAPTE’s budget for 2021 projects income from accreditation fees in event registration fees collected from accredited and developing programs. Historically, registrations fees were higher; however, this conservative estimate reflects CAPTE’s inability to host in-person events due to the COVID-19 pandemic. CAPTE’s budget projects total expenses of yielding a projected net profit of Projected expenses include travel and staffing costs for the tentatively planned 2021 site visits required to follow-up with 2020 virtual visits.

[EXHIBIT 602.15(a)(1) 2020 CAPTE Net Program Revenue] [EXHIBIT 602.15(a)(1) CAPTE 2018 Budget to Actual] [EXHIBIT 602.15(a)(1) 2019 CAPTE Budget to Actual] [EXHIBIT 602.15(a)(1) 2018 CAPTE Budget to Actual] [EXHIBIT 602.15(a)(1) 2020 CAPTE Budget] [EXHIBIT 602.15(a)(1) 2019 CAPTE Budget] [EXHIBIT 602.15(a)(1) 2018 CAPTE Budget] [EXHIBIT 602.15(a)(1) 2021 CAPTE Budget]

CAPTE sets fees as approved during either the Spring or Fall meetings. When setting fees, CAPTE considers its past expenses, current budget, projected expenses, number of developing programs, and number of scheduled on-site visits.

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### Analyst Worksheet - Narrative

#### Analyst Review Status:

Does not meet the requirements of this section

#### Staff Determination:

It is not clear that CAPTE maintains adequate administrative staff to meet the needs of its programs and to carry out its accreditation activities in light of its scope of recognition. CAPTE must provide additional information and documentation regarding the Memorandum of Understanding with APTA in order to provide additional information regarding covered duties and to demonstrate the adequacy of administrative staff and financial resources to carry out accrediting responsibilities. CAPTE must also include audited financial reports that demonstrate fiscal capacity.

#### Analyst Remarks to Narrative:

CAPTE maintains 10 full-time equivalent staff members, including the director of accreditation. The CAPTE staff is hired by APTA. CAPTE has a defined organizational structure, and the documentation provided describes the relative qualification and duties of each staff member to include various...
functions and activities expected of a recognized accrediting agency (Exhibits 74 and 75). CAPTE also, through a Memorandum of Understanding with APTA, receives various services and functions through APTA. Given that the Memorandum of Understanding was not included in the petition, it is not clear that all functions are being accomplished in alignment with CAPTE's scope of recognition. CAPTE must provide additional information and documentation regarding the Memorandum of Understanding in order to demonstrate the adequacy of administrative staff to carry out accrediting responsibilities. CAPTE provided information and documentation to demonstrate that the professional staff have the qualifications and experience to oversee and carry out the agency's accrediting activities (Exhibit 76). The Department has not received any complaints against CAPTE regarding staffing levels nor the ability of the agency to conduct its accrediting functions.

CAPTE's revenues are primarily sustained through the collection of annual fees from its accredited programs. CAPTE has provided multiple years of budgetary information showing a consistent ability to hold an annual surplus in terms of revenue over expenses (Exhibits 12, 13, 16, 17, 72, and 73). CAPTE additionally provided information regarding its fiscal responsibilities in setting the budget and offered considerations in the narrative regarding upcoming issues related to exiting pandemic conditions. However, CAPTE's budgetary documents provided by CAPTE are insufficient to verify that the agency holds adequate financial resources to carry out its accrediting responsibilities. CAPTE must also include audited financial reports that demonstrate fiscal capacity over multiple years during the recognition period.

CAPTE also provided information regarding the qualification by education/experience and training it provides to its staff involved in accreditation activities. With regard to the work of the CAPTE staff, the CAPTE Rules of Practice and Procedure, 3B includes information regarding the work of the staff in support of CAPTE and in support of the accreditation process itself (Exhibits 80-81). In both aspects, the staff must be appropriately qualified to ensure that CAPTE follows its policies and manages the accreditation process correctly. In order to ensure that staff has appropriate training, CAPTE provides a detailed and ongoing onboarding program (Exhibit 88).

Department staff during the virtual file review in January 2022, reviewed documentation regarding additional training opportunities and minutes regarding financial decision-making.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

CAPTE transitioned from a Memorandum of Understanding with APTA to an APTA Board Policy effective January 1, 2022. The APTA Board Policy outlines the roles of CAPTE and the APTA Board of Directors. The policy emphasizes CAPTE as autonomous across all aspects of its accreditation activities, as such CAPTE can accomplish its functions in alignment with its scope of recognition as the accrediting body for physical therapist and physical therapist assistant education programs throughout the United States.
CAPTE financial resources are consistently sufficient to meet its obligations and to carry out its accrediting responsibilities. A review of annual finances from 2018-2021 show the CAPTE net revenue in excess of two million dollars. In accordance with APTA-CAPTE Joint Workgroup recommendations, CAPTE adjusts its fee structure to cover direct and indirect costs to ensure it ends with an annual surplus.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency implemented a change in policy from a Memorandum of Understanding with APTA to an APTA Board Policy in January 2022. The APTA Board Policy notes that “The American Physical Therapy Association is the parent organization for CAPTE and provides the legal/corporate and administrative infrastructure (i.e., budgetary accounting, facilities, insurance, personnel), within which the commission functions. The association does not instruct CAPTE or interfere with its judgment with respect to granting, denying, withdrawing or conditioning accreditation of any program.” In addition, the Board Policy notes that “The Commission is autonomous in all aspects of its accreditation activities, including but not limited to: formulating, adopting; revising and implementing CAPTE’s Rules of Practice and Procedure and accreditation standards; selecting and training site team members; conducting evaluation and onsite visits to programs; making decisions concerning the candidacy or accreditation status of programs; and monitoring accredited programs.” Of note is that the policy also ensures that CAPTE “pay fair market value for its proportionate share of joint use (e.g., building services, human resources, legal services, technology); the joint use does not compromise the independence and confidentiality of the accreditation process” (Agency Response Exhibit 4). This board policy clarifies the relationship between the agency and its parent organization and further demonstrates that support processes are in place to ensure that the agency has sufficient staff, as noted in the agency provided organizational chart, to carry out its accrediting activities in alignment with its scope of recognition (Agency Response Exhibit 6).

The agency also provided budgets and actuals spanning 2018-2021 that demonstrate a consistent positive change in net assets for each year (Agency Response Exhibit 5). Department staff obtained audited financial statements for Fiscal Years 2018-2021 that confirm the agency’s analysis that financial resources are sufficient to meet its obligations and to carry out its accrediting responsibilities (Exhibit 2 Analyst – Financial Audits).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.15(a)(2)

Description of Criteria

(2) Competent and knowledgeable individuals, qualified by education or experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence courses;

Narrative:
CAPTE identifies and trains competent and knowledgeable individuals who are qualified by education and experience to conduct its on-site evaluations, apply or establish its policies, and make accrediting and preaccrediting decisions including with respect to distance education. Accreditation staff are divided into three working groups: the PT Team, the PTA Team, and the Central Panel Team to support accreditation activities which reflects the working organization of CAPTE. [EXHIBIT 602.15(a)(2) List of CAPTE Commissioners]

On-site Reviewers: Individuals may be recommended or may volunteer themselves to serve as on-site reviewers. Interested individuals submit recommendations to the accreditation staff who acknowledges receipt and sends a letter explaining the accreditation program, the time commitment required, and the steps for becoming an on-site reviewer. [EXHIBIT 602.15(a)(2) 6.1 Nominations, page 41] [EXHIBIT 602.15(a)(2) 2020 On-site Reviewers Visits]

On-site Reviewer Qualifications: Accreditation staff select on-site reviewers who meet the following criteria:

- Minimum two years’ experience working in an educational setting—clinical or academic.
- Evidence that the individual meets the requirements to either serve in the educator position, the practitioner position, or the third team position.
- Minimum of two references that identify the outlined competencies and attributes that CAPTE seeks (e.g., interview skills, clarity of self-expression, appropriate non-verbal expression).
- Willingness to accept the responsibilities of an on-site visit.
[EXHIBIT 602.15(a)(2) 6.2 Selection, pages 41-42]

On-site Reviewer Training: CAPTE engages in initial and ongoing training of its on-site reviewers. Following the identification of new reviewers, accreditation staff offer initial training workshops as needed when onboarding new reviewers. Accreditation staff, CAPTE Commissioners, and experienced on-site reviewers host three-day workshops to introduce new reviewers to the evaluation process, CAPTE Standards and Required Elements, and review expectations. The last training for new reviewers occurred in July 2019. CAPTE offered a PT On-site Reviewers Update training on January 19, 2021 and a PTA On-site Reviewers Update training on January 21, 2021. Additionally, CAPTE also provided a Virtual Visit OSR Training in June 2020. [EXHIBIT 602.15(a)(2) 6.3 Training, page 42] [EXHIBIT 602.15(a)(2) On-
Commissioners: The 32 members of CAPTE, with the exception of the public members and the consumer member, must have been appropriately trained as on-site reviewers and completed 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).

Public Commissioners are members defined as individuals who bring a public perspective to CAPTE. They may not be 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 preaccreditation. Additionally, they may not be a member of the APTA or any other trade association or membership organization related to, affiliated with, or associated with CAPTE. Finally, they may not be a spouse, parent, child or sibling of an individual identified above.

Consumer (Representative) Commissioner is a member who is not an on-site reviewer, has been a program director of a CAPTE-accredited program for at least five years, the program at which the program director is currently employed has been in existence for five years, and its current status is accreditation, is from a state not represented on the Commission at the beginning of the term, and is knowledgeable about both PT and PTA education (preferred). 

Commissioner Training: Accreditation staff and the CAPTE Commission Chair facilitate orientation activities for new CAPTE members. Orientation includes planned presentations by CAPTE members and accreditation staff, formal introductory meetings by the Panel Chairs, and ongoing informal consultation and guidance from experienced Commissioners. During the orientation, new Commissioners receive the CAPTE Accreditation Handbook, which includes the Rules of Practice and Procedure, the Standards and Required Elements, and Position Papers; the CAPTE Procedure Manual; minutes of all CAPTE meetings from the previous year; and access to other related materials to assist with the review of assigned programs.

Formal orientation and training for new Commissioners occurs in two parts: 1) a conference call to discuss information and provide training prior to their first meeting and 2) a session prior to the Spring meeting to discuss remaining topics needed to complete the full orientation. Additionally, public members and the consumer member observe an on-site visit or attend a self-study workshop within six months of their appointment.

Accreditation Staff: A qualified team of ten full-time equivalent positions (four senior accreditation staff) support the work of CAPTE. The Director determines the number, composition, and organization of the staff to ensure the effective management of the activities in support of CAPTE and the accreditation process.

Accreditation Staff Qualifications: The Interim Director has supported the work of CAPTE for four years, beginning as the Lead PT Programs Specialist and then assuming the role of Interim Director in 2020. She brings years of experience in physical therapy education, accreditation, leadership and practice. She previously served as a CAPTE Commissioner, on-site review team leader, and candidacy reviewer. She
has been a Chair of a DPT program and has experience as the Assistant Chair and Director of Clinical Education. She also has years of experience as the Director of a PTA program. The Lead PT Programs Specialist has supported the work of CAPTE for over seventeen years. She provides stability and consistency to the PT program accreditation process. Prior to her work in support of CAPTE, she worked in PT and PTA educational programs. The Office Manager has supported CAPTE for over twenty years. She provides stability and consistency throughout the accreditation process.

Accreditation Staff Roles: Accreditation staff manage the processes and procedures necessary for CAPTE to perform its functions including scheduling CAPTE meetings, assigning CAPTE reviewers, editing final Summaries of Action, preparing and distributing CAPTE meeting minutes, maintaining records of CAPTE decisions, managing the reconsideration process, participating on expedited reconsideration visits, conducting focused visits, managing the election of new Commissioners, conducting orientation for new Commissioners, serving as the contact regarding actions taken by CAPTE, representing CAPTE at national meetings, and developing documentation used in the accreditation process.

During CAPTE meetings, staff ensure appropriate citations related to Standards and Required Elements, provide institutional memory in recalling previous actions, and define CAPTE’s options for action as outlined in the Rules of Practice and Procedure. Accreditation staff conducts its work in three teams: 1) PT Panel Team, 2) PTA Panel Team, and 3) Central Panel Team. An accreditation staff Senior Specialist, Specialist, and Associate makeup each team. Between meetings, the Director serves as the official spokesperson for CAPTE. [EXHIBIT 602.15(a)(2) 3.13(a-c) Staff Role in Support of CAPTE, page 11]

Accreditation staff support the accreditation process by implementing policy decisions of CAPTE, training on-site reviewers, maintaining records, preparing and submitting reports to USDE and CHEA, communicating with external communities of interest, managing the review and revision of Standards and Required Elements, managing the submission and distribution of reports by programs, editing and distributing Visit Reports, implementing assessment processes, processing formal complaints, assigning teams and candidacy reviewers, managing the annual accreditation report process, reviewing responses to Requests for Additional Information, reviewing Compliance Reports, as determined by CAPTE, managing the administrative probation process, developing and managing the budget, and serving as a liaison to accrediting agencies and educational organizations. [EXHIBIT 602.15(a)(2) 3.14 Staff Role in Support of the Accreditation Process, pages 11-12]

Accreditation Staff Onboarding: New accreditation staff complete activities outlined in a New Team Member Onboarding Checklist. This document outlines the activities undertaken prior to the new employee’s first day and then the tasks completed by various departments during the first two weeks to fully complete the onboarding process. The New Team Member Onboarding Checklist for CAPTE accreditation staff includes specific training tasks completed by the Director. [EXHIBIT 602.15(a)(2) New Team Member Onboarding Checklist]

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Does not meet the requirements of this section

Staff Determination:

The agency did not provide any information in its narrative regarding the competency and qualifications of appeals panel members. The agency must provide information and documentation concerning the qualifications, selection, and training of appeals panel members.

Analyst Remarks to Narrative:

The agency provided information regarding the qualification by education or experience and training by CAPTE of members of the CAPTE commission panels, staff, and on-site reviewers.

With regard to the work of the CAPTE commission, members are divided into three panels: Physical Therapy Education Panel, Physical Therapy Assistant Education Panel, and Central Panel.

CAPTE commission members are selected from the roster of on-site reviewers, with each CAPTE commission member needing to have served as an on-site reviewer for three site visits, except the public members and consumer member (Exhibit 77). The public members and consumer member must observe an on-site visit or attend a self-study workshop within six months of appointment in order to obtain appropriate and relevant experience (Exhibit 78). The agency's rules define the qualifications for the CAPTE commission members, thus ensuring that it includes educators, practitioners, and public members. The agency provided documentation about its current CAPTE commission members to demonstrate that they are qualified to fulfill their assigned roles, including information regarding degrees/credentials, which panel members serve on, terms, designation as a public member, and category (educator/clinician/administrator/etc.) (Exhibit 87).

With regard to the work of the CAPTE on-site reviewers, the agency requires each visitor to have at least two years of experience as an educator or practitioner (Exhibits 82 and 83). The agency provided information regarding visitors, positions, and qualifications for visits during 2020 and offered information regarding training sessions for both physical therapy and physical therapy assistant on-site reviewers (Exhibit 84-86 and 89-92). The agency included information and documentation of its comprehensive and ongoing training program for CAPTE members and on-site reviewers on their roles and responsibilities, as well as the standards, policies, and procedures of the agency, to include distance education. This information and documentation includes site visitor workshops, new member orientations, mentoring, on-site evaluation observations, an accreditation handbook and manual, and
online and on-going training and resources.

The agency did not provide any information regarding appeals panel members. The agency must provide information and documentation concerning the qualifications, selection, and training of appeals panel members.

Department staff had the opportunity to attend a virtual CAPTE training session, which included information related to distance education in October 2021. Department staff during the virtual file review in January 2022, reviewed documentation of the qualifications of CAPTE members, staff, and on-site reviewers. The file review also documented the training for these individuals via attendance records and training materials over a two-year period. The agency attested during the file review process, that no appeals had been undertaken by the agency during the period of recognition.

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<td>Analyst Exhibit 6 - Appeals Panel Members and Designations.pdf</td>
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<td>Designations</td>
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Response:

CAPTE implements an outlined process for selecting qualified appeal panel members and training selected individuals prior to conducting an appeal hearing. CAPTE Rules of Practice and Procedures 14.8 documents the selection of an appeal panel and rule 14.9 indicates appeal panel procedures. All appeal panel members are drawn from a cadre of on-site reviewers and past CAPTE commissioners, thus the panel members’ qualifications align with those in CAPTE Rules of Practice and Procedures Part 3. The rules state that the panel must consist of a public member, an educator, a physical therapist or physical therapist assistant clinician, and a non-PT or non-PTA. Panel members are selected from a list of persons who have a working knowledge about and experience with CAPTE’s standards used in accreditation and who did not participate in making the adverse decision under appeal. Staff provide the CAPTE chair with the list of potential panel members who meet outlined qualifications regarding CAPTE accreditation experience and the panel position they represent. Qualifications are confirmed following a review of each person’s curriculum vita, their CAPTE experience, and confirmation they meet the respective qualifications outlined in Part 3.2 in the CAPTE Rules of Practice and Procedure. Accreditation staff confirm each person’s qualifications to serve on the appeal panel and provide the program with a list of potential panel members for the program to declare any conflicts. The CAPTE chair appoints the panel members after the program declares its conflicts. Once appointed, each panel member returns a signed consent to serve, confidentiality, and conflict of interest form to accreditation staff. Selected appeal panel members complete training on the appeal hearing process by APTA legal counsel or outside legal counsel.

Exhibit 7: 602.15(a)(2) Procedures for Appeal of Reconsideration Decisions that Uphold Previous Adverse Actions or of Decisions on Formal Complaints (Subpart 14B)
In response to the Draft Analysis, the agency provided information regarding the qualification by education or experience and training by CAPTE of members of the CAPTE Appeal Panel. The agency offered Curricula Vitae for each member of the Appeal Panel to show the fulfillment of the required qualifications for each member of the panel (Agency Response Exhibit 11). The agency provided directly to the analyst a list of current Appeal Panel members, as well as their designations that show that the Appeal Panel holds a public member, educator, clinician, and administrator (Exhibit 3 Analyst). The agency also provided signed Conflict of Interest forms for each Appeal Panel member as well as the procedures guiding the Appeal Panel and the most recent training provide to the Appeal Panel members (Agency Response Exhibits 8 and 9).

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Criteria: 602.15(a)(4)
Description of Criteria

(4) Educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

Narrative:
CAPTE appoints educators, physical therapists and physical therapist assistant clinicians on its evaluation, policy, and decision-making bodies qualified by education and experience to evaluate and making accreditation or preaccreditation decisions for PT and PTA education programs. CAPTE maintains a pool of knowledgeable and trained on-site reviewers comprised of PT and PTA educators and practitioners.
On-site Reviewer Qualifications (selection): CAPTE uses the following criteria when selecting individuals to be trained as on-site reviewers:

Minimum of two year’s experiencing working in an educational setting (clinical or academic).

Evidence that the individual meets one of the following expectations:

- 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.
- Practitioner Position: currently or recently engaged as a physical therapist or physical therapist assistant in a physical therapy practice setting at least 0% 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.
- Third Team Position: current or recently engaged as a non-physical therapist basic scientist, an educator from another health discipline, or a non-physical therapist higher education administrator.

On-site Reviewer (evaluation and policy): Accreditation staff select on-site reviewers following the processes published in the Rules of Practice and Procedure Part 6: Procedures for Identifying, Training, and Maintaining the Cadre of On-site Reviewers. Individuals selected must meet the established criteria, including two years of experience in an academic or clinical setting, positive references addressing personal attributes and competence in a variety of areas important to being an effective on-site reviewer, demonstrated willingness to accept the responsibilities of on-site reviewers, and completion of the On-site Reviewer Training Workshop.

Prior to participating in on-site visits, all reviewers participate in a two-part training. The first requires completion of online modules that address basic accreditation information and the CAPTE review process. The second requires completion of a three-day training workshop presented by the accreditation staff and Commissioners and/or experienced on-site reviewers. For on-site reviewers serving as team leaders, they participate in an on-site visit as an observer prior to leading a team independently. All on-site reviewers receive access to the Accreditation Handbook, which includes the Rules of Practice and Procedure, PT Standards and Required Elements, PTA Standards and Required Elements, and Position Papers. On-site and candidacy reviewers also receive access to the CAPTE Accreditation Portal, which provides the following: [EXHIBIT 602.15(a)(4) Portal Information for On-site and Candidacy Reviewers Screenshots]

- Declare Conflicts with Upcoming Site Visits
  - PT Conflict List
  - PTA Conflict List
- Documents for Both On-site Reviewers and Candidacy Reviewers
  - Manual for On-site Reviewers
  - APTA Travel Guide
  - Travel Expense Reimbursement Information
  - Travel Planning and Reimbursement Information
  - Travel Information Form
  - Cheat Sheets (PT Cheat Sheet and PTA Cheat Sheet)
• Name Badge Identification
• Documents Only for Candidacy Reviewers
  o Candidacy Visit and Report
  o Candidacy Visit Report Template – PTA
  o Candidacy Visit Report Template – PT
  o Items Provide On-site
• Documents Only for On-site Reviewers
  o On-site Visit Preparation Guide
  o On-site Visit (including sample schedules for PT and PTA programs)
  o Role of the Trainee Team Member
  o Visit Report with Instructions
    ? PT Visit Report
    ? PTA Visit Report
  o Exit Summary Format
  o Items Provided On-site
  o Program Related Documents
    ? PT Standards and Required Elements
    ? PTA Standards and Required Elements
    ? Program Instructions and Forms (used by programs to complete the Self-study Report for both PT and PTA programs)
• Information for Virtual Visits
  o CAPTE Virtual Visit Policy
  o Virtual Site Visit Guide for Programs
  o Virtual Site Visit Guide for Reviewers
  o Virtual Visit Suggested Schedule
  o Virtual Visit Suggested Schedule – Candidacy
• CAPTE Training, including Virtual Visit PowerPoint
  o PT On-site Reviewer Update Video (January 19, 2021)
  o On-site Reviewer Update (January 2021 PPT Slides – PT)
  o PTA On-site Reviewer Update Video (January 21, 2021)
  o On-site Reviewer Update (January 2021 PPT Slides – PTA)
  o Virtual Visits
    ? Virtual Visit On-site Reviewer Training
    ? Exit Summary: Candidacy
    ? Exit Summary: Initial Accreditation
    ? Exit Summary: Reaffirmation
    ? Q&A Virtual Visits
• Refresher Courses on the Standards and Required Elements
  o CAPTE Standards and Required Elements for On-site Reviewers (Introduction – discusses the Elements that are in common to both the PT and PTA Standards)
  o CAPTE Standards and Required Elements for On-site Reviewers (PT)
  o CAPTE Standards and Required Elements for On-site Reviewers (PTA)
  o CAPTE On-site Reviewer Training on 2016 Standards (the most recent standards revision)
  o CAPTE: On-site Reviewer Training on Standards and Required Elements (PT)
  o CAPTE: Standards and Required Elements for On-site Reviewers (PTA)
  o Nine Training Modules on CAPTE Processes (PPT Slides)
    ? Introduction to Accreditation
    ? The Accreditation Handbook
When Standards and Required Elements are revised, on-site reviewers complete training relevant to the revisions made. Additionally, CAPTE provides ongoing and as needed training for on-site reviewers. Accreditation staff record these training sessions, which are then made available to those on-site reviewers who were/are unable to attend. On-site reviewers have access to training modules on CAPTE processes, refresher courses on the Standards and Required Elements, and recorded webinars with virtual visit PPT slides. On-site reviewers who conduct Candidacy Reviews also receive webinar training on expectations for this role. [EXHIBIT 602.15(a)(4), Rules of Practice and Procedure, Part 6 Cadre of On-site Reviewers, pages 41-42] In June 2020, CAPTE provided virtual visit training for on-site reviewers. The training session was 1.5 hours and was offered on June 10, 11, and 14. On-site reviewers selected a date to attend that worked best for their schedule. Additionally, on January 2021, CAPTE offered a 1.5-hour training for PT on-site reviewers on January 19 and for PTA on-site reviewers on January 21. These training opportunities remain available through the CAPTE Accreditation Portal.

Commissioners (policy and decision-making bodies): CAPTE elected commissioners complete an orientation on CAPTE policies and procedures following their appointment and prior to their first meeting. Excluding the consumer and public members, CAPTE appoints Commissioners who have previously served as on-site reviewers. The Commissioner orientation is in addition to the training completed to serve as on-site reviewers. Public members (who do not serve as primary or secondary reviewers) are required to observe an on-site visit or attend a self-study workshop within six months of their appointment to CAPTE. This workshop also provides them with an orientation to the comprehensive accreditation process. [EXHIBIT 602.15(a)(4), Sub-Part 3A CAPTE, pages 5-10]

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<td>Exhibit 10: 602.15(a)(4) Appeal Processes Implementation Document</td>
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Analyst Worksheet - Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation showing compliance with this criterion regarding the composition of the CAPTE Appeal Panel.

Analyst Remarks to Narrative:

The agency’s policies in Part 3 and Part 6 of the CAPTE Rules of Practice and Procedure delineate the number, type, training, and maintenance of individuals with appropriate qualifications as educators, practitioners, and employers on its evaluation, policy, and decision-making bodies with regard to on-site reviewers and members of the CAPTE Physical Therapy, Physical Therapy Assistant, and Central Panels (Exhibits 93, 84 and 96). Although not included in the agency’s petition or narrative, Part 14 of the CAPTE Rules of Practice and Procedure details information regarding the CAPTE Appeals Panel noting that the appoint panel “must include an educator, a practitioner, a non-physical therapist, and a public member” (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 111). The agency must provide documentation of implementation of its policies regarding composition for the Appeal Panel with appropriate notation of panel representatives. The agency did provide information regarding the status/role of each member of the pool of on-site reviewers with recent activity as well as the status/role of each member of the CAPTE commission which demonstrated that each panel had appropriate representation (Exhibit 85 and 87).

Department staff observed a site visit in October 2021 and confirmed that the three on-site reviewers included an educator, practitioner, and employer. The agency attested during the file review process, that no appeals had been undertaken by the agency during the period of recognition. During the file review process, Department staff confirmed that one institution had submitted and withdrawn an appeal prior to the establishment of an appeals panel.

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<td>Analyst Exhibit 6 - Appeals Panel Members and Designations</td>
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Response:
CAPTE review teams consist of an educator, clinician, and a non-PT who holds a position in higher education. The three on-site reviewers observed by the U.S. Department of Education staff were a PT educator, a PT clinician, and a non-PT higher education administrator. A CAPTE appeal panel also consists of an educator, PT or PTA clinician, and a non-PT or non-PTA. A public member completes the four-person appeal panel.

CAPTE follows its policies when composing an appeal panel by:

- maintaining a list of potential appeal panel members;
- acknowledging a program’s written notice of intent to appeal;
- providing the program opportunity to indicate conflicts from the list of potential appeal panel members;
- providing CAPTE with the opportunity to submit a response to the program’s appeal;
- the CAPTE chair selecting four qualified appeal panel members that meet the requirements for a public member, educator, clinician, and non-PT or non-PTA;
- securing signed confidentiality, conflict of interest, and consent to serve documentation;
- accreditation staff providing appeal panel members with all documentation regarding the appeal matter including communications between the program and CAPTE;
- providing the program with the appeal panel members’ qualifications;
- completing appeal panel training with legal counsel;
- identifying one appeal panel member as chair;
- appeal panel chair determining the appeal hearing date;
- communicating the appeal hearing date to the program;
- conducting the appeal hearing; and
- informing the program and CAPTE of the appeal panel decision

A program received an adverse decision from CAPTE. The program appealed CAPTE’s decision after the reconsideration panel upheld the decision to deny candidacy. CAPTE followed its outlined appeal panel selection and appeal panel hearing procedures. As of this submission, the appeal panel has been selected and trained with the appeal panel hearing scheduled for November 9, 2022, which is within the required 90 days of the panel members’ appointment. Accreditation staff provided the program with the qualifications of each panel member and distributed all relevant appeal documents to the appeal panel members and APTA and outside legal counsel who conducted the training.

Exhibit 10: 602.15(a)(4) Appeal Processes Implementation Document

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Response

In response to the Draft Staff analysis, the agency provided information regarding its Appeal Panel pool of members and selection process, information regarding the composition of this decision-making body, and Curricula Vitae confirming the status of each serving member on the Appeal Panel.

The agency maintains a list of potential panel members from its pools of visiting evaluators and Central, PT, and PTA panel members. When the agency receives a program’s written notice of intent to appeal, the potential list of members is provided to the appellant program, with the appellant program having the opportunity to indicate conflicts (Agency Response Exhibit 10). Appeal Panel members are then selected by the agency to ensure that the requirements in 602.15(a)(4) are met. As an example, the agency provided information regarding the most recent establishment of the Appeal Panel, with the members consisting of a public member, clinician/practitioner, administrator, and educator (Exhibit 4 Analyst) which aligns with the agency’s policies on composition of the Appeal Panel. The agency also provided Curricula Vitae for the currently serving members (Agency Response Exhibit 11).

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Criteria: 602.15(a)(5)
Description of Criteria

(5) Representatives of the public, which may include students, on all decision-making bodies; and

Narrative:
CAPTE elects 4 public commissioners to provide external oversight and input. CAPTE consists of 32 members who serve on one of three panels: the Physical Therapist Review Panel, the Physical Therapist Assistant Review Panel, and the Central Panel. The Physical Therapist Review Panel and the Physical Therapist Assistant Review Panel each have one public member. The Central Panel has two public members. Public members serve as the consumer advocate, protect the public interest, and oversee the process for fairness and reasonable action. They participate in discussions and vote on program status decisions, provided there is not a conflict of interest. Public members are defined as individuals who bring the public perspective to CAPTE. A public member may not be:

• 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 preaccreditation;
• A member of the APTA or any other trade association or membership organization related to, affiliated
with or associated with CAPTE; or
• A spouse, parent, child, or sibling of an individual identified above.

CAPTE determines the eligibility of public members following a review of their curriculum vitae and their
written certification that they meet the definition of a public member prior to their appointment.
[EXHIBIT 602.15(a)(5) Sub-Part 3A CAPTE, pages 5-6]

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<td>Exhibit 11: 602.15(a)(5) CV for each Appeal Panel Member</td>
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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide documentation regarding verification of public members participating on the
CAPTE Appeals Panel.

Analyst Remarks to Narrative:

Part 3.2 of the CAPTE Rules of Practice and Procedure confirms that the agency requires 4 public
members to serve on its commission. CAPTE divides those members to include one public member each
on the Physical Therapy and Physical Therapist Assistant panels, and two public members on the Central
Panel. As included in the agency's rules, its definition of a public representative includes the
requirements of the definition within the Secretary's Criteria for Recognition. The agency provided
information and documentation on how it ensures that its public members meet both the agency's
definition, as well as the Department's definition, for that position, including the submission of written
certification that the public member meets CAPTE definition prior to their appointment (Exhibit 97).

Although not included in the agency's petition or narrative, Part 14 of the CAPTE Rules of Practice and
Procedure details information regarding the CAPTE Appeals Panel noting that the appointed panel "must
include an educator, a practitioner, a non-physical therapist, and a public member" (Analyst Exhibit 1 –
CAPTE Rules of Practice and Procedure, p. 111). The agency must provide documentation of the
verification of CAPTE Appeals Panel public members.
The agency provided its roster of CAPTE members (in Section 602.15(a)(2)) to demonstrate implementation. Department staff also observed the participation of public members through the review of meeting minutes during the virtual file review dated January 2022. The agency attested during the file review process, that no appeals had been undertaken by the agency during the period of recognition.

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Response:

In June 2022, a program received an adverse decision from CAPTE to deny candidacy. The program appealed the decision after the reconsideration panel upheld May 2022 the decision to deny candidacy. The CAPTE chair appointed a four-member appeal panel who meet the requirements for the appeal panel composition, knowledge, and experience as outlined in Part 14 of the CAPTE Rules of Practice and Procedure. The four panel members include a public member, an educator, a clinician, and a non-PT or non-PTA administrator.

Exhibit 11: 602.15(a)(5) CV for each Appeal Panel Member

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency provided information regarding its Appeal Panel pool of members and selection process, information regarding the composition of this decision-making body, and Curricula Vitae confirming the status of each serving member on the Appeal Panel.

The agency maintains a list of potential panel members from its pools of visiting evaluators and Central, PT, and PTA panel members. When the agency receives a program’s written notice of intent to appeal, the potential list of members is provided to the appellant program, with the appellant program having the opportunity to indicate conflicts (Agency Response Exhibit 10). Appeal Panel members are then selected by the agency to ensure that the requirements in 602.15(a)(4) are met. The agency’s policies include requirements that a public member must be part of the Appeal Panel (Exhibit 5 Analyst, Section 3.2 and 14.8). The agency’s definition for public member aligns with the definition for representative of the public found in 602.3. As evidence, the agency provided information regarding the most recent
establishment of the Appeal Panel, with the members consisting of a public member, clinician/practitioner, administrator, and educator (Exhibit 5 Analyst) which aligns with the agency’s policies on composition of the Appeal Panel. The agency also provided Curricula Vitae for the currently serving members which includes verification that the public member fulfills both the agency’s and regulatory requirements (Agency Response Exhibit 11).

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Criteria: 602.15(a)(6)

Description of Criteria

(6) Clear and effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest, by the agency’s—

(i) Board members;
(ii) Commissioners;
(iii) Evaluation team members;
(iv) Consultants;
(v) Administrative staff; and
(vi) Other agency representatives; and

Narrative:
CAPTE established and publishes clear and effective controls and guidelines to prevent or resolve conflicts of interest or the appearance of conflicts of interest. During orientation, Commissioners, on-site reviewers, and accreditation staff review the Conflict of Interest Policy and are expected to maintain compliance. [EXHIBIT 602.15(a)(6) Conflict of Interest, 4.11, page 29-30] Per CAPTE policy, a conflict of interest exists when conditions or circumstances preclude or interfere with an individual’s capacity to make an objective decision. The policy identifies the situations that could create a conflict of interest including:

- Monetary or personal interest in the outcome of the accreditation decision
- Employees of the institution on a full-time or part-time basis
- Serving or has recently served in the capacity as clinical faculty or adjunct faculty
- Graduates of the institution
- Employees of an institution that is funded from the same course
- Close personal or professional relationships with individuals at the institution
- Living or working in close geographical proximity (typically defined as within the same state and does
not apply to accreditation staff)  
- Access to “unofficial” program information  
- Acting as a paid consultant to the program under consideration within the past ten years

In preparation for on-site visits, programs receive the opportunity to identify Commissioners and on-site reviewers who may have a conflict of interest. Likewise, in the first half of the year, all on-site reviewers receive an emailed list of programs scheduled to undergo review so they can declare conflicts. On-site reviewers enter their program conflicts and date conflicts into the CAPTE Accreditation Portal. Accreditation staff run an on-site reviewers’ eligibility list based on this information which informs the composition of on-site review teams. Individuals who identify as having a conflict of interest are not assigned to participate in the review. [EXHIBIT 602.15(a)(6), OSR Declare Conflicts Email] [EXHIBIT 602.15(a)(6) 2021 PTA Conflicts List] [EXHIBIT 602.15(a)(6) 2021 PT Conflicts List] [EXHIBIT 602.15(a)(6) 2021 PT Visits Conflict List] [EXHIBIT 602.15(a)(6) 2021 PTA Visits Conflict List] [EXHIBIT 602.15(a)(6) Spring 2021 Completed Conflict of Interest Forms]

Newly appointed Commissioners begin their terms of service in January and receive the conflicts lists for PT and PTA programs on the upcoming meeting agenda and declare their conflicts. Prior to every CAPTE meeting, all Commissioners and accreditation staff identify any perceived or potential conflicts of interest not previously declared for the programs under review. At each CAPTE meeting, Commissioners declare conflicts of interest for programs listed on the next meeting agenda. Accreditation staff update the CAPTE Accreditation Portal with all declared conflicts of interest which they reference when making on-site reviewer assignments.

Additionally, Commissioners and accreditation staff complete ongoing training and receive reminders on proactively disclosing any conflicts of interest. Upon confirmation of a conflict of interest, the Commissioner or accreditation staff may not participate in any discussions about or vote on the program. Commissioners and staff leave the room while the program they are in conflict with is under review. Commissioners, on-site reviewers, and accreditation staff may not accept gifts or gratuities from programs. [EXHIBIT 602.15(a)(6) Policy Statement on Conflict of Interest in the Rules of Practice and Procedure, 4.11, pages 29-30] [EXHIBIT 602.15(a)(6) Conflict of Interest Form]

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The agency has a comprehensive policy on conflict of interest for CAPTE panel members, on-site reviewers, staff, and appeal panel members, as included in 4.11 of the CAPTE Rules of Practice and Procedure (Exhibit 103). The policy cites specific instances of conflict of interest and provides guidance and mechanisms to address conflict of interest, such as recusal from site visits and the deliberation and decision-making process. The agency also holds conflict of interest policies for its appeals panel in Part 14.8 of the CAPTE Rules of Practice and Procedure (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 110) The agency provided sample forms for on-site reviewers and for CAPTE commission members (Exhibits 98-102). The agency also provided an email notification requesting reply to on-site reviewers (Exhibit 104) and sample completed conflict of interest forms for both accreditation staff and panel members for Spring 2021 reviews (Exhibit 105).

Department staff during the virtual file review dated January 2022, reviewed signed conflict-of-interest forms for current panel members, on-site reviewers, and accreditation staff, and documentation that programs have the ability to review potential on-site reviewers for conflicts of interest. Department staff also noted recusals noted in the minutes of prior panel meetings.

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Criteria: 602.15(b)
Description of Criteria

(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 onsite 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 decision letters issued by the agency regarding the accreditation and preaccreditation of any institution or program and any substantive changes.

Narrative:
CAPTE maintains documentation on the last full accreditation or preaccreditation review of each program including on-site review team reports, programs' responses to on-site reports, periodic review reports, any reports of special reviews conducted by CAPTE between regular reviews, and programs' most recent Self-study Report. CAPTE maintains accredited programs' most recent Self-study Report, Visit Report, Visit Report with Institution Response, On-site Reviewer's Comments on Compliance Reports, Summaries of Action, Compliance Reports, Focus Visits, Applications for Approval of Substantive Change, Reconsideration Statements, Reconsideration and Appeal documents, formal complaints against the program, comments received by CAPTE, written comments received by accreditation staff, and Annual Accreditation Reports. For candidate programs, CAPTE maintains the Application for Candidacy, Candidacy Visit Report, Candidacy Visit Report with Institution Response, Summary of Action, Progress Reports, comments received by CAPTE, written comments received by accreditation staff, and complaints against the program.

CAPTE retains records in its accreditation database, the accreditation office files, or in storage. Depending on the size and type of the materials, a program's records may be split among various locations. Accreditation staff maintain a log of all stored records. CAPTE retains an official file for each developing and established physical therapy education program, such as 1) the last full accreditation or preaccreditation review materials, 2) all Summaries of Action regarding the accreditation and preaccreditation of the program, and 3) Applications for Approval of Substantive Change. CAPTE also publishes a comprehensive records retention policy that outlines what candidacy reviewers, on-site review teams, CAPTE Commissioners, and accreditation staff maintain including the timeframe when documents should be destroyed. Commissioners are reminded of CAPTE's record retention policies at the end of each meeting and are instructed on what documents can be deleted. Individual on-site reviewers receive an email from the Office Manager notifying them if there are records that they need to delete based on decisions made at a CAPTE meeting. The Office Manager manages the CAPTE records and retention policy.

CAPTE retains all decision letters issued regarding accreditation, preaccreditation, and substantive change decisions for programs it accredits. CAPTE maintains documentation on all decisions made throughout a program's accreditation by CAPTE including all Summaries of Action (correspondence significantly related to the decisions) and Applications for Approval of Substantive Change. CAPTE publishes a Records Policy in its Rules of Practice and Procedure that lists the types of documents retained in programs' official files.
The agency holds written record-keeping policies in 4.14 of the CAPTE Rules of Practice and Procedure that require the agency to 1) maintain all records related to the agency’s last full accreditation or preaccreditation review of each program, including on-site evaluation team reports, the 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 program’s most recent self-study, together with any written comments, complaints and annual reports; and 2) permanently store all decision letters issued by the agency regarding the accreditation and preaccreditation of any program and any substantive changes. The agency maintains a log of all records and maintains records based on its written requirements (Exhibit 107).

The agency included complete records for four programs in its application (Exhibits 106, 108, 144 and 145) and provided sample summaries of action (Exhibit 109). Department staff reviewed additional documentation during the file review dated January 2022, ensuring that the agency requires the maintenance of all decision letters issued by the agency regarding the accreditation and preaccreditation of any program and any substantive change.
Criteria: 602.16(a)(1)(i)
Description of Criteria

(a) The agency must demonstrate that it has standards for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits. The agency meets this requirement if the following conditions are met:

(1) The agency’s accreditation standards must set forth clear expectations for the institutions or programs it accredits in the following areas:
   (i) Success with respect to student achievement in relation to the institution’s mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of State licensing examinations, course completion, and job placement rates.

Narrative:
CAPTE established, maintains, and publishes clear Standards and Required Elements necessary to evaluate the quality of physical therapy education programs. CAPTE’s Accreditation Standards consists of two parts: 1) a statement of required elements and 2) a list of expected evidence of compliance. CAPTE publishes expected evidence of compliance statements to guide programs in demonstrating alignment with all Accreditation Standards. [EXHIBIT 602.16(a)(1) PT Standards and Required Elements Whole] [EXHIBIT 602.16(a)(1) PTA Standards and Required Elements Whole] For example, PT Standard 1 and Required Element 1A states the following:

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

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

Evidence of Compliance:
Narrative:
• Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
• Describe the congruency of the program’s mission statement with the institution and unit(s) missions.
• Describe the consistency of the program’s mission with contemporary professional expectations for
the preparation of physical therapists. [EXHIBIT 602.16(a)(1) Self-Study Report Instructions & Forms]

CAPTE publishes the following Standards and Required Elements for programs to demonstrate how they monitor and measure student achievement as supported by the institution’s published mission.

PT Standards and Required Elements
Standard 1: The program meets graduate achievement measures and program outcomes related to its mission and goals.

- Required Element IC: The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes.
  - Required Element IC1: Graduation rates are at least 80% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.
  - Required Element IC2: Ultimate licensure pass rates are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.
  - Required Element IC3: Employment rates are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two-year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.
  - Required Element IC4: Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.
  - Required Element IC5: The program graduates meet the expected outcomes as defined by the program.
  - Standard IC6: The program meets expected outcomes related to its mission and goals. [EXHIBIT 602.16(a)(1)(i) PT Standard 1 and Required Elements]
    - Required Element 3H1: Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures. [EXHIBIT 602.16(a)(1)(i) PT Required Element 3H1]

PTA Standards and Required Elements
Standard 1: The program meets graduate achievement measures and program outcomes related to its mission and goals.

- Required Element IC: The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes.
  - Required Element IC1: Graduation rates are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.
  - Required Element IC2: Ultimate licensure pass rates are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.
  - Required Element IC3: Employment rates are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two-year employment rate for each cohort must be at least 90%.
90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

- Required Element IC4: Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.
- Required Element IC5: The program graduates meet the expected outcomes as defined by the program.
- Required Element IC6: The program meets expected outcomes related to its mission and goals.

[EXHIBIT 602.16(a)(1)(i) PTA Standard 1 and Required Elements]

- Required Element 3H1: Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures. [EXHIBIT 602.16(a)(1)(i) PTS Required Element 3H1]

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The agency must provide information and documentation for establishing its current student achievement benchmarks and also explain how its benchmarks are sufficiently rigorous and represent a valid measure of institutional quality.

Analyst Remarks to Narrative:

The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding student achievement contained in Standards 1, 6, and 7 of its standards and required elements for both physical therapy and physical therapy assistant programs (Exhibits 13 and 15). In terms of student achievement, the agency requires each program, regardless of level, to meet bright-line requirements related to graduation rates, licensure rates, and employment rates, in addition to other standards and required elements related to mission, goals, objectives, program/curricular requirements and student competencies. Given that the agency has elected to establish bright-line student achievement standards related to graduation rates, licensure pass rates, and employment rates, it must explain its methodology for establishing its current benchmarks and also explain how its benchmarks are sufficiently rigorous and represent a valid measure of institutional quality. On a two-year average, the agency has set a graduation rate of 60% for PTA programs and 80% for PT programs, licensure pass rate of 85%, and employment rate of 90% (Exhibits 13 and 15).

Though the graduation rate and licensure rate data are verified and verifiable by third-party entities, as an example, through notification from the Federation of State Boards of Physical Therapy, it is not clear how the agency verifies the accuracy of employment rate information.

As part of the self-study process, in addition to meeting the bright-line requirements for student achievement, each program, regardless of level, must provide information regarding the program’s mission, goals, performance, and other outcomes related to the specific education offered by the program (Exhibits 20 and 22). Programs must have mechanisms to establish expected levels of achievement and establish formal processes to determine if program expectations have been met. Each program must also have an ability to collect data regarding graduates to ensure that stakeholder/employer perspectives contribute to educational outcomes and analysis (Exhibits 16, 20, and 22). The agency's evaluation process requires a program to submit its student achievement information and documentation with its self-study, which is used by the site team to assess the program's compliance with the agency's related standards prior to the appropriate CAPTE panel making a decision. A program's student achievement and outcomes information and its compliance with the standards are also reviewed in the annual report as part of the agency's monitoring approaches, as discussed in Section 602.19(b).
Department staff had the opportunity during the virtual site visit in October 2021 to observe the on-site reviewers review and assess a program’s student achievement information and documentation. In each of the sample self-studies provided, programs discussed student achievement and offered bright-line compliance information, as appropriate. Department staff, during the virtual file review dated January 2022, reviewed additional evidence confirming the agency’s alignment with regulatory requirements, including documentation of notification from the Federation of State Board of Physical Therapy, CAPTE correspondence related to the receipt of such data to accredited programs, and the collection of data related to meeting bright-line standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CAPTE accredits physical therapist education programs at the doctoral degree level and physical therapist assistant programs at the associate degree level. CAPTE evaluates student and graduate outcomes of each program to determine the quality of education provided by CAPTE accredited programs in their preparation of students to graduate, pass their respective licensure examination, and gain employment as a licensed physical therapist or physical therapist assistant in the United States.

CAPTE chose to establish bright-line student achievement standards for graduation rates, licensure pass rates, and employment rates as part of its assessment of program quality. CAPTE requires physical therapist and physical therapist assistant programs to achieve an ultimate licensure pass rate of 85% averaged over two years and a two-year employment rate of 90% for graduates within one year of graduation. Additionally, CAPTE requires physical therapist education programs to achieve an 80% graduation rate averaged over two years and expects physical therapist assistant programs to achieve a 60% graduation rate averaged over two.

CAPTE tracks multiple data points and considers regional differences (geographic disparities) when establishing benchmarks that apply consistently to all accredited programs. Regarding graduation rates, recent National Student Clearing House Research Center Reports of Student Completion Rates show two-year community college completion rates at 39.4% in 2018, 42.6% in 2019, 40.3% in 2020, and 42.2% in 2021. Over 70% of CAPTE accredited physical therapist assistant programs are offered through these public institutions. Ninety-four percent of PTA programs report a graduation rate of 70% or greater. One percent report graduation rates below 60%. The remaining 5% that report graduation rates between 60-69.9% are offered by institutions across the country in areas where the absence of a program can impact the physical therapy services available in the local communities. For graduate degree programs, the national data reflects graduate rates in the ranging from 70-75%. In addition to considering the national data, CAPTE’s review of physical therapist education annual program data shows the mean physical therapist education program graduation rate exceeding 95% with a standard deviation of nearly 5%. Considering these factors, the physical therapist education program bright-line graduation rate is set at 85%.
CAPTE expects students graduating from its accredited programs to be prepared to enter clinical practice and provide competent physical therapy services to their respective communities. CAPTE requires programs to indicate through the ongoing assessment of learning outcomes that degrees are conferred to those students proficient in entry-level practice. The National Physical Therapy Exam provides an additional measure and a national benchmark to evaluate and verify graduates’ readiness for entry-level practice and is an essential part of the licensing process for physical therapist and physical therapist assistants. CAPTE reviews ultimate licensure pass rates provided by the Federation of State Boards of Physical Therapy. Physical therapist and physical therapist assistant program graduates must achieve at least an 85% ultimate pass rate averaged over two years. CAPTE established this benchmark after reviewing data from the FSBPT report, including the average, range, and standard deviation of program data, and practice analysis data.

CAPTE requires programs to report on the regional need for physical therapist or physical therapist education programs when programs apply for candidacy and when programs submit their reaffirmation reports. Job availability and local market demands impact CAPTE’s decision to set and maintain the 90% employment bright-line standard. CAPTE requires programs to verify employment data in the annual accreditation report and reaffirmation accreditation reports using surveys or other documented communication mechanisms. CAPTE requires programs submit regional employment data when a program reports employment rates below the 90% standard.

CAPTE’s diligence in setting multiple bright-line benchmarks based on national and programmatic data demonstrate its commitment to accrediting and overseeing quality physical therapist and physical therapist assistant programs and allows CAPTE to review multiple data sources that may impact whether programs meet these benchmarks.

Exhibit 12: 602.16(a)(1) National Student Clearing House Research Center Signature Report – 2018
Exhibit 13: 602.16(a)(1) National Student Clearing House Research Center Completion Report – 2019
Exhibit 14: 602.16(a)(1) National Student Clearing House Research Center Completion Report – 202

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency provided information and documentation regarding the establishment of its student achievement benchmarks, graduations rates, employment rates, and licensure rates for PTA and PT programs through the analysis of national, regional, and programmatic data. Student achievement benchmarks are developed through analysis of clinical practice expertise required for entry to the field and further confirmed by the National Physical Therapy Exam. Graduation rates differ at the PTA and PT programs levels due to respective graduation rates by types of institution. The agency noted in its analysis that more than 70% of accredited PTA programs are offered through public, two-year community colleges and provided data on general graduation rates at such institutions (Agency Response Exhibits 12-14). For both types of programs, the agency required graduation rates are
above average graduation rates for similar program levels. Employment data are provided by accredited programs in cases where employment rates fall below the agency mandated 90% employment standard to enable the agency to further study local job availability and market conditions, though ongoing needs for PT and PTA employees provide the justification for the agency’s requirement. Finally, licensure pass rates are developed through the review and analysis of external testing data to ensure students have appropriate expertise to enter the field of physical therapy.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.16(a)(1)(ii)
Description of Criteria

(ii) Curricula.

Narrative:
Approximately one-third of CAPTE’s Standards and Required Elements address the development, oversight, and assessment of quality curricula for physical therapy education programs.

PT Standards and Required Elements
Standard 6: The program has a comprehensive curriculum plan.

- Required Element 6A: The comprehensive curriculum plan is based on: 1) information about the contemporary practice of physical therapy; 2) standards of practice; and 3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.
- Required Element 6B: The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution prior to entering the professional program.
- Required Element 6C: The specific prerequisite course work is determined by the program’s curriculum plan.
- Required Element 6D: The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.
- Required Element 6E: The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the
didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.

- **Required Element 6F**: The didactic and clinical curriculum includes interprofessional education, learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.
- **Required Element 6G**: The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.
- **Required Element 6H**: The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.
- **Required Element 6I**: The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.
- **Required Element 6J**: The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.
- **Required Element 6K**: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that
  - **Required Element 6K1**: faculty teaching by distance are effective in the provision of distance education;
  - **Required Element 6K2**: the rigor of the distance education courses is equivalent to that of site-based courses;
  - **Required Element 6K3**: student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;
  - **Required Element 6K4**: there is a mechanism for determining student identity during course activities and when testing occurs at a distance;
  - **Required Element 6K5**: there is a mechanism for maintaining test security and integrity when testing occurs at a distance;
  - **Required Element 6K6**: there is a mechanism for maintaining student privacy as appropriate;
  - **Required Element 6K7**: students have been informed of any additional fees related to distance education; and
  - **Required Element 6K8**: distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.
- **Required Element 6L**: The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to:
  - **Required Element 6L1**: management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;
  - **Required Element 6L2**: practice in settings representative of those in which physical therapy is commonly practiced;
  - **Required Element 6L3**: involvement in interprofessional practice.
  - **Required Element 6L4**: direction and supervision of the physical therapist assistant and other physical therapy personnel; and
  - **Required Element 6L5**: other experiences that lead to the achievement of the program’s defined expected student outcomes.
- **Required Element 6M**: The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or equivalent) and is completed (including clinical education) in no less
than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks/1,050 hours of full-time clinical education experiences.

- Required Element 6N: The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program. [EXHIBIT 602.16(a)(1)(ii) PT Standards 6-7 and Required Elements]

Standard 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

- Required Element 7A: The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, diagnostic imaging, histology, nutrition, and psychosocial aspects of health and disability.
- Required Element 7B: The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.
- Required Element 7C: The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.
- Required Element 7D: The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to: (See 7D1 through 7D43) [EXHIBIT 602.16(a)(1)(ii) PT Standards 6-7 and Required Elements]

PTA Standards and Required Elements

Standard 6: The program has a comprehensive curriculum plan. (See Required Elements 6A through 6L) [EXHIBIT 602.16(a)(1)(ii) PTA Standards 6-7 and Required Elements]

Standard 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an every-changing health care environment. (See Required Elements 7A through 7D) [EXHIBIT 602.16(a)(1)(ii) PTA Standard 7 and Required Elements]

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The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. For physical therapy programs, standard six requires that the programs have a comprehensive curriculum plan which must be current; include prerequisite coursework as determined by the program; follow a curricular model and appropriate educational principles; include syllabi, learning objectives, evaluation measures; include a variety of instructional methods selected to maximize learning, which may include distance education; and be of an appropriate length with the award of the Doctor of Physical Therapy at successful completion of the program. Should a program elect to utilize distance education means, standard six includes several specific requirements to ensure that the program remains effective. Standard seven details the required elements in terms of content, learning experiences, and evaluation processes in order to ensure that graduates complete the program having developed an appropriate body of knowledge and corresponding skill in relevant areas (Exhibit 23). For Physical Therapy Assistant programs, standard six requires that the programs have a comprehensive curriculum plan which must be current; include courses in general education and basic sciences in the context of physical therapy; follow a sequential curricular model and appropriate educational principles; include syllabi, learning objectives, evaluation measures; include a variety of instructional methods selected to maximize learning, which may include distance education; and be of an appropriate length with the award of the associate degree at successful completion of the program. Should a program elect to utilize distance education means, standard six includes several specific requirements to ensure that the program remains effective. Standard seven details the required elements in terms of content, learning experiences, and evaluation processes in order to ensure that graduates complete the program having developed an appropriate body of knowledge and corresponding skill in relevant areas (Exhibit 24). The agency’s evaluation process requires a program to submit its curriculum and documentation with its self-study, which is used by the site team to assess the program’s compliance with the agency’s related standards prior to the appropriate panel making a decision.

Both sets of standards have clear and verifiable expectations that anticipate students graduating with skills at entry-level practice for each respective level at a minimum. Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to curriculum. During the virtual file review dated January 2022, Department staff review additional examples demonstrating alignment with the regulatory requirements and the agency’s appropriate analysis.
Criteria: 602.16(a)(1)(iii)

Description of Criteria

(iii) Faculty.

Narrative:
CAPTE publishes the following Standards and Required Elements to oversee faculty qualifications and instructional responsibilities necessary to deliver quality physical therapy educational programs.

PT Standards and Required Elements
Standard 3: The institution and program operate with integrity.

- Required Element 3C: Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including, but not limited to, providing for reduction in teaching load for administrative functions.
- Required 3D: Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students. [EXHIBIT 602.16(a)(1)(iii) PT Standard 3 and Required Elements 3C and 3D]

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities. (See Required Elements 4A through 4O) [EXHIBIT 602.16(a)(1)(iii) PT Standard 4 and Required Elements]

Standard 8: The program resources are sufficient to meet the current and projected needs of the program.

- Required Element 8A: The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. [EXHIBIT 602.16(a)(1)(iii) PT Standard 8 and Required Element 8A]

PTA Standards and Required Elements

Standard 3: The institution and program operate with integrity.

- Required Element 3C: Institutional policies related to academic standards and to faculty roles and
workload are applied to the program in a manner that recognizes and supports the academic and technical aspects the physical therapist assistant program, including, but not limited to, providing for reduction in teaching load for administrative functions.

- Required Element 3D: Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty and prospective/enrolled students. [EXHIBIT 602.16(a)(1)(iii) PTA Standard 3 and Required Elements 3C and 3D]

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities. (See Required Elements 4A through 4O) [EXHIBIT 602.16(a)(1)(iii) PTA Standard 4 and Required Elements]

Standard 8: The program resources are sufficient to meet the current and projected needs of the program.

- Required Element 8A: The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates. [EXHIBIT 602.16(a)(1)(iii) PTA Standard 8 and Required Element 8A]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section
The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding faculty contained in Standards 3, 4 and 8 of its standards and required elements for both physical therapy and physical therapy assistant programs (Exhibits 25-30). The standards and required elements related to faculty are written similarly with differences arising with regard to scholarship for physical therapy faculty and minimum number for physical therapy assistant faculty, though the practical application of the standards varies widely in function due to the expected outcomes for students at the respective levels and corresponding faculty qualification necessary to support students and each program (Exhibits 25-30).

Both sets of standards have clear and verifiable expectations, in that the agency requires that all faculty members possess education, licensure, and clinical expertise backgrounds appropriate for their role in the program and to meet the mission of the institution. The agency provides the specific qualification expectations for each role (core faculty member, clinical faculty member, program administrator and academic coordinator of clinical education). In addition, the agency considers the faculty both individually and collectively to determine the overall program ability to offer effective physical therapy and physical therapy assistant programs. The agency's evaluation process requires a program to submit its faculty information and documentation with its self-study, which is used by the site team to assess the program's compliance with the agency's related standards, prior to the appropriate panel making a decision. A program's faculty information and its compliance with the standards is also reviewed in the annual report as part of the agency's monitoring approaches, as discussed in Section 602.19(b).

Each of the agency's provided examples of complete self-studies, site visit reports, and decision letters confirm that the agency requests and reviews information in each application related to faculty. During the site visit in October 2021, staff observed the on-site reviewers interviewing faculty and program personnel. During the virtual file review dated January 2022, Department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency's appropriate analysis.
Description of Criteria

(iv) Facilities, equipment, and supplies.

Narrative:
CAPTE publishes the following Standards and Required Elements to oversee the facilities, equipment, and supplies necessary to deliver quality physical therapy educational programs.

PT Standards and Required Elements
Standard 8: The program resources are sufficient to meet the current and projected needs of the program.
- Required Element 8D: The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.
  - Required Element 8D1: Classroom and laboratory environments are supportive of effective teaching and learning.
  - Required Element 8D2: Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.
  - Required Element 8D3: Students have access to laboratory space outside of scheduled class time for practice of clinical skills.
  - Required Element 8D4: Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.
  - Required Element 8D5: Technology resources meet the needs of the program.
  - Required Element 8D6: Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.
- Required Element 8F: The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists. [EXHIBIT 602.16(a)(1)(iv) PT Standard 8 and Required Elements 8D and 8F]

PTA Standards and Required Elements
Standard 8: The program resources are sufficient to meet the current and projected needs of the program.
- Required Element 8D: The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.
  - Required Element 8D1: Classroom and laboratory environments are supportive of effective teaching and learning.
  - Required Element 8D2: Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.
  - Required Element 8D3: Students have access to laboratory space outside of scheduled class time for practice of clinical skills.
  - Required Element 8D4: Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.
  - Required Element 8D5: Technology resources meet the needs of the program.
  - Required Element 8D6: Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.
- Required Element 8F: The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants. [EXHIBIT 602.16(a)(1)(iv) PTA Standard 8 and Required Elements 8D and 8F]
Exhibit Title | File Name | Analyst Comments | Agency’s Exhibit Comments
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Exhibit 31 PT Standard 8 and Required Elements 8D and 8F | 602.16(a)(1)(iv) PT Standard 8 and Required Elements 8D and 8F | - | -
Exhibit 32 PTA Standard 8 and Required Elements 8D and 8F | 602.16(a)(1)(iv) PTA Standard 8 and Required Elements 8D and 8F | - | -

Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding facilities, equipment, and supplies contained in Standard 8 of its standards and required elements for both physical therapy and physical therapy assistant programs (Exhibits 31 and 32). The standards and required elements related to facilities, equipment, and supplies are written similarly with differences arising in the practical application of the standards which varies widely in function due to the expected outcomes for students at the respective levels and corresponding facilities, equipment, and supplies necessary to support each program (Exhibits 31-32). The agency’s evaluation process requires a program to submit its facilities, equipment, and supplies information and documentation with its self-study, which is used by the site team to assess the program’s compliance with the agency’s related standards prior to the appropriate CAPTE panel making a decision. A program’s facilities, equipment, and supplies information and its compliance with the standards is also reviewed in the annual report as part of the agency’s monitoring approaches, as discussed in Section 602.19(b).

Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters confirm that the agency requests and reviews information in each application related to facilities, equipment, and technology. During the site visit in October 2021, Department staff observed the on-site reviewers reviewing equipment lists and facilities. Given current national pandemic conditions, technology was a particular focus of discussion across the entirety of the visit, both as it related to the distance education of the program and to the availability of necessary equipment for students. During the virtual file review dated January 2022, Department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency’s appropriate analysis.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.16(a)(1)(v)
Description of Criteria

(v) Fiscal and administrative capacity as appropriate to the specified scale of operations.

Narrative:
CAPTE publishes the following Standards and Required Elements to assess the fiscal and administrative capacities of physical therapy educational programs.

PT Standards and Required Elements
Standard 3: The institution and program operate with integrity.
• Required Element 3C: Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including, but not limited to, providing for reduction in teaching load for administrative functions.
• Required Element 3D: Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.
• Required Element 3E: Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.
• Required Element 3F: Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.
• Required Element 3H: Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including: (See Required Elements 3H1 through 3H5) [EXHIBIT 602.16(a)(1)(v) PT Standard 3 and Required Elements 3C-3F and 3H]

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.
• Required Element 4G: The Program Director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:
o Is a physical therapist who holds an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. For CAPTE accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country’s regulations;
o Has an earned academic doctoral degree or previous CAPTE-granted exemption;
• Holds the rank of associate professor, professor, clinical associate professor, or clinical professor;
• Has a minimum of six years of full-time higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE accredited entry-level physical therapist education program.

- Required Element 4H: The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation. [EXHIBIT 602.16(a)(1)(v) PT Standard 4 and Required Elements 4G and 4H]

Standard 8: The program resources are sufficient to meet the current and projected needs of the program.
- Required Element 8C: Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program. [EXHIBIT 602.16(a)(1)(v) PT Standard 8 and Required Element 8C]

PTA Standards and Required Elements

Standard 3: The institution and program operate with integrity.
- Required Element 3C: Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including, but not limited to, providing for reduction in teaching load for administrative functions.
- Required Element 3D: Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.
- Required Element 3E: Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.
- Required Element 3F: Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.
- Required Element 3H: Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including: (See Required Elements 3H1 through 3H5) [EXHIBIT 602.16(a)(1)(v) PTA Standard 3 and Required Elements 3C-3F and 3H]

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.
- Required Element 4G: The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:
  o Is a physical therapist or physical therapist assistant who holds an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction;
  o A minimum of a master's degree;
  o 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 within any US jurisdiction;
  o Didactic and/or clinical teaching experience;
  o Experience in administration/management;
Experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations, or previous CAPTE-granted exemption.

- **Required Element 4H:** The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation. [EXHIBIT 602.16(a)(1)(v) PTA Standard 4 and Required Elements 4G and 4H]

**Standard 8:** The program resources are sufficient to meet the current and projected needs of the program.

- **Required Element 8C:** Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program. [EXHIBIT 602.16(a)(1)(v) PTA Standard 8 and Required Element 8C]

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**Analyst Worksheet- Narrative**

**Analyst Review Status:**

Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding administrative and fiscal capacity contained in Standards 2, 3, 4, and 8 of its standards and required elements for both physical therapy and physical therapy assistant programs (Exhibit 13, 15, and 35-40). The agency has sufficiently defined standards to assess the soundness of the financial and administrative capacity of its programs. The agency’s standards require compliance with diverse criteria related to administrative and staff resources, support personnel, and fiscal support specifically related to each program’s mission, curriculum, and objectives. Included in the agency’s standards and required
elements is guidance related to the provision of information by each reviewed program. The agency's evaluation process requires a program to submit its fiscal and administrative capacity information and documentation with its self-study, which is used by the site team to assess the program’s compliance with the agency's fiscal and administrative capacity standards prior to the appropriate panel making a decision. A program's fiscal and administrative capacity and its compliance with the standards is also reviewed in the annual report as part of the agency’s monitoring approaches, as discussed in Section 602.19(b).

Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters confirm that the agency requests and reviews information in each application related to fiscal and administrative capacity as appropriate to the specified scale of operations. During the site visit in October 2021, Department staff observed the on-site reviewers interviewing administrative and support personnel and reviewing financial information. During the virtual file review dated January 2022, Department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency’s appropriate analysis.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.16(a)(1)(vi)

Description of Criteria

(vi) Student support services.

Narrative:
CAPTE publishes the following Standards and Required Elements to evaluate the student support services offered for physical therapy educational programs.

PT Standards and Required Elements
Standard 8: The program resources are sufficient to meet the current and projected needs of the program.
• Required Element 8A: The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.
• Required Element 8B: The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.
• Required Element 8E: The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.
• Required Element 8H: Academic services, counseling services, health services, disability services, and financial aid services are available to program students. [EXHIBIT 602.16(a)(1)(vi) PT Standard 8 and Required Elements 8A-8B, 8E and 8H]

PTA Standards and Required Elements
Standard 8: The program resources are sufficient to meet the current and projected needs of the program.
• Required Element 8A: The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.
• Required Element 8B: The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.
• Required Element 8E: The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.
• Required Element 8H: Academic services, counseling services, health services, disability services, and financial aid services are available to program students. [EXHIBIT 602.16(a)(1)(vi) PTA Standard 8 and Required Elements 8A-8B, 8E and 8H]

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Analyst Worksheet - Narrative
Analyst Review Status: 
Meets the requirements of this section
Analyst Remarks to Narrative:
The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding student support services contained in standards 2, 5, and 8 of the CAPTE standards and required elements for both physical therapy and physical therapy assistant programs with additional student support services requirements related to distance education in standard 6 (Exhibit 13, 15, 21, and 42). The agency requires that programs document how enrolled students are made aware of the availability and access student services and separately evaluates a program's support of students in the areas of library resources, academic services, counseling services, health services, disability services, and financial aid services.

The agency's evaluation process requires a program to submit its student support services information and documentation with its self-study, which is used by the site team to assess the program's compliance with the agency's student support services standards prior to the appropriate CAPTE panel making a decision.

Each of the agency's provided examples of complete self-studies, site visit reports, and decision letters confirm that the agency requests and reviews information in each application related to student support services. During the site visit in October 2021, Department staff observed the on-site reviewers interviewing student support personnel and students. During the virtual file review dated January 2022, department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency's appropriate analysis.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(1)(vii)
Description of Criteria

(vii) Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising.

Narrative:
CAPTE publishes the following Standards and Required Elements to evaluate the admissions practices, academic calendars, catalogs, publications, grading, and advertising of physical therapy educational programs.

PT Standards and Required Elements
Standard 3: The institution and program operate with integrity.
• Required Element 3G: Program specific policies and procedures are compatible with institutional policies and with applicable law. [EXHIBIT 602.16(a)(1)(vii) PT Standard 3 and Required Element 3G]

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.
• Required Element 4L: The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.
• Required Element 4N: The collective core faculty are responsible for assuring that students are professional, competent, and safe and ready to progress to clinical education. [EXHIBIT 602.16(a)(1)(vii) PT Standard 4 and Required Elements 4L and 4N]

Standard 5: The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population. (See Required Elements 5A through 5C) [EXHIBIT 602.16(a)(1)(vii) PT Standard 5 and Required Elements 5A-5C]

Standard 6: The program has a comprehensive curriculum plan.
• Required Element 6G: The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations. [EXHIBIT 602.16(a)(1)(vii) PT Standard 6 and Required Elements 6G]

Standard 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an everchanging health care environment. [EXHIBIT 602.16(a)(1)(vii) PT Standard 7]

PTA Standards and Required Elements
Standard 3: The institution and program operate with integrity.
• Required Element 3G: Program specific policies and procedures are compatible with institutional policies and with applicable law. [EXHIBIT 602.16(a)(1)(vii) PTA Standard 3 and Required Element 3G]

Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.
• Required Element 4L: The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.
• Required Element 4N: The collective core faculty are responsible for assuring that students are professional, competent, and safe and ready to progress to clinical education. [EXHIBIT 602.16(a)(1)(vii) PTA Standard 4 and Required Elements 4L and 4N]

Standard 5: The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population. (See Required Elements 5A through 5C) [EXHIBIT 602.16(a)(1)(vii) PTA Standard 5]
and Required Elements 5A-5C]

Standard 6: The program has a comprehensive curriculum plan.
• Required Element 6G: The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes. [EXHIBIT 602.16(a)(1)(vii) PTA Standard 6 and Required Element 6G]

Standard 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment. [EXHIBIT 602.16(a)(1)(vii) PTA Standard 7]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising contained in standards 3, 4, 5, 6, and 7 of the CAPTE standards and required elements for both physical therapy and physical therapy assistant programs with additional publications requirements related to distance education in standard 6 (Exhibits 43-52). The agency evaluates its programs for the accuracy and comprehensiveness of the information provided to prospective students, enrolled students, and the public. Programs are required to provide information about catalogs, recruitment and admission information, transfer of credit policies, academic calendars, grading policies, financial aid, the program’s accreditation status, the process to register a complaint with CAPTE, financial aid and costs, and outcomes, including career opportunities for graduates if available/applicable. Additional requirements regarding the publication of accreditation status may be found in section 4 and 7 of the CAPTE Rules of Practice and Procedure (Analyst Exhibit 1 — CAPTE Rules of Practice and Procedure, pp. 35 and 61). All procedures and policies must comply with applicable law as noted in the requirements of section 3 of the CAPTE standards and required elements.

The agency’s evaluation process requires a program to submit its recruiting and admissions practices information and documentation with its self-study, which is used by the site team to assess the program’s compliance with the agency's recruiting and admissions practices prior to the appropriate CAPTE panel making a decision. Additional information is collected and reviewed in the annual report as part of the agency’s monitoring approaches, as discussed in Section 602.19(b).

Each of the agency’s provided examples of complete self-studies, site visit reports, and decision letters, confirm that the agency requests and reviews information in each application related to recruiting and admissions practices as appropriate to the specified scale of operations. During the site visit in October 2021 Department staff observed the on-site reviewers interview admissions personnel and students regarding experiences with the program’s onboarding and recruitment. During the virtual file review dated January 2022, Department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency’s appropriate analysis.

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Criteria: 602.16(a)(1)(viii)
Description of Criteria
(viii) Measures of program length and the objectives of the degrees or credentials offered.

Narrative:
CAPTE publishes the following Standards and Required Elements to verify the program length and the objectives of physical therapy educational programs.

PT Standards and Required Elements
Standard 2: The program is engaged in effective, ongoing, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.
• Required Element 2C: The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum. [EXHIBIT 602.16(a)(1)(viii) PT Standard 2 and Required Element 2C]

Standard 6: The program has a comprehensive curriculum plan.
• Required Element 6M: The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks/1,050 hours of full-time clinical education experiences. [EXHIBIT 602.16(a)(1)(viii) PT Standard 6 and Required Element 6M]

PTA Standards and Required Elements
Standard 2: The program is engaged in effective, ongoing, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.
• Required Element 2C: The curriculum assessment plan is written and addresses the curriculum as a whole. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum. [EXHIBIT 602.16(a)(1)(viii) PTA Standard 2 and Required Element 2C]

Standard 6: The program has a comprehensive curriculum plan.
• Required Element 6K: The curriculum for the PTA program, including all general education, prerequisites, and technical education courses required for the degree, can be completed in no more than 5 semesters or 80 academic weeks or 104 calendar weeks, including 520-720 hours of clinical education. [EXHIBIT 602.16(a)(1)(viii) PTA Standard 6 and Required Element 6K]
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#### Analyst Worksheet - Narrative

**Analyst Review Status:**

Does not meet the requirements of this section

**Staff Determination:**

The agency sets program lengths for physical therapy and physical therapy assistant programs in semester credit hours, though it does not define semester credit hours and it is therefore unclear if the agency’s definition complies with the Department’s definition of the credit hour in 600.2. The agency must amend its standards and required elements to establish definitions of credit hour for the purpose of clarifying program length for both physical therapy and physical therapy assistant programs.

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has expectations regarding program length that may be found in Standards 2 and 6 of the CAPTE standards and required elements for both physical therapy and physical therapy assistant programs (Exhibits 53-56). For physical therapy assistant programs, all requirements for the degree must be completeable in no more than 5 semesters, including 520-720 hours of clinical education. For Doctor of Physical Therapy programs, all requirements must last at least 90 semester credit hours completed in no less than 6 semesters with a minimum of 1050 clinical education hours.
Though the agency provides guidance on calculating contact hours in its self-study report instructions and guidance, the agency does not hold definitions or requirements for semester credit hour calculations. The agency must amend its standards and required elements to establish a definition of the credit hour for the purpose of clarifying program length for both physical therapy and physical therapy assistant programs.

Though of the each agency’s provided examples of complete self-studies, site visit reports, and decision letters that confirm that programs are reviewed in terms of total program length and total number of credit hours, definitions of credit hours were not reported or reviewed through self-study reports, site visit reports, or decisions letters. During the site visit in October 2021, Department staff observed the on-site reviewers interview students in the Doctor of Physical Therapy program in multiple years of cohorts, demonstrating an appropriate length of time in terms of semesters. However, it is not clear if the amount of time spent in the development of an appropriate body of knowledge and competency is offered given the lack of definition of credit hour.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CAPTE Standards and Required Elements state physical therapist and physical therapist assistant programs must indicate the relationship between credit hours and contact hours for classroom and laboratory courses. Using 34 CFR 600.2 Definitions for defining a credit hour, CAPTE amended PT Standards 3C and 6M and PTA Standard 3C to require programs to clarify program length for physical therapist (PT) and physical therapist assistant (PTA) programs. Formerly, PT and PTA programs were required to “provide the specific location where institution and, if applicable, program workload policies are found,” “if the workload policies for program faculty differ from institution policies, describe how they differ,” and “provide the formula used by the program to determine faculty workload.” CAPTE amended the PT and PTA 3C language and PT 6M language. Programs must

“Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist education program so that they take into consideration the relationship between credit hour and contact hours for classroom and laboratory for determining length of program (See Note).

CAPTE defines the credit hour as at least a minimum of 700 minutes per one credit hour for didactic/laboratory instruction. A full-time week of clinical education is defined as 35 hours/week. The program must meet the credit calculation as defined by the institution and approved by the institution’s accrediting agency or State approval agency.

CAPTE provides the following as examples only and are not intended to be prescriptive.

(e.g. 1 credit = 50 minutes each week times 14 weeks – 700 minutes)

(e.g. 1 credit = 60 minutes each week times 15 weeks – 900 minutes)
(e.g., 1 credit = 2 weeks of clinical education – 70 hours)

Exhibit 15: 602.16(a)(1)(viii) CAPTE Amended Rules and Revised PT and PTA 3C and PT 6M Standards

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency implemented policies and definitions related to the credit hour that align with the Department’s definition in 600.2 (Agency Response Exhibit 15). Through the establishment of these policies, the agency has demonstrated that program lengths for physical therapy and physical therapy assistant program are sufficiently clear in the agency’s standards.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.16(a)(1)(ix)

Description of Criteria

(ix) Record of student complaints received by, or available to, the agency.

Narrative:
CAPTE publishes the following Standards and Required Elements to ensure adequate processes for publishing and addressing student complaints against physical therapy educational programs.

PT Standards and Required Elements
Standard 3: The institution and program operate with integrity.
• Required Element 3F: Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program. [EXHIBIT 602.16(a)(1)(ix) PT Standard 3 and Required Element 3F]
PTA Standards and Required Elements

Standard 3: The institution and program operate with integrity.

• Required Element 3F: Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program. [EXHIBIT 602.16(a)(1)(ix) PTA Standard 3 and Required Element 3F]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding student complaints contained in standard 3 for both physical therapy and physical therapy assistant programs (Exhibits 33 and 34). The agency's standards are sufficiently specific and require programs to have a complaint policy that is accessible to prospective and enrolled students, clinical education sites, employers of graduates, and the general public and to make the complaint policy readily available. Programs are required to maintain a written record of all complaints and their disposition. The program requires the operationalization of complaint procedures to be timely, fair, and impartial.

The agency's evaluation process requires a program to submit its student complaint policy and record of complaints with its self-study, which is used by the site team to assess the program's compliance with the agency's student complaint standards prior to the appropriate CAPTE panel making a decision.

Each of the agency's provided examples of complete self-studies and site visit reports document that the agency requests and reviews information in each application related to complaints though none of the provided examples showed record of complaints information due to no complaints being received for the examples offered. During the site visit in October 2021, Department staff observed the on-site reviewers interview program administrators regarding complaints towards the program. During the virtual file review in January 2022, Department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency's appropriate analysis,
including various complaints.

List of Document(s) Uploaded by Analyst - Narrative
No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(a)(2)
Description of Criteria

(2) The agency's preaccreditation standards, if offered, must--
(i) Be appropriately related to the agency's accreditation standards; and
(ii) Not permit the institution or program to hold preaccreditation status for more than five years before a final accrediting action is made.

Narrative:
CAPTE requires developing programs to complete the pre-accreditation process when seeking recognition for candidacy status which is limited to two years or the length of the professional/technical phase of the program (whichever is longer). Candidacy may be renewed for two years by CAPTE, except that the maximum length of time that a program may hold Candidacy is five years [EXHIBIT 602.16(a)(2) 7.23, page 61]. The status of Candidate for Accreditation awarded to each program is based on the extent to which the program demonstrates meeting the expectations for candidacy following current Standards and Required Elements for accreditation of physical therapy educational programs. CAPTE grants Candidate for Accreditation status to programs that demonstrate satisfactory progress toward compliance with the Standards and Required Elements indicated by findings of evident, emerging, or not evident. [EXHIBIT 602.16(a)(2) 7.19(b-c), pages 60]

CAPTE publishes the rules for preaccreditation in Part 7 of the CAPTE Rules of Practice and Procedure. [EXHIBIT 602.16(a)(2) Sub-Part 7B, pages 48-64] Developing programs demonstrate that they meet eligibility requirements before submitting the Application for Candidacy on either June 1 or December 1 depending on the planned enrollment/matriculation of the first cohort of students into any professional/technical courses. [EXHIBIT 602.16(a)(2) 7.4, page 45] Developing programs must be granted Candidate for Accreditation status at least three weeks prior to the planned enrollment/matriculation of the first cohort of students. [EXHIBIT 602.16(a)(2) 7.9.(b), page 53]

CAPTE does not publish separate preaccreditation standards for developing programs; however, in the Application for Candidacy, programs must submit “Evidence of Progress towards Compliance” with published Standards and Required Elements which differs from programs seeking initial or reaffirmation
of accreditation and required to submit “Evidence of Compliance.” CAPTE grants Candidate for
Accreditation status to programs making satisfactory progress toward and likely to attain full
accreditation. [EXHIBIT 602.16(a)(2) 7.2, page 43] The status of Candidate for Accreditation awarded to
each program is based on the extent to which the developing program demonstrates meeting the
expectations for candidacy outlined in the Application for Candidacy. Additionally, some Standards and
Required Elements may vary slightly based on expectations for developing programs that have not yet
started enrolling students. Evaluation of compliance is indicated by three categories: 1) evident (the
program meets the expectations for Candidacy for the element), 2) emerging (the program’s progress
toward the expectations for Candidacy for the element is becoming apparent or prominent), or 3) not
evident (the program does not comply with the expectations for Candidacy for the element). [EXHIBIT
602.16(a)(2) 7.19(b-c), pages 60] Below is an example of Standard 1 and Required Elements that
developing programs demonstrate “Evidence of Progress Towards Compliance” when submitting the
PTA Application for Candidacy in the CAPTE Accreditation Portal.

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

• Required Element 1A: The mission of the program is written and compatible with the mission of the
institution, with the unit(s) in which the program resides, and with contemporary preparation of
physical therapist assistants.

Evidence of Progress towards Compliance Narrative:
  o Provide the mission statements for the institution, the unit(s) in which the program resides, and the
    program.
  o Describe the congruency of the program’s mission statement with the institution and unit(s) missions.
  o Describe the consistency of the program’s mission with contemporary professional expectations for
    the preparation of physical therapist assistants.

• Required Element 1B: The program has documented goals that are based on its mission, that reflect
contemporary physical therapy education practice, and that lead to expected program outcomes.

Evidence of Progress towards Compliance Narrative:
  o Provide the goals, including those related to:
    ? Students and graduates (e.g., competent practitioners, leaders in the profession);
    ? Faculty (e.g., achieving tenure and/or promotion, involvement in professional associations, improving
      academic credentials); and/or
    ? The program (e.g., contributing to the community, development of alternative curriculum delivery
      models).
  o Describe how the goals reflected the program’s stated mission.

• Required Element 1C: The program meets required student achievement measures and its mission and
goals as demonstrated by actual program outcomes.

• Required Element 1C1: Graduation rates are at least 60%, averaged over two years. If the program
admits more than one cohort per year, the two-year graduation rate for each cohort must be at least
60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow
the program to meet the expectation for a two-year graduation rate of at least 60%.
• Required Element 1C2: Ultimate licensure pass rates are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

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

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

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

• Required Element 1C4: Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

Evidence of Progress towards Compliance Narrative:
- Describe the formal processes that will be used to ensure that each student achieves entry-level clinical performance during clinical education experiences prior to graduation.

• Required Elements 1C5: The program graduates meet the expected outcomes as defined by the program.

Evidence of Progress towards Compliance Narrative:
- For each goal related to program graduates (not students) delineated in Element 1B, list the expected graduate outcomes that support the goal.

- For each outcome, provide the expected level of achievement and describe the process and timeline the program will use to determine if the expectations have been met for the charter class and subsequent classes.

- NOTE: Graduates are former students who have earned the PTA degree from the program.

• Required Element 1C6: The program meets expected outcomes related to its mission and goals.

Evidence of Progress towards Compliance Narrative:
- For all other program goals delineated in Element 1B, list the expected outcomes that support the goals.
For each outcome, provide the expected level of achievement and describe the process and timeline the program will use to determine if the expectation has been met.

NOTE: Since expected graduate outcomes are requested in 1CS, do not include them here; this refers to all other expected program outcomes. [602.16(a)(2) AFC for PTA Education Programs] [602.16(a)(2) AFC for PT Education Programs]

As a developing program without enrolled students, some Standards and Required Elements may receive a finding of emerging, which indicates the program has implemented sufficient structure and is making satisfactory progress towards full compliance. The Commission decides whether to grant candidate status based on the evidence submitted 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. [EXHIBIT 602.16(a)(2) 7.19(a-c), pages 59-60] [EXHIBIT 602.16(a)(2) Application for Candidacy Instructions & Forms] [EXHIBIT 602.16(a)(2) PT Application for Candidacy] [EXHIBIT 602.16(a)(2) PTA Application for Candidacy]

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policies and procedures related to preaccreditation may be found in Section 7 of the CAPTE Rules of Practice and Procedure (Exhibits 57 and 58). Preaccreditation (“candidacy”) by the agency is awarded to programs seeking accredited status when a program has submitted sufficient information, in both/either physical therapy and/or physical therapy assistant programs, and has been evaluated by the
agency to be sufficiently capable to meet the agency’s accreditation standards in a reasonable period of time. The applications for candidacy require sufficient information to enable the agency to determine if the program may be reasonably expected to meet the agency’s standards and are appropriately related to the agency’s accreditation standards (Exhibit 59 and 60). The initial requirements of the candidacy process include communication with CAPTE staff, detailed information regarding operations of the program, ensuring appropriate personnel and policies are in place to seek candidacy status, and, only then, receipt of permission to submit the formal application for candidacy (Exhibit 58). Once the application for candidacy has been reviewed, in conjunction with an on-site two-person candidacy team visit and a program’s response to the visit, the agency’s Central Panel has the ability to review applicant programs towards compliance with the agency’s standards and offer ratings of evident compliance, emerging compliance, or not evident compliance, and grant candidacy status if justified. Section 7.23 of the CAPTE Rules of Practice and Procedure confirms that 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” (Exhibit 58).

The agency included in its petition an application for candidacy, candidacy site visit report, and decision letters demonstrating alignment with the applicable regulations (Exhibits 108, 109, 136, 189, and 191). Programs holding candidacy status are required to participate in the agency’s annual monitoring activities in the forms of annual reports (Exhibits 183 and 185) During the virtual file review in January 2022, Department staff reviewed additional program files for preaccreditation.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.16(b-c)
Description of Criteria:

(b) Agencies are not required to apply the standards described in paragraph (a)(1)(x) of this section to institutions that do not participate in title IV, HEA programs. Under such circumstance, the agency’s grant of accreditation or preaccreditation must specify that the grant, by request of the institution, does not include participation by the institution in title IV, HEA programs.

(c) If the agency only accredits programs and does not serve as an institutional accrediting agency for any of those programs, its accreditation standards must address the areas in paragraph (a)(1) of this section in terms of the type and level of the program rather than in terms of the institution.
Narrative:
602.16(b) Not Applicable. CAPTE accredits higher education programs, which is a required element in enabling at least one of these entities to establish eligibility to participate in non-HEA Federal programs.

602.16(c) CAPTE Standards and Required Elements are sufficiently rigorous to ensure that the agency remains a reliable authority on the quality of the physical therapy educational programs by accredited institutions. CAPTE Standards and Required Elements evaluate physical therapy educational programs through the following standards:

602.16(a)(1)(i) Student achievement is addressed in Standard 1: The program meets graduate achievement measures and program outcomes related to its mission and goals.

602.16(a)(1)(ii) Curricula is addressed in Standard 6: The program has a comprehensive curriculum plan and Standard 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy for lifelong learning necessary for functioning within an ever-changing health care environment.

602.16(a)(1)(iii) Faculty is addressed in Standard 3: The institution and program operate with integrity (Required Elements 3C and 3D), Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities, and Standard 8: The program resources are sufficient to meet the current and projected needs of the program (Required Element 8a).

602.16(a)(1)(iv) Facilities, equipment, and supplies is addressed in Standard 8: The program resources are sufficient to meet the current and projected needs of the program (Required Elements 8D, 8E, 8F, and 8G).

602.16(a)(1)(v) Fiscal and administrative capacity is addressed in Standard 3: The institution and program operate with integrity (Required Elements 3C, 3D, 3E, 3F, and 3H), Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities (Required Elements 4G and 4H), and Standard 8: The program resources are sufficient to meet the current and projected needs of the program (Required Element 8C).

602.16(a)(1)(vi) Student support services is addressed in Standard 8: The program resources are sufficient to meet the current and projected needs of the program (Required Elements 8A, 8B, 8D, 8E, and 8H).

602.16(a)(1)(vii) Recruiting and admissions practice, academic calendars, catalogs, publications, and advertising are addressed in Standard 3: The institution and program operate with integrity (Required Element 3G), Standard 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities (Required Elements 4L and 4N), Standard 5: The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistency with societal needs for physical therapy services for a diverse population (Required Elements 5A, 5B, and 5C), Standard 6: The program has a comprehensive curriculum plan (Required Element 6G), and Standard 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-
changing health care environment.

602.16(a)(1)(viii) Program length and objectives of the degrees offered is addressed in Standard 2: The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement (Required Element 2C) and Standard 6: The program has a comprehensive curriculum plan (Required Element 6M for PT and Required Element 6K for PTA).

602.16(a)(1)(ix) Record of student complaints received by, or available to, the agency is addressed in Standard 3: The institution and program operate with integrity (Required Element 3F).

602.16(a)(1)(x) Record of compliance with the institution's program responsibilities under title IV of the Act is not applicable since accreditation by CAPTE only enables programs to establish eligibility to participate in non-HEA Federal programs.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency accredits two types of programs: physical therapy assistant programs that typically result in the award of an associate degree and physical therapy programs that result in the award of the Doctor of Physical Therapy degree (Analyst Exhibit 1 — CAPTE Rules of Practice and Procedure, p.). The agency's hold two sets of standards and required elements, one for each of the type and level of program that is reviewed by the agency (Exhibits 13 and 15). The agency's standards address the areas in 602.16(a)(1) in terms of the type and level of the program rather that in terms of the institution.

The agency's accreditation does not enable programs to participate in title IV, HEA programs and therefore 602.16(b) is not applicable.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.16(d)
Description of Criteria

(d)  

(1) If the agency has or seeks to include within its scope of recognition the evaluation of the quality of institutions or programs offering distance education, correspondence courses, or direct assessment education, the agency's standards must effectively address the quality of an institution's distance education, correspondence courses, or direct assessment education in the areas identified in paragraph (a)(1) of this section.  
(2) The agency is not required to have separate standards, procedures, or policies for the evaluation of distance education or correspondence courses.

Narrative:  
CAPTE only accredits physical therapy educational programs that offer distance education to supplement in-person clinical requirements. To meet CAPTE Standards and Required Elements, programs must still include clinical education experiences that allow students to demonstrate skills competency in a supervised environment evaluated by clinical faculty. CAPTE views distance education as alternate delivery modalities for program content that offers students some flexibility without sacrificing rigor or quality when pursuing PT and PTA education programs. CAPTE defines distance education as, “an educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

- 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 (face-to-face) interaction between the student and the faculty member(s).
- Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.” [EXHIBIT 602.16(d)(1-2) Standards and Required Elements for Accreditation of Physical Therapist Education Programs, Footnote, page 7]

CAPTE publishes Required Elements specific to the evaluation of distance education within Standard 6: The program has a comprehensive curriculum plan Required Element 6K for PT Education Programs and Required Element 6I for PTA Education Programs. Programs are evaluated using the PT or PTA Standards and Required Elements to ensure compliance that aligns with the published mission and delivery modality.

To ensure the quality of PT and PTA education programs that offer distance education, CAPTE requires compliance with the following Standard and Required Elements that are specific to distance education curricula:

PT Standards and Required Elements
Standard 6: The program has a comprehensive curriculum plan.
Required Element 6K: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

Required Element 6K1: faculty teaching by distance are effective in the provision of distance education;

Required Element 6K2: the rigor of the distance education courses is equivalent to that of site-based courses;

Required Element 6K3: student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Required Element 6K4: there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Required Element 6K5: there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Required Element 6K6: there is a mechanism for maintaining student privacy as appropriate;

Required Element 6K7: students have been informed of any additional fees related to distance education; and

Required Element 6K8: distance education students have access to academic, health, counseling, disability, and financial aid services commensurate with services that students receive on campus. [EXHIBIT 602.16(d)(1-2) PT Standard 6 and Required Element 6K]

PTA Standards and Required Elements
Standard 6: The program has a comprehensive curriculum plan.

Required Element 6l: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

Required Element 6l1: faculty teaching by distance are effective in the provision of distance education;

Required Element 6l2: the rigor of the distance education courses is equivalent to that of site-based courses;

Required Element 6l3: student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Required Element 6l4: there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Required Element 6l5: there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Required Element 6l6: there is a mechanism for maintaining student privacy as appropriate;
Required Element 617: students have been informed of any additional fees related to distance education; and

Required Element 618: distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus. [EXHIBIT 602.16(d)(1-2) PT Standard 6 and Required Element 61]

CAPTE monitors the implementation of distance education by outlining substantive changes that must be pre-approved by CAPTE including significant changes 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). [EXHIBIT 602.16(d)(1-2) 9.2(b), page 82]

Finally, CAPTE monitors the effectiveness and outcomes of programs approved to offer distance education during renewal of accreditation and the Annual Accreditation Report.

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency does not appear to accredit programs delivering educational programs through correspondence or direct assessment means. The agency must state whether or not it wishes to include such programs within its scope of recognition and, if so, provide appropriate information and documentation.

Analyst Remarks to Narrative:
The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency has clear and specific expectations regarding distance education contained in standard 6 for both physical therapy and physical therapy assistant programs (Exhibits 65, 66, 69, and 70). The agency notes that offering part of an educational program through distance education means does not eliminate the need for in-person clinical education requirements. The agency's standards and required elements regarding distance education are triggered when a program reports that distance education is used as an educational delivery method. The requirements by the agency note that the program provides information regarding all of the components of 602.16(a)(1) specific to the effects of the distance education delivery. Distance education is included in the scope of accreditation for the agency.

The agency’s evaluation process requires a program to submit distance education policies and information with its self-study, which is used by the site team to assess the program’s compliance with the agency's student complaint standards. Programs are also required to include information regarding the provision of distance education courses through the annual reporting requirements and in the case of significant changes to program delivery methods (Exhibit 65).

The agency does not accredit programs delivering educational programs through correspondence or direct assessment means. In accordance with the regulations that became effective on July 1, 2020, accrediting agencies that have not previously approved direct assessment programs that wish to have direct assessment included in their scope of recognition would have to apply for an expansion of scope in accordance with 34 CFR 602.32. The notification provision outlined in 34 CFR 602.27(a)(4) is not applicable to direct assessment programs. The agency must state whether or not it wishes to include such programs within its scope of recognition and, if so, provide appropriate information and documentation.

Each of the agency's provided examples of complete self-studies, and site visit reports document that the agency requests and reviews information in each application related to distance education, though not all of the programs reviewed elected to use distance education as an educational delivery method. During the Department staff observed site visit in October 2021, distance education was a particular focus of discussion availability of necessary equipment for students. Department staff observed the on-site reviewers interview multiple constituencies regarding the program’s distance education resources. During the file virtual review in January 2022, Department staff reviewed additional examples of program materials demonstrating alignment with the regulatory requirements and the agency’s appropriate analysis.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CAPTE does not accredit programs delivering educational content through correspondence or direct assessment modalities. CAPTE does not wish to expand its scope of accreditation to include programs delivering educational content through correspondence or direct assessment modalities.
Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency confirmed that it does not accredit programs delivering educational content through correspondence or direct assessment means. The agency is not seeking an expansion of scope to include such programs. This response satisfies the requirements of this criterion.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.16(e-g)
Description of Criteria

(e) If none of the institutions an agency accredits participates in any title IV, HEA program, or if the agency only accredits programs within institutions that are accredited by a nationally recognized institutional accrediting agency, the agency is not required to have the accreditation standards described in paragraphs (a)(1)(viii) and (a)(1)(x) of this section.
(f) An agency that has established and applies the standards in paragraph (a) of this section may establish any additional accreditation standards it deems appropriate.
(g) Nothing in paragraph (a) of this section restricts--
   (1) An accrediting agency from setting, with the involvement of its members, and applying accreditation standards for or to institutions or programs that seek review by the agency;
   (2) An institution from developing and using institutional standards to show its success with respect to student achievement, which achievement may be considered as part of any accreditation review; or
   (3) Agencies from having separate standards regarding an institution’s or a program’s process for approving curriculum to enable programs to more effectively meet the recommendations of
      (i) Industry advisory boards that include employers who hire program graduates;
      (ii) Widely recognized industry standards and organizations;
(iii) Credentialing or other occupational registration or licensure; or
(iv) Employers in a given field or occupation, in making hiring decisions.

(4) Agencies from having separate faculty standards for instructors teaching courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses, as long as the instructors, in the agency’s judgment, are qualified by education or work experience for that role.

Narrative:

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must provide a response to this section.

Analyst Remarks to Narrative:

The agency must provide a response to this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CAPTE only accredits physical therapist and physical therapist assistant programs offered through institutions accredited by nationally recognized accrediting bodies. Standard and Required Element 3B for both the physical therapist and physical therapist assistant standards states, “The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).” Programs must provide evidence the institution’s accreditation is in good standing.

CAPTE applies specific rules of practice and procedures and rigorous standards and required elements to measure and monitor the quality of physical therapist and physical therapist assistant education.
CAPTE’s accreditation and preaccreditation standards outline clear expectations for programs regarding student achievement in relation to their institutional and program missions, the curricula, faculty roles and responsibilities, fiscal and administrative capacity, student support services, facilities and equipment, program policies and procedures, student recruitment and retention, appropriate publications about the program and requirements for students to complete the program, a mechanism for filing complaints, and recording complaints. CAPTE requires physical therapist and physical therapist assistant education programs to meet bright-line student achievement measures for graduation rates, licensure pass rates, and employment rates. As an agency that only accredits physical therapist and physical therapist assistant programs delivered through institutions accredited by nationally recognized accrediting bodies, CAPTE is not required to publish accreditation standards described in paragraphs (a)(1)(viii) and (a)(1)(x) of this section. CAPTE’s standards and required elements outline requirements for program assessment, program improvement, and program integrity.

Analyst Worksheet - Response
Analyst Review Status:

Not Necessary

Analyst Remarks to Response

The agency responded to the Draft Analysis with acknowledgement of the guidance found in 602.16(e-g). Given the information provided, these criteria are not applicable to the agency.

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.17(a)
Description of Criteria

The agency must have effective mechanisms for evaluating an institution’s or program’s compliance with the agency’s standards before reaching a decision to accredit or preaccredit the institution or program. The agency meets this requirement if the agency demonstrates that it--

(a) Evaluates whether an institution or program—
   (1) Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;
(2) Is successful in achieving its stated objectives at both the institutional and program levels; and
(3) Maintains requirements that at least conform to commonly accepted academic standards, or the equivalent, including pilot programs in §602.18(b);

Narrative:
The CAPTE evaluation process determines whether programs maintain clearly specified educational objectives that are consistent with their mission and appropriate for physical therapy education. CAPTE requires programs to establish goals that reflect contemporary physical therapy education, research and practice, and support the achievement of program outcomes based on their mission. Programs submit the mission statement of the institution in which the program resides and the mission statement for the program. Programs also describe the congruency between the institutional mission and the program mission including how the program mission aligns with contemporary professional expectations for the preparation of physical therapists and physical therapist assistants. [EXHIBIT 602.17(a)(1) Self-Study Report Instructions]

Programs must also establish goals that encompass students, graduates, faculty and the program. Goals for students and graduates reflect the development of competent clinicians and leaders within the physical therapy profession. Goals for faculty ensure the achievement of tenure or advancement, involvement in professional associations, and enhancing academic credentials. Goals for the program demonstrate contributions to the community and development of alternative curricula delivery modalities. [EXHIBIT 602.17(a)(1) PT Cheat Sheet] [EXHIBIT 602.17(a)(1) PTA Cheat Sheet]

Evidence of Compliance with Standard 1 include the following:

PT Evidence of Compliance (Required Elements 1A and 1B)
• Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
• Describe the congruency of the program’s mission statement with the institution and unit(s) missions.
• Describe the consistency of the program’s mission with contemporary professional expectations for the preparation of physical therapists.
• Provide the goals, including those related to:
  o Students and graduates (e.g., competent practitioners, leaders in the profession)
  o Faculty (e.g., adding to the body of knowledge in physical therapy, achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
  o The program (e.g., contributing to the community, development of alternative curriculum delivery models).
• Describe how the goals reflect the program’s state mission. [EXHIBIT (a)(1) PT Standards and Required Elements] [EXHIBIT 602.17(a)(1) PT Visit Report]

PTA Evidence of Compliance (Required Elements 1A and 1B)
• Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
• Describe the congruency of the program’s mission statement with the institution and unit(s) missions.
• Describe the consistency of the program’s mission with contemporary professional expectations for the preparation of physical therapist assistants.
• Provide the goals, including those related to:
Students and graduates (e.g., competent clinicians, leaders in the profession);
Faculty (e.g., achieving tenure and/or promotion, involvement in professionals associations, improving academic credentials); and/or
The program (e.g., contributing to the community, development of alternative curriculum delivery models).

- Describe how the goals reflect the program’s stated mission. [EXHIBIT 602.17(a)(1) PTA Standards and Required Elements] [EXHIBIT 602.17(a)(1) PTA Visit Report]

CAPTE evaluates whether programs are successful in achieving stated objectives at the institutional and program levels. CAPTE requires comprehensive curriculum plans to include learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and that describe the level of student performance expected. CAPTE sets student achievement measures for graduation rates, licensure pass rates, and employment rates. Additionally, students are required to demonstrate entry-level clinical performance during clinical education experiences prior to graduation including meeting the expected outcomes as defined by the program and as it relates to the mission and goals. PT and PTA programs respond to and submit Evidence of Compliance for Required Elements 1C1, 1C2, 1C3, 1C4, 1C5, and 1C6 which outlines graduation rate, licensure pass rates, and employment rate benchmarks. [EXHIBIT 602.17(a)(1) PT Standards and Required Elements] [EXHIBIT 602.17(a)(1) PT Visit Report] [EXHIBIT 602.17(a)(1) PTA Standards and Required Elements] [EXHIBIT 602.17(a)(1) PTA Visit Report]

CAPTE evaluates programs to ensure they maintain requirements that reflect commonly accepted academic standards or the equivalent (i.e., distance education). CAPTE requires that institutions only award degrees after confirmation that students have completed all program requirements consistent with commonly accepted standards for physical therapist and physical therapist assistant education programs. CAPTE requires physical therapist educational programs be based on a comprehensive curriculum plan that includes 1) information about the contemporary practice of physical therapy, 2) standards of practice, and 3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory. For DPT programs, this includes ensuring students enter the professional program after earning a baccalaureate degree or have completed three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution. The program’s comprehensive curriculum plan determines specific prerequisite coursework including a description of the curriculum model and the educational principles on which it is built. The didactic and clinical curriculum must include interprofessional education with learning activities directed toward the development of interprofessional competencies. The comprehensive curriculum plan must include a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes.

For PTA programs, this includes courses in general education and basic sciences that prepare students for the technical courses, or competencies, if the program is competency-based. The curriculum plan includes a description of the curriculum model and the educational principles on which it is built.

The DPT and PTA programs are expected to create course syllabi that are comprehensive and inclusive of all CAPTE expectations. They must state learning objectives in behavioral terms that reflect the breadth and depth of the course content including the level of student performance expected. Programs must also integrate a variety of effective instructional methods selected to maximize learning based on the nature of the content, the needs of the learners, and the defined expected student outcomes. Programs’ curriculum plans must also include a variety of effective tests, measures, and evaluation
processes used by faculty to determine whether students achieved the learning objectives. In addition to didactic curriculum, programs must include clinical education experiences for students.

The DPT comprehensive curriculum must be comprised of at least 90 semester credit hours (or the equivalent) and completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks/1,050 hours of full-time clinical education experiences.

The PTA comprehensive curriculum must include all general education, prerequisites, and technical education courses required for the degree and be completed in no more than 5 semesters or 80 academics weeks or 104 calendar weeks, including 520-720 hours of clinical education.

For courses offered by distance education, DPT and PTA programs must employ faculty who are effective in teaching by distance education, maintain the rigor of distance education courses equivalent to site-based courses, ensure students meet expectations as outlined in the course syllabi and evidenced through student assessments, implement mechanisms for determining student identity during course activities and testing, maintain test security and integrity when testing, protect student privacy, inform students of any additional fees related to distance education, and provide students with access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus. [EXHIBIT 602.17(a)(3) PT Standard 6] [EXHIBIT 602.17(a)(3) PTA Standard 6]

Document(s) for this Section

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### Analyst Worksheet - Narrative

**Analyst Review Status:**

- Meets the requirements of this section

**Analyst Remarks to Narrative:**

The agency maintains separate sets of standards and required elements for physical therapy and physical therapy assistant programs. The agency holds effective mechanisms for evaluating a program’s compliance with the agency’s standards before reaching a decision to accredit or preaccredit an applicant program. For preaccreditation, the agency requires verification of initial operational information, an application for candidacy, candidacy site visit, program response, and central panel decision. For accreditation and renewal of accreditation, the agency requires a self-study, site visit, response to the site visit, and panel decision as appropriate. For both preaccreditation and accreditation, annual reporting requirements, third-party comments, complaints, and other evaluation and reporting mechanisms ensure the ability of the agency to hold accurate and appropriate information.

The agency’s standards for both physical therapy and physical therapy assistant programs require a mission that is clearly stated as noted in section 1 of the agency’s standards and required elements (Exhibits 67, 68, 110, 111, 113, 114, 115, and 166). The agency additionally requires objectives that are consistent with the mission of the institution, as well as specified competencies depending on the requirements for entry level competency based on the level of the program, and the degree to which the objectives are achieved. The agency evaluates the appropriateness of the mission and program effectiveness assessment during the routine self-study review and on-site visit and provided documentation of such evaluation (Exhibits 112, 117, and 118). The agency has qualitative and quantitative program effectiveness and student outcomes measures by which it assesses a program's success in achieving its mission and objectives. Each of the agency’s provided examples of complete self-studies, site visit reports, responses to site visit reports, and decision letters document that the agency requests and reviews information in each application related to mission and educational objectives.

In addition to various outcome measures, CAPTE has developed program requirements that meet APTA licensure requirements, including minimums/maximums for degree length at each level as appropriate and credits required, and have set and therefore meet commonly accepted practice in the higher education community.

During the site visit in October 2021, Department staff observed the on-site reviewers interview program administrators regarding the mission and objectives and the relationship between the institution and program. During the virtual file review in January 2022, Department staff reviewed additional examples of program materials, including accreditation reviews and annual reporting information demonstrating alignment with the regulatory requirements and the agency’s appropriate

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(b) Requires the institution or program to engage in a self-study process that assesses the institution's or program's education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements;

Narrative:
CAPTE requires programs to engage in a self-study process that assesses education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes plans for making those improvements. Programs submit a Self-study Report as a part of achieving or maintaining accreditation. The Self-study Report is completed by the program faculty who are guided by instructions from the accreditation staff and that are also published on the CAPTE website for programs to review at any time. These instructions provide programs guidance on describing and submitting supporting evidence to allow the on-site review team to clarify and verify the information provided in the Self-study Report. The Commissioners ascertain compliance based on evidence provided, including the Self-study Report, Visit Report with Institution Response and additional materials, if any. The Self-study Report is the primary source for substantiating information on a program’s compliance with CAPTE PT or PTA Standards and Required Elements. The program director submits the Self-study Report electronically 60-days prior to the scheduled on-site visit through the CAPTE Accreditation Portal. [EXHIBIT 602.17(b) 8.1 Submission Requirements, page 65] [EXHIBIT 602.17(b) Application for Candidacy Instructions & Forms] [EXHIBIT 602.17(b) Self-Study Report Instructions & Forms]

Programs submit narrative responses and supporting evidence focused on eight Standards and corresponding Required Elements, as follows:

1. The program meets graduate achievement measures and program outcomes related to its mission and goals.
2. The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.
3. The institution and program operate with integrity.
4. The program faculty are qualified for their roles and effective in carrying out their responsibilities.
5. The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.
6. The program has a comprehensive curriculum plan.
7. The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.
8. The program resources are sufficient to meet the current and projected needs of the program.

CAPTE provides guidance documents published on the CAPTE Portal and details the expectations for submitting accreditation reports including the self-study materials, on-site visit materials, and additional information. A complete Self-study Report includes narrative responses, appendices, required forms, forms/information provided to facilitate the collection of data that is entered into the CAPTE Portal fields, and on-site materials provided by the program at the beginning of the visit. CAPTE also publishes PT and PTA Cheat Sheets for programs to use as a quick reference when preparing their Self-study Report.

Accreditation staff holds two types of workshops twice a year, the Developing Program Workshops and Self-Study Workshops. Both workshops provide support, information, and guidance on obtaining and maintaining accreditation.

The Developing Programs Workshop inform institutional representatives of CAPTE’s process, the requirements for developing a physical therapist or physical therapist assistant education program, and minimum expectations for achieving Candidate for Accreditation status. This workshop focuses on CAPTE’s Rules of Practice and Procedure and developing an Application for Candidacy including an in-depth review of CAPTE’s Standards and Required Elements. The Program Director and at least one appropriate representative of the institution must attend the live Developing Program Workshop prior to submission of the Application for Candidacy. [EXHIBIT 602.17(b) 7.8(b) Developing Program Workshop Attendance, page 48] [EXHIBIT 602.17(b) Developing Program Workshop Website]

The Self-Study Workshop prepares faculty and program administrators to develop a Self-study Report and host a site visit. This workshop provides an in-depth review of CAPTE’s Standards and Required Elements. [EXHIBIT 602.17(b) PT Self-Study Workshop Website] [EXHIBIT 602.17(b) PTA Self-Study Workshop Website]

Prior to COVID-19 workshops were offered prior to Combined Section Meetings (CSM) and the Education Leadership Conference (ELC) meetings in-person. During the COVID-19 pandemic, these workshops are provided as a three-part webinar series that are available through APTA’s Learning Center. CAPTE held three-part webinar workshops in 2021 for each of the following: PT Programs (March 1, 4, and 8 from 2pm to 5pm ET for a total of 9 hours), PTA Programs (March 3, 9, and 11 from 2pm to 5pm ET for a total of 9 hours), and Developing Programs (January 27, January 29, and February 2, 2021 from 12pm to 3:30pm for a total of 10.5 hours).

Additionally, accreditation staff provide Self-study Workshops, upon request, on-site at individual programs for a set fee (at their discretion, when feasible). [EXHIBIT 602.17(b) 3.15(a)(2) Staff Role in Support of Programs, page 12]
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency requires programs to submit a self-study detailing compliance with the agency’s standards as part of each on-site evaluation for comprehensive review of each program for decisions related to accreditation in accordance with 8.1 of the CAPTE Rules of Practice and Procedure (Exhibit 123). The agency offers detailed instructions through established templates with instructions (Exhibits 124 and 128), regular training on completion of the self-study and information regarding compliance for each stage of the application process (Exhibits 125, 126, and 127), and staff assistance through staff communication prior to the submission of applications for self-study in addition to the regular training offered (Exhibit 121 and 122).

The self-study is received by CAPTE staff, verified for completion and accuracy related to submission requirements, and reviewed by on-site reviewers prior to the on-site evaluation to ensure that the materials prove sufficient to enable decisions related to the comprehensive review of the program (Exhibit 128). The documentation offered by the agency demonstrates that each self-study must detail compliance with all applicable standards which constitutes the process in which the program assesses its own education quality and success in meeting its mission and objectives, highlights opportunities for improvement, and includes a plan for making those improvements (Exhibits 106, 108, 124, 125, and 128).
During the virtual file review in January 2022, Department staff reviewed multiple self-studies submitted by preaccredited and accredited programs.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.17(c)

Description of Criteria

(c) Conducts at least one on-site review of the institution or program during which it obtains sufficient information to determine if the institution or program complies with the agency's standards;

Narrative:
CAPTE conducts at least one on-site review of programs during which it obtains sufficient information to assist in determining whether programs comply with CAPTE Standards and Required Elements including the Rules of Practice and Procedure. CAPTE requires programs to undergo a three-day on-site visit as a routine component of the accreditation process. Programs seeking initial accreditation undergo an on-site visit in the penultimate term in which the charter class is enrolled and at least ten weeks prior to the CAPTE regularly scheduled meeting at which the initial accreditation decision is scheduled to be made. Programs seeking reaffirmation of accreditation undergo an on-site visit as necessary to maintain the program's cycle of accreditation at a minimum every ten years. [EXHIBIT 602.17(c) 8.5 Timing of the On-site Visit, page 67]

On-site visits allow on-site review teams to clarify and verify the information provided in the Self-study Report submitted by the program and to gather data about the physical therapy educational program to allow CAPTE to ascertain the extent of compliance with the Standards and Required Elements. On-site review teams offer consultation and advice to programs for improvements but do not offer recommendations on accreditation status. On-site visits include a series of interviews with constituents of the programs (e.g., administrative officials, academic faculty, clinical faculty, students, alumni, and employers). On-site visits conclude with an Exit Summary of the team's findings. [EXHIBIT 602.17(c) 8.7(a)(b) Functions of the On-site Review Team, page 68]

Programs undergo a three-day on-site visit to allow on-site review teams to clarify and verify the information provided in the Self-study Report and document findings of compliance or non-compliance with PT/PTA Standards and Required Elements. CAPTE requires all programs seeking accreditation to
undergo an on-site visit by a team of three members selected by accreditation staff from a cadre of on-site reviewers.

On June 12, 2020, CAPTE adopted and published its Virtual Visit Policy to address the impact on travel due to COVID-19. CAPTE voted to implement emergency measures to allow for virtual site visits on a temporary basis. The policy has been implemented in recognition of the need to keep CAPTE volunteer on-site reviewers (team members) and program stakeholders safe, with an overabundance of caution. The policy seeks to ensure that programs meet CAPTE Accreditation Standards and Required Elements, and that CAPTE can accomplish its mission to advance the quality of physical therapy education without compromise. To adhere to guidance from the U.S. Department of Education, virtual visits conducted by CAPTE will be followed up with on-site visits to meet the statutory and regulatory requirements to perform regular on-site inspections. [EXHIBIT 602.17(c) CAPTE Virtual Visit Policy] In compliance with guidance issued by the U.S. Department of Education, CAPTE will conduct follow-up on-site visits for all virtual visits conducted during the national emergency declaration no later than 180 days following the date on which the COVID-19 national emergency declaration is rescinded. [EXHIBIT 602.17(c) Regulatory Waivers Granted Under the Heroes Act in Response to the COVID-19 Pandemic Distance Education Section 602.16(2)(ii) and Section 602.19(a)]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency requires an on-site visit with at least three team members for each program under review for initial or renewal of accreditation, as noted in 8.5 of the CAPTE Rules of Practice and Procedure (Exhibit 129). The CAPTE Rules of Practice and Procedure also notes requirements related to the size and composition of the site teams for the program reviewed, including information related to conflict of interest, factors for selecting teams, qualifications for on-site reviewers as educators and practitioners, and distance education programs.

The site team reviews and verifies the information included within the program's self-study, using
agency templates to guide the writing of the report. The site team drafts a written report that includes the team's determination concerning the program's compliance with agency standards.

In its application, the agency has provided sample site visit reports verifying the agency conducts at least one comprehensive on-site review of a program before reaching a decision regarding accreditation (Exhibits 112 and 117).

Due to ongoing pandemic conditions, the agency adopted a specific virtual visit policy (Exhibit 131). Department staff observed a virtual visit in October 2021 and confirms that all necessary aspects of the virtual visit were satisfied.

During the virtual file review in January 2022, Department staff reviewed a variety of site visit reports for preaccredited and accredited programs.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

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Criteria: 602.17(d)
Description of Criteria

(d) Allows the institution or program the opportunity to respond in writing to the report of the on-site review;

Narrative:
CAPTE allows programs the opportunity to respond in writing to the report submitted following any on-site visit. Programs receive an opportunity to respond to the findings in the Visit Report for the purpose of correcting errors of fact or interpretation and provide evidence of compliance with any noted deficiencies of the Required Elements. Programs submit the Visit Report with Institution Response through the CAPTE Accreditation Portal no later than 30 days following receipt of the Visit Report. All CAPTE members receive access to the Visit Report with Institution Response unless a Commissioner is found in conflict with the program. CAPTE allows programs to submit additional clarifying materials up until 30 days prior to the CAPTE meeting. [EXHIBIT 602.17(d) 8.12(a-c) Program Response to Report and Subs, page 69]

For programs seeking initial accreditation, they must submit the following information for the charter class no later than 30 days prior to the CAPTE meeting:
• 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),
• A summary of each student’s most recent evaluation (mid-term or final), and
• An analysis of the performance of students (in aggregate) in clinical education based on feedback provided by clinical educators. [Rules of Practice and Procedure, 8.12(d), page 69]

CAPTE discontinues programs’ access to the Accreditation Portal 30 days prior to the CAPTE meeting to prevent the addition or alteration of responses and corresponding materials. CAPTE only accepts further documentation if specifically requested by the CAPTE reviewer. In these instances, programs submit additional documentation to accreditation staff by email. [EXHIBIT 602.17(d) 8.12(e), page 69] [EXHIBIT 602.17(d) PT Visit Report with Institutional Response] [EXHIBIT 602.17(d) Candidacy Visit Report with Institutional Response]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provides a program the opportunity to respond to the site visit report, as stated in 8.12 of the CAPTE Rules of Practice and Procedure (Exhibit 133). The intention of the agency with regard to the program’s response is to enable the correction of errors of fact and/or provide evidence of compliance of any issues raised in the site visit report. The agency requires that the program provide its response to the site visit report within thirty days of receipt of the report. Additionally, the agency restricts the program from amending any materials submitted in the response process at thirty days prior to the meeting of the commission.

The agency provided examples of a candidacy site visit report and an accreditation site visit report that verifies that the agency provides a program the opportunity to respond in writing to the report of the site visit (Exhibits 136 and 137).
During the virtual file review in January 2022, Department staff reviewed examples of program responses to site team reports.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.17(e)
Description of Criteria

(e) Conducts its own analysis of the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources to determine whether the institution or program complies with the agency's standards;

Narrative:
CAPTE conducts its own analysis and makes decisions on accreditation status based on information from the Self-study Report, the Visit Report, the response of the institution to the Visit Report, additional materials provided by the program, eligible written third-party comments and, when requested, Compliance Reports including additional information requested by CAPTE from the program and/or on-site review team for further clarification to determine whether programs comply with CAPTE Standards and Required Elements including the Rules of Practice and Procedure. [EXHIBIT 602.17(e) 8.15 Basis for Accreditation Status Decisions, page 70]

Accreditation status is established following the:
• Granting of the preaccreditation status (Candidate for Accreditation), and
• Completion of
  o Self-study Report by the program
  o On-site visit by a CAPTE staff-appointed team
  o Review of relevant materials by CAPTE and
  o Action by CAPTE
[EXHIBIT 602.17(e) 8.16(a) Status Decision Options, page 70]

Accreditation staff assign reviewer responsibilities based on Commissioners’ experience, training, and orientation, careful to avoid any conflicts of interest. Two commissioners are assigned to every program on the agenda for review. Commissioners serve as either the primary or secondary reviewers for each
program. The assigned primary and secondary reviewers conduct an independent evaluation of the materials submitted and draft proposed Summaries of Action. During the PT Panel, PTA Panel, and Central Panel meetings, primary reviewers briefly describe the program under consideration, identify their views of program compliance with each Standard and Required Element, identify the on-site review team’s view of compliance, present a recommendation for accreditation status, and present proposed content for the Summary of Action including areas of unsatisfactory progress toward compliance or other issues that need to be addressed. Secondary reviewers present any differing opinions from their viewpoints. The Panel Chair calls for questions and comments from the other panel members and allows for discussion of pertinent areas. Following the Panel discussion and consensus, primary reviewers prepare a final draft Summary of Action. [EXHIBIT 602.17(e) 4.3(d)(2-4) Functions and Operations of Review Panels and Authorized Sub-Groups, page 15]

The recommended status decision is presented to CAPTE for voting using a consent agenda unless the Panel recommends probation or an adverse action, in which case the draft Summary of Action is also presented to CAPTE for discussion prior to voting. [EXHIBIT 602.17(e) 4.3(d)(5) Functions and Operations of Review Panels and Authorized Sub-Groups, page 15] [EXHIBIT 602.17(e) Decision Agendas]

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must ensure that all members of the decision-making body have access to the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the
institution's or program's response to the report, and any other information substantiated by the agency from other sources.

Analyst Remarks to Narrative:

The agency provides to a primary and secondary reviewer from the commission, selected to ensure appropriate expertise and lack of conflict of interest, copies of the self-study, site visit report, response to the site visit report, any additional materials provided by the program, eligible written third-party comments, and compliance reports, if necessary/requested (Exhibits 138-141). The primary and secondary reviewer complete draft summaries of action for each program independently of one another. The primary reviewer then provides a report to the full commission with the secondary reviewer presenting any differing opinion as necessary (Exhibit 138). While the primary and secondary reviewers are provided with all required information as part of the review, the other members of the commission are provided only with the site visit report together with the institution's response. The agency must ensure that all members of the decision-making body have access to the self-study and all supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources.

The agency provided a sample site decision agenda that shows information regarding the program reviewed, primary and secondary reviewer, and voting outcome (Exhibit 142).

During the virtual file review in January 2022, Department staff reviewed additional self-studies, site visit reports, and summaries of action demonstrating agency review of compliance standards related to meeting the requirements of this section. Department staff intends to observe a CAPTE meeting in April 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CAPTE revised its processes to ensure that all individuals on the decision-making body have access to the self-study materials and all supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources. Programs submit their self-study report through a Microsoft D365 portal system. On-site reviewers submit their on-site visit report via the D365 portal. Accreditation staff email each program its on-site visit report to which the program responds regarding accuracy of the report. The program submits its Visit Report with Institutional Response to accreditation staff via email. Accreditation staff upload the On-site Visit Report, Visit Report with Institutional Response and all supporting documentation to a Google folder established for the CAPTE meeting. Staff give all individuals on the decision-making body access to the Google folders.

Exhibit 16: 602.17(e) Google Folder Screenshots
Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency confirmed that its protocols had been revised to ensure that all members of the decision-making body have access to the self-study and supporting documentation furnished by the institution or program, the report of the on-site review, the institution's or program's response to the report, and any other information substantiated by the agency from other sources. The agency provided screenshots of its file distribution system for its most recent Commission meeting as evidence of implementation (Exhibit 16).

List of Document(s) Uploaded by Analyst - Response

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Criteria: 602.17(f)
Description of Criteria

(f) Provides the institution or program with a detailed written report that assesses the institution's or program's compliance with the agency's standards, including areas needing improvement, and the institution's or program's performance with respect to student achievement;

Narrative:
CAPTE provides programs with a detailed written report, called a Summary of Action, that communicates the assessment of their compliance with the CAPTE Standards and Required Elements including areas for improvement and student achievement.

CAPTE determines the status of Candidate for Accreditation based on the extent to which programs demonstrate meeting the expectations for candidacy with the current Standards and Required Elements for the accreditation of physical therapy educational programs. Written notification of CAPTE’s action and rationale is provided to the institution and the program in the form of a Summary of Action that includes commentary in the following categories as appropriate:

• Evident: indicates that the program meets the expectations for Candidacy for the element.
• 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.
• Not Evident: indicates that the program does not comply with the expectations for Candidacy for the
element.
• Consultative Comments: the program meets the expectations for Candidacy for the Standards and
Required Elements but receives guidance on making further improvements.
• Commendations: aspects of the program are found to exceed minimum expectations for compliance
with the Standards and Required Elements.

[EXHIBIT 602.17(f) 7.19(b) Decision Options, page 60]

CAPTE determines the status of accreditation based on the extent to which programs comply with the
current Standards and Required Elements for the accreditation of physical therapy educational
programs. Written notification of CAPTE’s action and rationale is provided to the institution and the
program in the form of a Summary of Action that includes commentary in the following categories as
appropriate:

• Non-compliance: the program has in place less than a substantial portion of the elements necessary to
meet all aspects of the standards or required elements.
• Conditional Compliance: the program has in place a substantial portion, but not all, of the elements
necessary to meet all aspects of the standards or required elements.
• Consultative Comments: the program is compliance with the standards or required elements but
receives advice about how improvements could be made.
• Commendations: aspects of the program are found to be well beyond compliant with the standards or
required elements.
• Student Achievement: judgments with respect to success in student achievement.
• Program Mission: judgments with respect to the program’s success in achievement of its stated
mission.

[EXHIBIT 602.17(f) 8.16(b) Status Decision Options, page 70]

Programs receive a Summary of Action which serves as the official report of the preaccreditation or
accreditation status decision made by CAPTE. The Summary of Action includes the following
information:

• Name of the institution and program
• A list of the sources of information for the decision
• Actual date of decision
• Effective date of decision (if different from the actual date)
• Accreditation status
• Action taken
• Brief description of reasons for the decision
• Following a reaffirmation 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 meets its mission is provided in the Summary of Action
• Date and type of the next accreditation activity
• Relevant notices to the program (appropriately disclosing Commission decision)
• If appropriate, a list of the Standards or Required Elements with which the program was found to be
out of compliance
Additionally, the Summary of Action may include (as appropriate) suggestions to the program on responding to areas found to be out of compliance, consultative comments, and commendations.

CAPTE provides the program with the official Summary of Action no later than 30 calendar days following the close of the CAPTE meeting. Copies of the Summary of Action are also 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 is also sent to the on-site review team. [EXHIBIT 602.17(f) 4.5 Official Reports of Status Decisions, page 19-27]

CAPTE Response (Student Achievement): CAPTE provides feedback on graduation performance including confirmation of reported student achievement indicators (i.e., licensure examination pass rate, graduation rate, and employment rate) to programs seeking Reaffirmation of Accreditation in their Summaries of Action. Additionally, CAPTE provides judgment on the extent to which the program effectively meets its mission. [EXHIBIT 602.17(f) PT Program Summary of Action] [EXHIBIT 602.17(f) PTA Program Summary of Action]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s narrative details that the agency utilizes summaries of actions to clearly communicate agency assessments of a program's compliance with applicable standards, to include performance with respect to student achievement, as documented in the examples for both a physical therapy and physical therapy assistant program included in this section (Exhibits 142, 146, and 147). The agency decision letters provide a detailed assessment of areas of compliance and non-compliance for each standard, including each program's performance with respect to student achievement (Exhibits 148 and 149). The agency also provides clearly written information related to compliance and student achievement in site visit reports as part of the comprehensive accreditation process (Exhibit 150). The
agency also provided its student achievement standard in Section 602.16(a)(1)(i), which requires its programs maintain a two-year average graduation rate of 60% for PTA programs and 80% for PT programs, licensure pass rate of 85%, and employment rate of 90%.

During the virtual file review in January 2022, Department staff reviewed accreditation reviews and annual reports, which included the use of the site team report and agency action letters to communicate areas of compliance and non-compliance.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.17(g)
Description of Criteria

(g) Requires institutions to have processes in place through which the institution establishes that a student who registers in any course offered via distance education or correspondence is the same student who academically engages in the course or program; and

Narrative:
CAPTE requires that physical therapy educational programs offered partially by distance education verify students’ identity following consistent policies and procedures. Programs describe the mechanism(s) used to determine student identity during course activities and when testing occurs at a distance including how the program maintains test security and integrity.

PT Standards and Required Elements
Standard 6: The program has a comprehensive curriculum plan.

Required Element 6K: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

Required Element 6K4: there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Required Element 6K5: there is a mechanism for maintaining test security and integrity when testing occurs at a distance; [EXHIBIT 602.17(g) PT Standard 6 and Required Element 6K 6K4 and 6K5]

PTA Standards and Required Elements
Standard 6: The program has a comprehensive curriculum plan.

Required Element 61: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

Required Element 614: there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Required Element 615: there is a mechanism for maintaining test security and integrity when testing occurs at a distance; [EXHIBIT 602.17(g) PTA Standard 6 and Required Element 61 614 and 615] [EXHIBIT 602.17(g) DE Visit Report and Institutional Response]

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Analyst Worksheet - Narrative

Analyst Review Status:

Analyst Remarks to Narrative:

Although the agency provided a narrative for this criterion, this criterion is not applicable to programmatic agencies and was therefore not necessary.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.17(h)
Description of Criteria

(h) Makes clear in writing that institutions must use processes that protect student privacy and notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Narrative:
CAPTE requires that physical therapy educational programs protect student privacy and inform students of any additional fees related to distance education (e.g., student identity verification). Programs describe the mechanism(s) used to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments). Programs must identify any additional student fees that may be required for courses offered by distance education. If there are additional fees for distance education courses, programs describe how students are informed of the fees.

PT Standards and Required Elements

Standard 6: The program has a comprehensive curriculum plan.

Required Element 6K: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

Required Element 6K6: there is a mechanism for maintaining student privacy as appropriate;

Required Element 6K7: students have been informed of any additional fees related to distance education; [EXHIBIT 602.17(h) PT Standard 6 and Required Element 6K and 6K6 and 6K7]

PTA Standards and Required Elements

Standard 6: The program has a comprehensive curriculum plan.

Required Element 61: If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:

Required Element 616: there is a mechanism for maintaining student privacy as appropriate;

Required Element 617: students have been informed of any additional fees related to distance education; [EXHIBIT 602.17(h) PTA Standard 6 and Required Element 61 and 616] [EXHIBIT 602.17(h) DE Visit Report and Institutional Response]

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Element 6K and 6K6 and 6K7 and Required Element

Exhibit 155 PTA Standard 6 and Required Element 61 and 616
602.17(h) PTA Standard 6 and Required Element

Analyst Worksheet- Narrative
Analyst Review Status:

Analyst Remarks to Narrative:

Although the agency provided a narrative for this criterion, this criterion is not applicable to programmatic agencies and was therefore not necessary.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Not Reviewed

Criteria: 602.18(a)-(b)(1)
Description of Criteria

(a) The agency must consistently apply and enforce standards that respect the stated mission of the institution, including religious mission, and that ensure that the education or training offered by an institution or program, including any offered through distance education, correspondence courses, or direct assessment education is of sufficient quality to achieve its stated objective for the duration of any accreditation or preaccreditation period.

(b) The agency meets the requirement in paragraph (a) of this section if the agency—

(1) Has written specification of the requirements for accreditation and preaccreditation that include clear standards for an institution or program to be accredited or preaccredited;

Narrative:
CAPTE publishes on its website and adheres to its Standards and Required Elements including the Rules of Practice and Procedure which outline the process for programs to achieve and maintain accreditation. CAPTE also provides guidance on the evidence for making progress towards compliance or for demonstrating compliance including narrative responses and supporting documentation. Special notes
are included for programs seeking candidacy and initial accreditation on the type of documentation they should provide at this early stage to demonstrate satisfactory progress towards compliance.

Candidacy for Accreditation: CAPTE outlines the steps to develop an education program for the preparation of physical therapists or physical therapist assistants on its website and as delineated in the Accreditation Handbook. To begin the preaccreditation process and establish a Candidacy Review Cycle, institutions engage in the following:

- Early contact with the accreditation staff
- Developing program workshop
- Notification of intent to seek accreditation
- Notification of program director employment
- Notification of second full-time core faculty employment
- Official reconfirmation of intent to submit an Application for Candidacy

[EXHIBIT 602.18(b)(1) 7.8 Early Development, pages 48-53] [EXHIBIT 602.18(b)(1) Conducting and Writing a Needs Assessment]

The program selects from two Candidacy Review Cycles per year which dictate the submission deadlines of Applications for Candidacy, the timeline for review of Applications for Candidacy by the Commission (Spring and Fall Meetings by CAPTE’s Central Panel), and the earliest acceptable date for matriculation of students. CAPTE reviews a maximum of six applications per Candidacy Cycle for a total of twelve applications annually. Programs indicate their intent to submit through the Developing Program Information Form. Institutions may not matriculate students into a physical therapist or physical therapist assistant program until Candidate for Accreditation status is granted by CAPTE.

Candidacy for Accreditation Pilot Cycle: As part of its commitment to continuous review, CAPTE identified the need to offer an additional Candidacy Cycle to address concerns raised by developing programs about the increasing number of programs waiting for an available cycle on the application list. As outlined in its Rules of Practice and Procedure, CAPTE reviews and makes Candidate for Accreditation decisions two times per year and accepts for consideration a maximum of six new Applications for Candidacy during each Candidacy Review Cycle. This resulted in some developing programs waiting approximately five years before beginning the preaccreditation review process. [EXHIBIT 602.18(b)(1) 7.4 Pre-accreditation Review/Decision Cycles, pages 45-46]

During its October 2019 meeting, the Central Panel endorsed an additional pilot Candidacy Review Cycle to accommodate a summer meeting that allows for the acceptance of six additional Applications for Candidacy while increasing the maximum for the Spring and Fall meetings to eight Applications for Candidacy beginning in March 2020 through December 2022. In 2023, CAPTE will return to making Candidate for Accreditation decisions two times annually in the Spring and Fall with a maximum of six Applications for Candidacy accepted in each Candidacy Review Cycle. [EXHIBIT 602.18(b)(1) Available Slots for Review of Applications for Candidacy]

The Application for Candidacy is a detailed, comprehensive report that describes progress toward and the potential for achieving compliance with the Standards and Required Elements. [EXHIBIT 602.18(b)(1) 7.9 Submission of the Application for Candidacy General Information, pages 53-54] Candidacy status is established following completion of the 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. [EXHIBIT 602.18(b)(1) 7.19(a) Decision Options, pages 59-60]
Initial and Reaffirmation of Accreditation: CAPTE outlines the process candidate programs follow for seeking initial accreditation following the program's timeline for the charter class. Candidate programs submit a Self-study Report and host an on-site visit as part of the process for determining compliance with the Standards and Required Elements. Accreditation status is established following 1) granting of preaccreditation status Candidate for Accreditation; and 2) completion of Self-study Report by program personnel, an on-site visit by a duly constituted team, review of relevant materials by CAPTE, and action by CAPTE. [EXHIBIT 602.18(b)(1) 8.16(a) Status Decision Options, page 70]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency's standards, policies, and procedures are written and are available to the public and programs holding and seeking accreditation on the CAPTE website, as confirmed by Department staff. The standards appear sufficiently clear and specific to describe the agency's expectations, respect the stated mission of the program and its sponsoring institution, and ensure that the education offered is of sufficient quality to achieve a program's stated objectives. The agency holds a number of mechanisms to ensure that programs have an appropriate understanding of how to comply with its standards, including communication with staff, detailed templates and instructions, and clear standards (Exhibits 156-158). Documentation provided by the agency demonstrates that its decisions and reviews, scheduled at regular intervals, are consistent with its policies with regard to the enforcement of standards (Exhibits
159-161), with appropriate decisions made at the candidacy, initial accreditation, and reaccreditation nodes.

Documentation of accreditation actions provided within the petition (Exhibit 173) and examples reviewed during the virtual file review in January 2022 demonstrate the agency’s application and enforcement of its standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.18(b)(2)
Description of Criteria

(2) Has effective controls against the inconsistent application of the agency’s standards;

Narrative:
CAPTE publishes and follows effective controls implemented to protect against the inconsistent application of CAPTE Standards and Required Elements including the Rules of Practice and Procedure. Consistently applying CAPTE policies, procedures, Standards, and Required Elements ensures that accredited physical therapy educational programs meet minimum quality identifiers and metrics. CAPTE implements the following effective controls to guard against the inconsistent application of its Standards and Required Elements.

On-site Reviewers’ Training: CAPTE engages in initial and ongoing training of its on-site reviewers. Following the identification of new reviewers as outlined under Part 6 Procedures for Identifying, Training, and Maintaining the Cadre of On-site Reviewers, accreditation staff offer initial training workshops on an as-needed basis when onboarding new reviewers. Accreditation staff, CAPTE Commissioners, and experienced on-site reviewers host these three-day workshops to introduce new reviewers to the evaluation process, CAPTE Standards and Required Elements, and review expectations. The last training for new PT on-site reviewers occurred on July 19-21, 2019 and for new PTA on-site reviewers on July 26-28, 2019.

CAPTE offers additional training for reviewers who seek to serve as Team Leader. This training includes participation on a training visit with the team leader in-training expected to be involved in the development of interview questions, participate in team discussions, conduct interviews, and practice writing the Visit Report (for comparison with the actual Visit Report only).
CAPTE also hosts special training for those seeking to serve as Candidacy Reviewers. These trainings occur virtually before each cycle of Candidacy Visits. The last training for Candidacy Reviewers occurred on November 18, 2020.

CAPTE also requires on-site reviewers to participate in retraining opportunities following a revision of the Standards and Required Elements. CAPTE also requires additional training for on-site reviewers when there was a significant break in their service, based on performance feedback, or at the request of the on-site reviewer. On-site reviewers are also encouraged to attend Self-Study Workshops at no charge. When CAPTE transitioned to virtual visits due to COVID-19, on-site reviewers participated in three virtual training sessions that were recorded for those who were unable to attend synchronously. The virtual training sessions occurred on June 10, 11, and 14, 2020. Accreditation staff provided On-site Reviewer Update Training for PT on-site reviewers on January 19, 2021 and PTA on-site reviewers on January 21, 2021. [EXHIBIT 602.18(b)(2) PT Instructions and Candidacy Visit Report] [EXHIBIT 602.18(b)(2) PT Instructions and Visit Report] [EXHIBIT 602.18(b)(2) PTA Instructions and Candidacy Visit Report] [EXHIBIT 602.18(b)(2) PTA Instructions and Visit Report] [EXHIBIT 602.18(b)(2) PT OSR Update Jan 2021 PPT Slides] [EXHIBIT 602.18(b)(2) PTA OSR Update Jan 2021 PPT Slides] [EXHIBIT 602.18(b)(2) On-site Reviewer Training Website]

Peer Assessment of Performance: CAPTE requires on-site reviewers to complete a self-evaluation following each on-site visit in addition to assessing other members of the team. CAPTE also requests the institution/program that was visited submit an evaluation of the on-site review team. Accreditation staff compile this unaltered feedback and distributes it to the on-site reviewers. Accreditation staff follow up with individual on-site reviewers regarding performance concerns which are investigated and remediated, as necessary. Accreditation staff may stop using on-site reviewers based on this feedback.

Guidance for Writing Visit Reports: CAPTE provides PT and PTA on-site reviewers with instructions for completing Visit Reports using the Standards and Required Elements. On-site reviewers complete Visit Reports that provide a data source for CAPTE in their decision-making about a program. On-site reviewers use the Visit Report to document the quality of the program relative to the Standards and Required Elements and not just whether components are present or absent. On-site reviewers write effective Visit Reports to assist the reader’s understanding of the program as a whole and in context to the environment in which the program operates. The instructions offer guidelines for on-site reviewers to follow including Visit Report submission, formatting, and narrative development. On-site reviewers receive lists of documentation programs provide to document evidence of their compliance with the Standards and Required Elements. On-site reviewers complete the Visit Report template providing team comments, institution comments, and identify additional materials to be uploaded for each Required Element. [EXHIBIT 602.18(b)(2) PT Candidacy Visit Report] [EXHIBIT 602.18(b)(2) PTA Candidacy Visit Report] [EXHIBIT 602.18(b)(2) PT Instructions and Visit Report] [EXHIBIT 602.18(b)(2) PTA Instructions and Visit Report]

Commissioner Training: Accreditation staff and the CAPTE Commission Chair facilitate orientation activities for new CAPTE members. Orientation includes planned presentations by CAPTE members and accreditation staff, formal introductory meetings by the Panel Chairs, and ongoing informal consultation and guidance from experienced Commissioners.

During the orientation, new Commissioners receive the CAPTE Accreditation Handbook, which includes the Rules of Practice and Procedure, the CAPTE Procedure Manual, minutes of all CAPTE meetings from
the previous year, and access to Self-study Reports, Visit Reports, Compliance Reports, and other related materials for pending Compliance Reports.

Formal orientation and training for new Commissioners occurs in two parts, 1) a conference call prior to their term beginning to discuss information and provide training prior to the first meeting and 2) a session prior to the Spring meeting to discuss remaining topics needed to complete the full orientation. Additionally, public members and the consumer member observe an on-site visit or attend a self-study workshop within six months of their appointment.

CAPTE procedures outline the requirements of ongoing development for sitting Commissioners. At least bi-annually, Commissioners receive training on the implications of distance education on the quality of physical therapy education programs including the program characteristics reviewed for programs that offer distance education courses. Also, at least bi-annually, Commissioners participate in a professional development activity during a CAPTE meeting. Commissioner training occurred at the Spring 2018 meeting [EXHIBIT 602.18(b)(2) 2018 Education PowerPoint Presentation], the Fall 2018 meeting [EXHIBIT 602.18(b)(2) 2018 CBE PowerPoint Presentation], the Spring 2020 meeting [EXHIBIT 602.18(b)(2) 2020 Trial Run and Training Session] [EXHIBIT 602.18(b)(2) Virtual Meeting Training Sign-Up], and the next trainings are scheduled for Spring 2021 and Fall 2021.

CAPTE Templates: On-site reviewers and Commissioners use templates developed by the accreditation staff to guide the consistent and fair application of the Standards and Required Elements. These templates contain guiding information and provide a structure for assessing programs’ demonstrated compliance or satisfactory progress towards compliance with the Standards and Required Elements. The Commissioners use Summary of Action templates that offer further guidance on expectations of developing and accredited physical therapy educational programs in documenting compliance with the Standards and Required Elements. Additionally, the Summary of Action template provides guidance when two years of data is not available, one year rate must be at least 70% for PT programs and for initial accreditation, request a one-year RAI or acknowledge no graduates yet and request first time ultimate pass rates. [EXHIBIT 602.18(b)(2) Summary of Action] CAPTE also relies on its four public members to assist in ensuring consistency during decision-making. CAPTE staggers public members’ terms to allow for sitting members to mentor newly appointed Commissioners to ensure consistency in decision-making and continuity of leadership for CAPTE.

Accreditation Staff Participation and Review: Accreditation staff monitor the consistency of decisions made by the Commission through their participation in review panels. During review panel meetings, accreditation staff provide “institutional memory” by reminding Commissioners of their options when making decisions and assuring that citations are appropriate based on reviewers’ perspectives. Review panels engage in conversations prior to discussing any programs in pre-review panel discussion where programs remain anonymous to discuss prospective concerns that may impact determinations of compliance to ensure consistency in the interpretation of Standards and Required Element. This approach allows for Panel members to discuss circumstances anonymously as a whole to ensure efficiency in the process and allow all members to provide input and perspective.

Position Papers: CAPTE publishes position papers for programs to review that offer guidance on the application of Standards and Required Elements.

Informal Reviews: When accreditation staff finalize the Summary of Actions submitted by the Commissioners, they conduct reviews to ensure consistency. If accreditation staff identify a potential
error, they contact the primary and secondary reviewers to seek clarification.

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency has demonstrated that it has effective controls against the inconsistent application of its standards to include: written standards, policies, and procedures that are publicly-available; guidance provided to programs through detailed instructions, templates, and within the standards; multiple level review (by on-site reviewers, staff, and commission members); and initial, ongoing and continuous training for on-site reviewers, commission members, candidacy reviewers, and CAPTE staff (Exhibits 163-172 and 174). CAPTE staff serve a lynchpin role in verifying the consistent application of information offered to programs through site visit reports and summaries of action across multiple years.
During the virtual file review in January 2022, Department staff reviewed documentation of the training provided by the agency to programs, on-site reviewers, and accreditation decisionmakers, in addition to the resources available to the public and various templates available, to demonstrate that CAPTE has effective controls against the inconsistent application of the agency’s standards. Department staff also attended orientation and training sessions related to distance education and the work of the commission in October 2021.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(3)
Description of Criteria

(3) Bases decisions regarding accreditation and preaccreditation on the agency's published standards and does not use as a negative factor the institution's religious mission-based policies, decisions, and practices in the areas covered by §602.16(a)(i)(ii), (iii), (iv), (vi), and (vii) provided, however, that the agency may require that the institution’s or program’s curricula include all core components required by the agency;

Narrative:
CAPTE bases all accreditation and preaccreditation decisions on published CAPTE Standards and Required Elements and does not use, as a negative factor, programs’ religious mission-based policies, decisions, and practices. Prior to all CAPTE meetings, Commissioners review the Rules of Practice and Procedure including all position papers adopted by CAPTE [EXHIBIT 602.18(b)(3) 4.3(b) Core Document Review, page 14]

Candidate for Accreditation Decisions: Accreditation staff distribute copies of Application for Candidacy (AFC), Candidacy Visit Report (CVR), Candidacy Visit Report with Institutional Response (CVIR), and any additional materials requested to identified primary and secondary reviewers who do not have a conflict of interest with the program under review. All panel members receive access to the CVIR excluding members who were found in conflict. The primary and secondary reviewers complete initial independent reviews and analysis of the program using the AFC and CVIR and any additional materials submitted by the program to determine the extent to which the program complies with CAPTE Standards and Required Elements (SRE). Then together, the assigned reviewers draft a proposed Summary of Action (SOA) that is discussed with the Central Panel. During Central Panel meetings, primary reviewers briefly describe the program under consideration, identify views of program
compliance with each SRE, identify the on-site review team’s view of compliance, present a
recommendation for accreditation status, and present the proposed SOA including areas of
unsatisfactory progress toward compliance or other issues that need to be addressed. Secondary
reviewers present any differing opinions from their viewpoints. The Panel Chair calls for questions and
comments from the other panel members and allows for discussion. Following Panel discussion and
consensus, primary reviewers prepare a final draft SOA. [EXHIBIT 602.18(b)(3) 4.3(d)(2-4) Functions and
Operations of Review Panels and Authorized Sub-Groups, page 15]. Post meetings, accreditation staff
finalize the SOA that is sent to the respective program.

Accreditation (initial and reaffirmation) Decisions: Accreditation staff distribute copies of the Self-study
Report (SSR), Visit Report, and Visit Report with Institutional Response (VRIR), and any additional
materials requested to identified primary and secondary reviewers who do not have a conflict of
interest with the program under review. All panel members receive access to the VRIR excluding
members found to be in conflict. The primary and secondary reviewers complete initial independent
reviews and analysis of the program using the SSR, the VRIR, and any additional materials submitted by
the program to determine the extent to which the program complies with CAPTE Standards and
Required Elements (SRE). Then together, they draft a proposed Summary of Action (SOA) that is
discussed with their respective review panels. During the PT and PTA Panel meetings, primary reviewers
briefly describe the program under consideration, identifies views of program compliance with each
(SRE), identify the on-site review team’s view of compliance, present a recommendation for
accreditation status, and present proposed content for the SOA including areas of unsatisfactory
progress toward compliance or other issues that need to be addressed. Secondary reviewers present
any differing opinions from their viewpoints. The Panel Chair calls for questions and comments from
other panel members and allows for discussion. Following the Panel discussion and consensus, primary
reviewers prepare a final draft SOA. [EXHIBIT 602.18(b)(3) 4.3(d)(2-4) Functions and Operations of
Review Panels and Authorized Sub-Groups, page 15]. For programs determined by the PT or PTA Panels
to be facing a recommendation of 1) an adverse action (withdraw candidacy, withhold accreditation, or
withdraw accreditation), 2) probation, maintained on probation, or removed from probation, 3) Defer
Action, Warning, or Show Cause, 4) an extension for good cause, 5) an action that grants an exception
to, or an alternative mechanism for, compliance with a Standard or Required Element, 6) requests that a
recommendation be reviewed, or 7) an action that sets significant precedent, they are presented before
CAPTE for a vote. All other status decisions are made through the use of a consent agenda. Any two
Commissioners from the Panels, who did not review the program, may ask that a program be removed
from the consent agenda and discussed individually. [EXHIBIT 602.18(b)(3) 4.4 CAPTE Action on Program
Status, page 18] Following the meeting, accreditation staff finalize the SOA that is sent to the program.

Approval of Substantive Change Decisions: Accreditation staff distribute copies of Application for
Approval of Substantive Change (AASC) materials to identified primary and secondary reviewers who are
not in conflict with the program under review. All CAPTE Commissioners have access to these materials
for review, as needed. The primary and secondary reviewers complete initial independent reviews and
analysis of the program using the AASC to determine the extent to which the program complies with
CAPTE Standards and Required Elements for the requested substantive change. The process for handling
AASC requests within the PT and PTA panels is basically as outlined above for initial and reaffirmation
decisions.[EXHIBIT 602.18(b)(3) 4.3(d)(2-4) Functions and Operations of Review Panels and Authorized
Sub-Groups, page 15]. Some decisions require that the program to be presented to CAPTE for a vote and
are note put on the consent agenda. See Initial and Reaffirmation Decisions above. [EXHIBIT
602.18(b)(3) 4.4 CAPTE Action on Program Status, page 18]
Compliance Report Decisions: Accreditation staff distribute copies of the Compliance Report (CR) to the previous primary and secondary reviewers for the program under review. CAPTE Commissioners may request access to these materials for review, as needed. The primary and secondary reviewers complete initial independent reviews and analysis of the program using the CR and on-site reviewers' comments on the CR, if applicable, to determine the extent to which the program now complies with CAPTE Standards and Required Elements. The process for handling CRs within the PT and PTA panels is basically as outlined above for initial and reaffirmation decisions. [EXHIBIT 602.18(b)(3) 4.3(d)(2-4) Functions and Operations of Review Panels and Authorized Sub-Groups, page 15]. Some decisions require that the program to be presented to CAPTE for a vote and are note put on the consent agenda. See Initial and Reaffirmation Decisions above. [EXHIBIT 602.18(b)(3) 4.4 CAPTE Action on Program Status, page 18]

Accreditation staff finalize the Summary of Action (SOA) that is sent to the respective program. In limited circumstances, accreditation staff may review CRs. Accreditation staff complete an analysis of the program’s response to the CAPTE (SOA) and recommend to the panel whether the report should be accepted. Following panel consensus, accreditation staff prepares a final draft SOA. If the review results in an adverse decision, accreditation staff assigns a CAPTE primary and secondary reviewer.

Reportable Program Change Decisions: Accreditation staff review and compile all reported program changes since the previous CAPTE meeting to discuss any non-compliance with one or more Standards or Required Elements during panel meetings. At the panel’s discretion, the review may result in a request for additional information or a determination that the program is not in compliance, which is communicated through a Summary of Action.

Annual Accreditation Report Decisions: Same process as outlined above for Reportable Program Change Decisions.

Expedited Reconsideration Decisions: Accreditation staff distribute copies of the Statement in Support of Reconsideration of an Adverse Decision to expedited reconsideration panel members. All expedited reconsideration panel members complete initial independent reviews and analysis of the program using the Statement in Support of Reconsideration of an Adverse Decision to develop a list of issues that need to be explored during interviews with representatives of the institution guided by CAPTE Standards and Required Elements. Separately, they complete a draft Summary of Action before compiling a final draft following the reconsideration hearing. [EXHIBIT 602.18(b)(3) 4.3(i) Expedited Reconsideration, page 18]

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The agency has demonstrated in its application that it follows written policies and processes in the CAPTE Rules of Practice and Procedure in that that it bases decisions regarding preaccreditation and accreditation on published standards. The agency requires that programs seeking a grant of accreditation must address all standards via the self-study (Exhibit 180). The site visit teams assess a program’s compliance with each standard and verify the information in the self-study (Exhibit 186). The agency’s appropriate panel then makes decisions based on the information and recommendations provided to it (Exhibit 173). The agency notes that training is provided to all commission members and that prior to each meeting, commission members are expected to review CAPTE position papers and the CAPTE Rules of Practice and Procedure. In addition, the site visit reports offer information regarding compliance, noncompliance, and recommendations which are reviewed and deliberated on by the commission prior to establishing a final decision (Exhibit 187). There is no evidence that the agency bases its decisions on anything other than its published standards.

During the file virtual review in January 2022, Department staff reviewed multiple program files for preaccreditation and accreditation which demonstrated that the agency bases its decisions on published standards.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Criteria: 602.18(b)(4)
Description of Criteria

(4) Has a reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate;

Narrative:
CAPTE relies on its published Rules of Practice and Procedure and their consistent application for consistency when making accrediting decisions and ensuring their accuracy. CAPTE implements several methods to ensure the information reviewed for determining accreditation decisions is accurate including a 1) signed statement by the program, 2) the triangulation of data, 3) programs' opportunity to respond to the Visit Report, 4) correspondence with the Team Leader for clarification, 5) primary reviewer (Commissioner) discussion with the program director to seek additional relevant information, and 6) the Annual Accreditation Report. Both the correspondence with the Team Leader for clarification and any discussions the primary reviewer has with the program director are documented in the Summary of Action. [EXHIBIT 602.18(b)(4) 4.3(c)(2)(c) Review of the Application for Candidacy, page 14]

Signed Statement: CAPTE requires programs to sign a statement that attests to the truthfulness and accuracy of the Self-study Report and corresponding materials submitted for review including Applications for Candidacy, Self-study Reports, and Applications for Approval of Substantive Changes. This form must be signed by the program director, the person to whom the program director reports, the chief academic officer of the institution, and the chief executive officer of the institution. [EXHIBIT 602.18(b)(4) Signature Page]

Data Triangulation: On-site reviewers rely on multiple sources of evidence to verify the accuracy of the information provided by the program in the Self-study Report. On-site reviewers use interviews with individuals who support the effective development and delivery of physical therapy education programs or analyze other documentation sources for further corroboration. On-site reviewers triangulate the information provided in the Self-study Report, with responses received during interviews, and additional documents reviewed during the on-site visit.

The CAPTE primary and secondary reviewers also review Applications for Candidacy, Candidacy Visit Reports, Candidacy Visit Reports with Institutional Response, Self-study Reports, Visit Reports, Visit Reports with Institutional Response, and any other additional information requested when independently completing Summary of Actions during their initial review. As part of this process the primary reviewers may also contact the Team Lead and program director to verify additional information or seek further clarification. These independent reports are then compiled into a single Summary of Action by accreditation staff. During Panel meetings, primary reviewers briefly describe the program under consideration, identifies views of program compliance with each Standard and Required Element, identify the on-site review team’s view of compliance, present a recommendation for accreditation status, and present proposed content for the Summary of Action including areas of unsatisfactory progress toward compliance or other issues that need to be addressed. Secondary reviewers present any differing opinions from their viewpoints. The Panel Chair calls for questions and comments from the other panel members and allows for discussion of pertinent areas. Following the Panel discussion and consensus, primary reviewers prepare a final draft Summary of Action. [EXHIBIT 602.18(b)(3) 4.3(d)(2-4) Functions and Operations of Review Panels and Authorized Sub-Groups, page 15]. For programs determined by the Panels to be facing a recommendation of 1) an adverse action (withdraw candidacy, withhold accreditation, or withdraw accreditation), 2) probation, maintained on probation, or removed from probation, 3) Defer Action, Warning, or Show Cause, 4) an extension for good cause, 5) an action that grants an exception to, or an alternative mechanism for, compliance with a Standard or Required Element, 6) requests that a recommendation be reviewed, or 7) an action that sets significant precedent, they are presented before CAPTE for a vote. All other status decisions are made through the use of a consent agenda. Any two Commissioners from the Panels, who did not review the program, may ask that a program be removed from the consent agenda and discussed individually. [EXHIBIT 602.18(b)(3) 4.4 CAPTE Action on Program Status, page 18] Following the meeting,
accreditation staff finalize the Summary of Action that is sent to the respective program.

Program Response to the Visit Report: CAPTE provides all programs an opportunity to review and correct any factual errors or interpretations including the submission of further clarifying documentation through the Visit Report with Institutional Response. [EXHIBIT 602.18(b)(4) Visit Report with Institutional Response]

Team Leader/Program Director Communication: CAPTE Primary Reviewers contact Team Leaders and the Program Director to clarify any confusion or inconsistent data.

Annual Accreditation Report: CAPTE requires programs to submit annual updates through the Accreditation Portal on any program changes. Programs with Candidate for Accreditation status also submit an Annual Accreditation Report as determined by accreditation staff and in consultation with CAPTE. [EXHIBIT 602.18(b)(4) PT AAR Instructions] [EXHIBIT 602.18(b)(4) PTA AAR Instructions] [EXHIBIT 602.18(b)(4) PT Candidacy AAR Instructions] [EXHIBIT 602.18(b)(4) PTA Candidacy AAR Instructions]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:
The agency has a reasonable basis for determining that the information the agency relies on for making accreditation decisions is accurate. For preaccreditation decisions, the agency reviews a candidacy application, conducts a site visit, invites third party comments, requires a response from the program to the issues raised in the site visit, and offers commission action in the form of a summary of action (Exhibits 179, 180, 181, 183, 184, 187). For accreditation decisions, the agency requires the submission of a self-study that is verified by the site visit team; the program has the opportunity to review, respond, and make factual corrections to the site visit report together with clarifications from team members as appropriate; the agency invites third party comments; the agency reviews annual reports in the context of the accreditation or reaccreditation process; and offers commission action in the form of a summary of action as noted in 8.16 of the CAPTE Rules of Practice and Procedure (Exhibits 180, 181, 182, 184, and 187). The agency also requires a program to attest to the truthfulness of the information and documentation with any submission (Exhibit 187).

In the petition, the agency included a sample visit report with an institutional reply and a sample signature page (Exhibits 186 and 187).

Department staff reviewed additional relevant examples indicating appropriate operationalization of procedures during the file review in January 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(5)
Description of Criteria

(5) Provides the institution or program with a detailed written report that clearly identifies any deficiencies in the institution's or program's compliance with the agency's standards; and

Narrative:
CAPTE provides programs with a detailed written report that clearly identifies all deficiencies in programs' compliance with CAPTE Standards and Required Elements. All programs receive a Summary of Action, which is the official report of a pre-accreditation or accreditation status decision made by CAPTE and includes the following:

• Name of the institution and program
• A list of the sources of information for the decision
• Actual date of decision
• Effective date of decision (if different from the actual date)
• Accreditation status
• Action taken
• Brief description of reasons for the decision
• If the Summary of Action follows 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 meets its mission
• Date and type of the next accreditation activity
• Relevant notices to the program (appropriately disclosing Commission decision)
• As appropriate, a list of the Standards or Required Elements which the program was found to be out of compliance
  o Each citation includes three elements: 1) a statement of the issue, 2) a description of the evidence used to determine the non-compliance, and 3) a statement of expectations for the program to include in its Compliance Report as evidence that the citation was remedied. CAPTE does not prescribe how programs resolve the non-compliance issues but may prescribe how the solution is reported.
• Additionally, the Summary of Action may include (as appropriate) suggestions to the program on responding to areas found to be out of compliance, consultative comments, and commendations
[602.18(b)(5) Rules of Practice and Procedure, 4.5(a) Official Reports of Status Decisions, page 19]

CAPTE determines the status of Candidate for Accreditation based on the extent to which programs demonstrate meeting the expectations for candidacy with the current Standards and Required Elements for the accreditation of physical therapy educational programs. Written notification of CAPTE’s action and rationale is provided to the institution and the program in the form of a Summary of Action that includes commentary in the following categories as appropriate:

• Evident: indicates that the program meets the expectations for Candidacy for the element.
• 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.
• Not Evident: indicates that the program does not comply with the expectations for Candidacy for the element.
• Consultative Comments: the program meets the expectations for Candidacy for the Standards and Required Elements but receives guidance on making further improvements.
• Commendations: aspects of the program are found to exceed minimum expectations for compliance with the Standards and Required Elements.

CAPTE determines the status of accreditation based on the extent to which programs comply with the current Standards and Required Elements for the accreditation of physical therapy educational programs. Written notification of CAPTE’s action and rationale is provided to the institution and the program in the form of a Summary of Action that includes commentary in the following categories as appropriate:

• Non-compliance: the program has in place less than a substantial portion of the elements necessary to
meet all aspects of the standards or required elements.
- Conditional Compliance: the program has in place a substantial portion, but not all, of the elements necessary to meet all aspects of the standards or required elements.
- Consultative Comments: the program is compliance with the standards or required elements but receives advice about how improvements could be made.
- Commendations: aspects of the program are found to be well beyond compliant with the standards or required elements.
- Student Achievement: judgments with respect to success in student achievement.
- Program Mission: judgments with respect to the program’s success in achievement of its stated mission.

[EXHIBIT 602.18(b)(4) Rules of Practice and Procedure, 8.16(a-b) Status Decision Options, page 70]
[EXHIBIT 602.18(b)(5) PT Visit Report with Institutional Response] [EXHIBIT 602.18(b)(5) Summaries of Action]

Document(s) for this Section

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency provides the program with a detailed written report that clearly identifies any deficiencies in the program’s compliance with the agency’s standards. Specifically, the agency has provided information regarding possible reports and decisions in the CAPTE Rules of Practice and Procedure (Exhibit 188) as well as 1) a sample on-site evaluation report for programs holding candidacy and accredited status together with each program’s response that show information regarding information regarding compliance with the agency’s standards (Exhibit 189 and 190), and 2) eight examples of summaries of action that detail actions taken by the agency related to compliance with the agency’s standards. The summaries of action provide detailed information regarding issues of non-compliance and additionally offer programs information regarding agency policies and protocols related to the timeline for coming into compliance, responses required to the summary of action, and publication and disclosure information.
During the virtual file review in January 2022, Department staff reviewed multiple program files for preaccreditation and accreditation which demonstrated that the agency provides a detailed written report that clearly identifies any deficiencies in the program’s compliance with the agency’s standards.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.18(b)(6)(i-ii)
Description of Criteria

(6) Publishes any policies for retroactive application of an accreditation decision, which must not provide for an effective date that predates either—
(i) An earlier denial by the agency of accreditation or preaccreditation to the institution or program; or
(ii) The agency's formal approval of the institution or program for consideration in the agency's accreditation or preaccreditation process.

Narrative:
CAPTE does not publish any policies for retroactive application of an accreditation decision. 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. [EXHIBIT 602.18(b)(6) 8.22(a) Effective Date of Accred Status Decisions, page 78]

For higher education institutions seeking to appeal an adverse reconsideration decisions or adverse sanctions imposed following review of formal complaints. 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. 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. 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 current in the program and accept no new students. [EXHIBIT 602.18(b)(6) 14.3(a-c) Status of Enrolled Students, page 109]
Accreditation decisions that continue an accreditation status of existing programs shall be effective on the date action is taken by CAPTE. [EXHIBIT 602.18(b)(6) 8.22(b) Effective Date of Accred Status Decisions, page 78]

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. [EXHIBIT 602.18(b)(6) 8.22(c) Effective Date of Accred Status Decisions, page 78]

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Analyst Worksheet- Narrative
Analyst Review Status: Meets the requirements of this section
Analyst Remarks to Narrative:

This regulation is optional for agencies to enact and CAPTE has stated that it does not have any policies related to the retroactive application of an accreditation decision.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
(c) Nothing in this part prohibits an agency, when special circumstances exist, to include innovative program delivery approaches or, when an undue hardship on students occurs, from applying equivalent written standards, policies, and procedures that provide alternative means of satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24, as compared with written standards, policies, and procedures the agency ordinarily applies, if—

(1) The alternative standards, policies, and procedures, and the selection of institutions or programs to which they will be applied, are approved by the agency’s decision-making body and otherwise meet the intent of the agency’s expectations and requirements;
(2) The agency sets and applies equivalent goals and metrics for assessing the performance of institutions or programs;
(3) The agency’s process for establishing and applying the alternative standards, policies, and procedures is set forth in its published accreditation manuals; and
(4) The agency requires institutions or programs seeking the application of alternative standards to demonstrate the need for an alternative assessment approach, that students will receive equivalent benefit, and that students will not be harmed through such application.

Narrative:

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must respond to this section.
Analyst Remarks to Narrative:

The agency must respond to this section.

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Response:

CAPTE Commissioners and staff follow Standards and Required Elements as well as Rules of Practice and Procedures to ensure consistency in decision-making. The CAPTE Rules of Practice and Procedures Part 4.4(a)(5) allows for CAPTE to take action on an individual program when a review panel “recommended an action that grants an exception to, or an alternative mechanism for, compliance with a standard/element.” CAPTE allows all physical therapist and physical therapist assistant programs to submit requests for an exception whether the request pertains to special circumstances, delivery approaches, or undue hardship on students. A program communicates the exception to accreditation staff. Staff instruct the program to submit its request, rationale, and supporting assessment documentation in writing by a specific date prior to the next CAPTE meeting. The appropriate CAPTE panel reviews the request at its next meeting.

Examples of exception request occurred during the recognition period. First, CAPTE received a request for a candidacy program to lengthen its curriculum by one semester. The program provided assessment documentation on the hardship the current curriculum created for students and faculty. CAPTE Central Panel granted the candidacy program’s request to lengthen the curriculum by one semester after reviewing the documented evidence to support the program’s request. The curricular change applied to new cohorts, thus the change did not extend program length for currently enrolled students. Second, a developing program requested an exception to CAPTE’s rule for programs to admit only one cohort per year until a program could demonstrate two years of student outcome data. The program provided a rationale supporting alignment with other programs at its institution and would facilitate degree completion for students who failed a course or requested a semester leave for personal reasons. The Central Panel reviewed the written rationale and granted the exception. CAPTE requires both programs to submit an assessment update annually, reporting progress based on the length of time for the exception.

CAPTE’s Central Panel appointed a CAPTE Exceptions Workgroup in fall 2021 to make recommendations for establishing and applying alternative standards, policies, and procedures. Central Panel charged the workgroup to review CAPTE’s Rules of Practice and Procedures and to advise the Central Panel where exceptions may be requested by programs including other items to consider regarding potential exception requests. Central Panel voted at its summer 2022 meeting to require programs requesting an exception to submit a written rationale with assessment data and provide at least annual reporting of progress based on the length of time for the exception. Programs must follow CAPTE Rules of Practice and Procedure and maintain compliance with the Standards and Required Elements in all areas that do not pertain to the allowable exception.
Exhibit 17: 602.18(c)(4) Central Panel Spring 2022 Meeting Minutes. - Approved

Analyst Worksheet - Response

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency does not meet the requirements of this criterion.

Policies in relation to this criterion are optional to enact. However, if the agency does have policy specifically related to this regulation, the agency must meet relevant requirements. The agency must either remove reference to the decision-making body's ability to utilize alternative standards or approve innovative approaches in situations aligning with 602.18(c) and cease such practices, or implement necessary policies and procedures in compliance with all requirements of 602.18(c) and provide documentation regarding their operationalization.

Analyst Remarks to Response

The agency does not meet the requirements of this criterion.

In response to the draft staff analysis the agency offered information regarding recent agency meetings related to innovation and the possibilities for exemptions or changes to existing standards (Agency Response Exhibit 17). The agency also offered in its narrative recent actions taken by the agency related to this criterion. However, the agency’s current published standards as well as resulting actions do not appear to meet the requirements of this criterion. 4.4(a)(5) of the CAPTE Rules of Practice and Procedures notes that “CAPTE will take action on individual programs when a review panel has recommended an exception to, or an alternative mechanism for, compliance with a standard/element” (Exhibit 6 Analyst). As well it is not clear that the actions taken are taken with all necessary requirements as specified in this criterion.

The agency is asked to note that implementation of the criterion is optional. However, if the agency elects to implement policies related to the opportunities available in this criterion, the agency’s policies and resultant actions must align which each of the regulatory requirements in 602.18(c)(1-4). In addition, the agency is reminded that such alternative standards or requirements may only be related to satisfying one or more of the requirements set forth in 34 CFR 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24.

Policies in relation to this criterion are optional to enact. However, if the agency does have policy specifically related to this regulation, the agency must meet relevant requirements. The agency must either remove reference to the decision-making body's ability to utilize alternative standards or approve innovative approaches in situations aligning with 602.18(c) and cease such practices, or implement necessary policies and procedures in compliance with all requirements of 602.18(c) and provide documentation regarding their operationalization.
Criteria: 602.18(d)
Description of Criteria

(d) Nothing in this part prohibits an agency from permitting the institution or program to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of §§602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, as determined by the agency annually, not to exceed three years unless the agency determines there is good cause to extend the period of time, and if—

(1) The agency and the institution or program can show that the circumstances requiring the period of noncompliance are beyond the institution's or program's control, such as—
   (i) A natural disaster or other catastrophic event significantly impacting an institution's or program's operations;
   (ii) Accepting students from another institution that is implementing a teach-out or closing;
   (iii) Significant and documented local or national economic changes, such as an economic recession or closure of a large local employer;
   (iv) Changes relating to State licensure requirements;
   (v) The normal application of the agency's standards creates an undue hardship on students; or
   (vi) Instructors who do not meet the agency's typical faculty standards, but who are otherwise qualified by education or work experience, to teach courses within a dual or concurrent enrollment program, as defined in 20 U.S.C. 7801, or career and technical education courses;

(2) The grant of the period of noncompliance is approved by the agency's decision-making body;

(3) The agency projects that the institution or program has the resources necessary to achieve compliance with the standard, policy, or procedure postponed within the time allotted; and

(4) The institution or program demonstrates to the satisfaction of the agency that the period of noncompliance will not—
   (i) Contribute to the cost of the program to the student without the student's consent;
   (ii) Create any undue hardship on, or harm to, students; or
   (iii) Compromise the program's academic quality.
Narrative:
CAPTE bases accreditation decisions on the extent to which programs comply with the current Standards and Required Elements for accreditation of physical therapy education programs. CAPTE applies two accreditation status classifications for describing education programs for the physical therapist and physical therapist assistant: 1) accreditation and 2) probationary accreditation.

Probationary Accreditation: The status of probationary accreditation signals CAPTE’s determination that a program’s accreditation is in jeopardy. The classification of probationary accreditation is granted when: 1) the program has significant areas of non-compliance and/or conditional compliance that questions the institution’s ability to offer an acceptable educational experience and to generate acceptable outcomes; or 2) the ultimate licensure pass rate for any single year reporting period is less than 40%; or 3) CAPTE’s citations have not been addressed in a satisfactory and timely manner; or 4) 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 5) the program has been out of compliance with one or more elements for eighteen months. Once a program is placed on probation, it will remain on probation until it demonstrates compliance with all Standards and Required Elements and may be required to suspend enrolling new cohorts until probation is removed. Probationary accreditation does not exceed the length of the program or two years, whichever is shorter, unless the status is extended, for good cause, following CAPTE’s determination that the program has demonstrate a substantive effort toward achieving compliance with the Standards and Required Elements. CAPTE defines substantive efforts as 1) a completed comprehensive assessment of the problem/issue under review, 2) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years, 3) a detailed timeline for completion of the plan, 4) evidence that the plan has been implemented according to the established timeline, and 5) evidence that the implemented plan is showing results that provide reasonable assurance that the program can achieve compliance within the allotted time frame. [EXHIBIT 602.18(d) 8.16(b-c) Status Decision Options, pages 70-71]

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

Although the agency provided information regarding 602.20 and good cause, the agency did not provide information related to its policies addressing this criterion. Though the agency is not required to hold a policy related to 602.18(d), it must provide a reply to this criterion.
Analyst Remarks to Narrative:

The agency’s policies allow for the agency to offer an accredited program an extension on achieving compliance when good cause is determined in alignment with the agency’s requirements. The agency also maintains a status of probationary accreditation which does not exceed the length of the program or two years, whichever is shorter. This, together with the initial possibility of non-compliance for a maximum of 18 months indicates that the program may be in non-compliance for a maximum of 36 months unless an extension is offered for good cause.

Though not required, it does not appear that the agency holds policies that allow it to permit an institution to be out of compliance with one or more of its standards, policies, and procedures adopted in satisfaction of §§ 602.16, 602.17, 602.19, 602.20, 602.22, and 602.24 for a period of time, as determined by the agency annually, not to exceed three years unless the agency determines there is good cause to extend the period of time, and in alignment with the criterion noted in 602.18(d), though it does hold policies related to rescheduling of activities and fee waivers (Analyst Exhibit 1 — CAPTE Rules of Practice and Procedure, p. 93). Though the agency does not need to have a policy to address this criterion, the agency is asked to note that this criterion is related to special circumstances that may occur. The agency may wish to review its policies on waiving compliance with standards in order to align with the regulatory language. However, as noted previously, it does not appear that the agency has a policy specifically for this criterion. Department staff wishes to ensure that CAPTE understands that it is optional for CAPTE to have policies related to circumstances beyond a program’s control that affect its ability to demonstrate compliance with the agency’s standards in accordance with the applicable regulation. The agency is asked to provide a reply to this section that specifically addresses this criterion or state that it does not currently have policy specifically related to this criterion.

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Response:

CAPTE does not have a policy for good cause extensions specifically related to this criterion and understands that it is optional to have policies related to circumstances beyond a program’s control that affect its ability to demonstrate compliance with the agency’s standards in accordance with the applicable regulation.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Response

In response to the Draft Analysis the agency confirmed that it does not hold a policy specifically related to 602.18(d). As this criterion is optional to implement, the agency’s confirmation demonstrates compliance.

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Criteria: 602.19(a)
Description of Criteria

(a) The agency must reevaluate, at regularly established intervals, the institutions or programs it has accredited or preaccredited.

Narrative:
CAPTE reevaluates accredited and preaccredited programs at regularly established intervals.

Candidate for Accreditation: Programs receive Candidate for Accreditation status limited to two years or the length of the professional/technical phase of the program, whichever is longer. Candidacy may be renewed for two years by CAPTE with the maximum length of time that does not exceed five years.

Initial Accreditation: Programs may receive an initial grant of accreditation up to a maximum of five years, as determined by CAPTE.

Reaffirmation of Accreditation: Program may receive reaffirmation of accreditation up to a maximum of ten years, as determined by CAPTE.

Document(s) for this Section

No files uploaded

Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Narrative:

The agency reevaluates, at regularly established intervals, the programs it has accredited and preaccredited.

For preaccredited programs, the agency holds policies in 7.23 of the CAPTE Rules of Practice and Procedure noting that candidacy status is limited to two years or the length of the professional/technical phase of the program, whichever is longer. The status may be renewed for two years, though the maximum length of time that a program may hold candidacy status is five years (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 61). In order to achieve accredited status following the receipt of candidacy status, the agency requires a completed self-study, site visit, program response, and CAPTE decision as noted in Sub-Part 8 of the CAPTE Rules of Practice and Procedure.

For accredited programs, the agency holds policies in 8.16 of the CAPTE Rules of Practice and Procedure that initial accreditation may be five years, or may be limited to a shorter period by CAPTE. Similarly, the usual period of accreditation is ten years, but may be limited to a shorter period by CAPTE. Following the period of initial or continued accreditation, the agency requires a reevaluation with a decision on a program’s accreditation status. As noted in 8.15 of the CAPTE Rules of Practice and Procedure, the agency makes 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 and, when requested, compliance reports (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 65).

During the virtual files reviewed in January 2022, Department staff reviewed a calendar of visits together with various applications demonstrating that the agency acts consistent with its policies for reevaluation.

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Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.19(b)
Description of Criteria
(b) The agency must demonstrate it has, and effectively applies, monitoring and evaluation approaches that enable the agency to identify problems with an institution's or program's continued compliance with agency standards and that take into account institutional or program strengths and stability. These approaches must include periodic reports, and collection and analysis of key data and indicators, identified by the agency, including, but not limited to, fiscal information and measures of student achievement, consistent with the provisions of §602.16(g). This provision does not require institutions or programs to provide annual reports on each specific accreditation criterion.

Narrative:
CAPTE implements and effectively applies regular monitoring and evaluation approaches that enable it to identify problems with programs' strengths and ongoing stability. CAPTE monitors programs throughout their pre-accreditation and accreditation period including through 1) an Annual Accreditation Report, 2) semi-annual reports of licensure pass rates (only for accredited programs), 3) Compliance Reports, 4) reviews of program websites, 5) the formal complaint process, and 6) focused visits.

Annual Accreditation Report (AAR): All accredited and candidacy programs are required to submit Annual Accreditation Reports annually by December 1. Programs receive emails in October providing them with the Annual Accreditation Report questions and instructions for completion. The Annual Accreditation Report is located on and submitted through the CAPTE Accreditation Portal. The Annual Accreditation Report is available annually by November 1. Programs provide information on their continued compliance with Standards and Required Elements including additional information on programs' operational and financial structures. CAPTE uses the Annual Accreditation Report to monitor program changes that may affect ongoing compliance with the Standards and Required Elements and could result in status decisions that include citations based on the information submitted. CAPTE may ask programs to provide additional information through a Compliance Report. [EXHIBIT 602.19(b) 8.27 Submission Requirements, page 79] [EXHIBIT 602.19(b) 8.28 Review of Annual Accreditation Reports, page 79] [EXHIBIT 602.19(b) PT Candidacy AAR Instructions] [EXHIBIT 602.19(b) PTA AAR Instructions]

Licensure Pass Rates: CAPTE receives licensure pass rate data from the Federation of State Boards of Physical Therapy (FSBPT) through an established arrangement. This relationship allows CAPTE to monitor licensure pass rates on a semi-annual basis. The ultimate licensure pass rates must be at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%. [EXHIBIT 602.19(b) PT and PTA Standards and Required Elements for Accreditation, 1C2] Programs are placed on probationary accreditation if the ultimate licensure pass rate for any single year reporting period is less than 40%. [EXHIBIT 602.19(b) 8.16(c)(2)(i)(b) Status Decision Options, page 71] CAPTE will submit a Request for Additional Information (RAI) to programs when a review of reported outcome data including graduation rates, licensure pass rates, and employment rates if annual or two-year rates decline (even if they are above the expected level), when annual rates are below the minimal expected level but above the trigger for imposition of warning, and when two-year rates are not available (e.g., new programs). Additionally, programs may receive a warning as notice of impending probationary accreditation if evidence of sufficient improvement is not submitted by the institution prior to the next regularly scheduled CAPTE meeting. A warning may be issued when the ultimate licensure pass rate for any single year reporting period is between 40% and 65%. [EXHIBIT 602.19(b) 8.17(c)(1-2)(ii) Other Actions CAPTE Can Take, page 74]
Progress Reports/Compliance Reports: Candidacy programs identified to not be in compliance with a Standard or Required Element corrects and addresses the deficiency in a Progress Report. Accredited programs identified to not be in compliance with a Standard or Required Element corrects and addresses the deficiency in a Compliance Report. Compliance Reports are due approximately 6 to 12 months following a self-study and visit report. If programs cannot demonstrate full compliance within 12 months, they will need to submit additional Compliance Reports at six-month intervals. Programs receive notification of Compliance Report due dates in the Summary of Action. [EXHIBIT 602.19(b) 7.19(c)(1) Decision Options, page 60]

Program Website Reviews: Accreditation staff conduct bi-annual reviews of programs’ websites. The last review was completed in 2019 and the next review is planned for 2021. Typically, these reviews occur in response to inquiries from outside agencies or for new developing programs. Accreditation staff use an excel spreadsheet that lists all accredited or preaccredited programs and verifies the accuracy of information in identified categories including program URL, logo link, accreditation verbiage, student outcomes (one-click from home page), graduation rates (two years), employment rates (two years), licensure pass rates (two years), and makes any additional comments as necessary. [EXHIBIT 602.19(b) Program Website Reviews]

Complaints: CAPTE publishes clear procedures for filing formal complaints against developing or accredited physical therapy education programs. Complaints submitted to CAPTE are investigated by accreditation staff and reviewed by CAPTE to determine whether there was a violation of the Standards or Required Elements by the program. [EXHIBIT 602.19(b) Sample Complaint]

Focused Visits: 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. CAPTE requires a focused visit to 1) investigate conflicting information about a program, 2) investigate information that a program may no longer be in compliance with the Standards and Required Elements, 3) determine program conditions prior to imposing or removing probation, 4) determine program conditions prior to withdrawal of accreditation, 5) investigate formal complaints about a program, 6) implement the process for approval of an additional program offering, or 7) investigate the effects of natural or man-made disasters. Focused visits usually require the submission of a Compliance Report. CAPTE determines the general timing of the focused visit including length and team composition in consideration of the situation that necessitated the focused visit. A written report of the findings from the focused visit is provided to the institution within twenty-one calendar days and the program has twenty-one calendar days to respond. Both the report and the program’s response are provided to CAPTE for review at their next regularly scheduled meeting. [EXHIBIT 602.19(b) 8.17(e) Other Actions CAPTE Can Take, page 75]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency maintains and effectively applies monitoring and evaluation approaches that enable the agency to identify problems with a program’s continued compliance with agency standards. The agency uses its annual report as its primary tool for monitoring the continued compliance of programs with the agency’s standards. The agency also uses semi-annual reports of licensure pass rates for those programs holding accreditation, compliance reports, regular reviews of program websites, complaints, and focused visits to monitor compliance of programs.

The agency maintains four separate versions of the annual report: physical therapist assistant education program (Exhibit 206), candidacy physical therapist assistant education program (Exhibit 185), physical therapist education program (Exhibit 182), and candidacy physical therapist education program (Exhibit 204).

The agency requests through the annual report reporting on various student achievement measures and financial information, including information related to faculty, program length, curriculum models, tuition and cost, program finances, operations and space dedicated to the program, clinical education placement information, admission information, applicant information, enrollment information, graduation information, and employment rates as applicable. The agency also described its process to review the annual report provided by each program, to include the actions it could take as the result of its monitoring efforts.
The agency provided blank annual reports with information regarding instructions for the annual report (Exhibits 182, 185, 204, and 206), report data in the aggregate (Exhibit 210), a sample complaint and agency correspondence (Exhibit 208), documentation of the agency’s review of program websites (Exhibit 203), and documentation regarding possible actions taken based on monitoring information received (Exhibits 197-202).

During the virtual file review in January 2022, Department staff reviewed comprehensive documentation and implementation of all monitoring mechanisms used to review the continued compliance of programs. This included documentation that the Federation of State Boards of Physical Therapy provides CAPTE with licensure pass rates twice a year to monitor licensure pass rates and CAPTE correspondence related to the receipt of such data to accredited programs. Department staff also reviewed completed annual reports and actions taken by the agency related to the review of the annual reports. The agency attested during the file review that no focused visits occurred resultant from annual report information during the current review cycle.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.19(c)
Description of Criteria

(c) Each agency must monitor overall growth of the institutions or programs it accredits and, at least annually, collect head-count enrollment data from those institutions or programs.

Narrative:
CAPTE monitors the overall growth of the programs it accredits and annually collects head-count enrollment data from each program. All candidate and accredited programs submit Annual Accreditation Reports annually by December 1. As a part of these Annual Accreditation Reports, programs report on whether the CAPTE set class size for any cohort of new students increased more than 10% from the last academic year. [Rules of Practice and Procedure, 9.8(d), page 89] Programs must adhere to their CAPTE set cohort size. Programs can request to increase the size of a cohort by submitting an Application for Approval of Substantive Change (AASC) for review. [602.19(c) Rules of Practice and Procedure, 9.8 Permanent Increases, page 88-89] [602.19(c) Annual Report Fact Sheets]

Document(s) for this Section
Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency monitors overall growth of its programs via the annual report (Exhibit 209). The agency requires each accredited and preaccredited program to provide information including faculty appointments; student statistics by cohort year; financial, facility, and clinical education information; and admission numbers. The agency maintains specific standards related to changes in student enrollment that could affect the education of students and requires additional reporting from programs that have increased more than ten percent over the CAPTE set class size.

The agency did not provide in its petition a copy of the agency’s annual report or other periodic reporting mechanism. The agency did provide program data in the aggregate for 2018-2019 physical therapist education programs (Exhibit 210).

During the virtual file review in January 2022, Department staff reviewed completed copies of the annual report and documentation demonstrating the agency’s actions and response to programs experiencing significant enrollment growth. In addition, minutes of the commission were reviewed demonstrating appropriate action taken to address deficiencies.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.20(a)

Description of Criteria
(a) If the agency’s review of an institution or program under any standard indicates that the institution or program is not in compliance with that standard, the agency must—

(1) Follow its written policy for notifying the institution or program of the finding of noncompliance;
(2) Provide the institution or program with a written timeline for coming into compliance that is reasonable, as determined by the agency’s decision-making body, based on the nature of the finding, the stated mission, and educational objectives of the institution or program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed the lesser of four years or 150 percent of the—
   (i) Length of the program in the case of a programmatic accrediting agency; or
   (ii) Length of the longest program at the institution in the case of an institutional accrediting agency;
(3) Follow its written policies and procedures for granting a good cause extension that may exceed the standard timeframe described in paragraph (a)(2) of this section when such an extension is determined by the agency to be warranted; and
(4) Have a written policy to evaluate and approve or disapprove monitoring or compliance reports it requires, provide ongoing monitoring, if warranted, and evaluate an institution’s or program’s progress in resolving the finding of noncompliance.

Narrative:
CAPTE follows its written policy for notifying programs of findings of non-compliance with the Standards and Required Elements through Summaries of Action that indicate a decision of Probationary Accreditation when programs are determined to have significant areas of non-compliance and/or conditional compliance, or if the ultimate licensure pass rate for any single year reporting period is less than 40%, or CAPTE’s citations have not been addressed in a satisfactory and timely manner, or the institution was placed on Probationary Accreditation by its institutional accrediting agency, or if the program has been out of compliance with one or more elements for eighteen months. [602.20(a) 8.16 Status Decision Options]

Programs submit Compliance Reports or Progress Reports (Candidate status) within a set timeframe that does not exceed two years, or if extended for good cause within two years of this determination. [602.20(a) 4.4, 4.5(a-c) Good Cause Extension] [602.20(a) 8.16 Status Decision Options] [602.20(a) Good Cause]

The full Commission routinely meets two times annually (in the spring and fall) to complete program reviews and determine the extent to which programs demonstrate ongoing compliance with the Standards and Required Elements. The Central Panel also meets in the summer and winter to review programs applying for candidacy and determine the extent to which they demonstrate initial compliance with the Standards and Required Elements. Programs receive citation(s) outlined in a Summary of Action if CAPTE identifies conditional compliance or non-compliance.
The agency holds policies on probation that align with the noted regulation in that the agency’s policies require that the program come into compliance within the length of the program or two years, whichever is shorter, of the determination of noncompliance and placement of the program on probation (Exhibit 212). Probationary accreditation is placed on a program when a program is out of compliance with any required element and remains out of compliance for 18 months. The total maximum period of time of noncompliance, in alignment with the noted regulation, is thus 3 years and six months or 150 percent of the length of the physical therapist assistant program, the shorter of the two programs of study accredited by the agency. Should the program make significant and substantial effort towards achieving compliance, the agency may provide an extension of the period of probationary accreditation for good cause, to a maximum of two additional years. In addition, the agency requires programs that have been determined to be in noncompliance to submit compliance reports. As noted in Sub-Part 8F of the CAPTE Rules of Practice and Procedure, compliance reports are due either six months or one year following review of a self-study and on-site visit report. After one year, should compliance not be demonstrated, additional compliance reports are due every six months until such a time as the commission determines that the program is in compliance with standards as noted in the initial summary of action (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 78).

The agency included in its materials a program placed on probationary accreditation and extended for good cause (Exhibit 213). Department staff reviewed further examples of notifications and resolutions during the virtual file review in January 2022.
Criteria: 602.20(b-d)
Description of Criteria

(b) Notwithstanding paragraph (a) of this section, the agency must have a policy for taking an immediate adverse action, and take such action, when the agency has determined that such action is warranted.
(c) If the institution or program does not bring itself into compliance within the period specified in paragraph (a) of this section, the agency must take adverse action against the institution or program, but may maintain the institution’s or program’s accreditation or preaccreditation until the institution or program has had reasonable time to complete the activities in its teach-out plan or to fulfill the obligations of any teach-out agreement to assist students in transferring or completing their programs.
(d) An agency that accredits institutions may limit the adverse or other action to particular programs that are offered by the institution or to particular additional locations of an institution, without necessarily taking action against the entire institution and all of its programs, provided the noncompliance was limited to that particular program or location.

Narrative:
CAPTE may take an adverse action against programs that are unable to demonstrate compliance within the established timeframe. CAPTE defines adverse actions when it acts to 1) deny Candidate for Accreditation, 2) withdraw Candidate for Accreditation, 3) withhold accreditation, 4) or withdraw accreditation.

CAPTE may decide to deny Candidate for Accreditation status based upon their 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. 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. [EXHIBIT 602.20(b-d) 7.19(d) Decision Options, page 60] [EXHIBIT 602.20(b-d) Deny Candidacy]

CAPTE may 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. [EXHIBIT 602.20(b-d) 7.29(a-b) Withdrawal of Candidate for Accreditation Status, pages 62-63] [EXHIBIT 602.20(b-d) Withdraw Candidacy]
CAPTE may decide to withhold accreditation to programs initially applying for accreditation which occurs 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 and Required Elements. CAPTE takes this action when they judge that the program characteristics fail to comply with the Standards and Required Elements vital to the success of the program in offering acceptable learning experiences to students. [EXHIBIT 602.20(b-d) 8.16(d)(1) Status Decision Options, page 72-73]

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 or Required Elements within two 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. [EXHIBIT 602.20(b-d) 8.16(d)(2)(ii) Status Decision Options, page 73] [EXHIBIT 602.20(b-d) Withdraw Accreditation]

The full Commission routinely meets two times annually (in the spring and fall) to complete program reviews and determine the extent to which programs demonstrate ongoing compliance with the Standards and Required Elements. The Central Panel also meets in the summer and winter to review programs applying for candidacy and determine the extent to which they demonstrate initial compliance with the Standards and Required Elements. Programs receive citation(s) outlined in a Summary of Action if CAPTE identifies conditional compliance or non-compliance.

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Analyst Worksheet- Narrative
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency maintains four categories of adverse action: deny candidate for accreditation, withdraw candidacy for accreditation, withdraw candidate for accreditation, and withdraw accreditation (Exhibits 215-222). Each of these adverse actions enable the agency to ensure programs continue in compliance with the agency's standards. For deny candidate for accreditation, withdraw candidacy for accreditation, and withdraw candidate for accreditation, the agency has the ability to take adverse action immediately for specific reasons as delineated by the agency in each respective section.

The agency's policy regarding the withdrawal of accreditation adverse action typically includes a two-year probationary period in which the program has the ability to come into compliance with agency standards, or, if the program has been granted an extension of probation for good cause, a maximum of two-years of extension of the probationary status. The agency's policy confirms that the agency must take adverse action if the program does not come into compliance in the specified time. The agency also has the ability to withdraw accreditation without the program having been previously put on probation if agency determined criteria are not met (Exhibit 218) and to take immediate adverse action before the two-year period of probation has expired if circumstances necessitate such action (Exhibit 214).

In the petition, the agency provided information regarding institutions that had been subject to adverse actions, including the date the action was taken. However, the agency did not provide any communications with the programs, including the written timelines for coming into compliance, and any resolution of subsequent final action. Department staff, during the virtual file review, reviewed the information required by this section including information regarding the CAPTE reconsideration process.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.21(a-b)
Description of Criteria

(a) The agency must maintain a comprehensive systematic program of review that involves all relevant constituencies and that demonstrates that its standards are adequate to evaluate the quality of the education or training provided by the institutions and programs it accredits and relevant to the educational or training needs of students.
(b) The agency determines the specific procedures it follows in evaluating its standards, but the agency must ensure that its program of review--

1. Is comprehensive;
2. Occurs at regular, yet reasonable, intervals or on an ongoing basis;
3. Examines each of the agency's standards and the standards as a whole; and
4. Involves all of the agency's relevant constituencies in the review and affords them a meaningful opportunity to provide input into the review.

Narrative:
CAPTE publishes and follows procedures for the systematic review, revision, and implementation of Standards and Required Elements to ensure the quality of education provided by the programs it accredits remains relevant to students' needs. CAPTE accepts suggestions for new Accreditation Standards or Required Elements at any time and from any source. Suggestions received by the accreditation staff at CAPTE typically originate from the physical therapy education community, individuals involved in the accreditation process, or from organizations interested in improving the quality of physical therapy education. [EXHIBIT 602.21(a-b) 5.1 General Information, page 38] [EXHIBIT 602.21(a-b) Part 5 Procedures for Review, Revision, and Implementation of the Standards]

During CAPTE's most recent Standards and Required Elements review, Task Force members were identified from multiple stakeholders in August 2018 comprised of the following:

- Chair of CAPTE
- PTA Clinician
- PT Clinician
- PT Institutional Representative
- PTA Institutional Representative
- Federation of State Boards of Physical Therapy/Licensure Representative
- CAPTE CP Representative
- PT Educator and PTA Panel Representative
- PT Consumer Representative
- PTA Consumer Representative
- Academic Council Representative
- PTA Ed SIG Representative
- PTA Educator (On-site Reviewer)
- PTA Educator (On-site Reviewer)

The first meeting of the Task Force occurred on September 12, 2018. They reviewed proposed Standards and Required Elements changes that accreditation staff drafted based on comments they received from constituents and from previous CAPTE discussions. Following this initial meeting, the sub-groups of the Task Force met via teleconference at their discretion and drafted proposed Standards and Required Elements changes.

Changes were discussed at the Education Leadership Conference (ELC) on October 13, 2019 from 10:30am to 12:00pm. Then, entire Task Force met on October 22, 2018 and finalized the proposed Standards and Required Elements changes based on comments received from the ELC meeting.

Proposed revisions were reviewed during the Fall 2018 CAPTE meeting (October 26-31, 2018) and the
Commission further revised the Proposed Changes Document during their discussions. On November 8, 2018, the Task Force reviewed the changes proposed by CAPTE and met in their sub-groups to determine whether any additional rational could be provided to aid constituents in understanding the reasons for the proposed revisions by November 30, 2018.

On January 8, 2019, an email was sent to all program directors of accredited and developing PT and PTA programs indicating that a public session would be held to discuss possible revisions to the Standards and Required Elements at the Combined Sections Meeting (CSM) 2019 on January 23, 2019 from 6:30-8:30pm in room 146ABC at the Walter E. Washington Convention Center.

On January 25, 2019, an email was sent to all program directors outlining the proposed Standards and Required Elements changes seeking comments on the proposed revisions using a link to a survey. These proposed changes and comment survey were also sent to CAPTE on-site reviewers, posted on CAPTE’s website, posted on CAPTE’s Facebook page, posted to the Education Section list serv, and posted on ACAPTE’s website.

On March 15, 2019, the comments received were downloaded and summarized and a new Standards and Required Elements Proposed Change document was drafted with the summary file from public comments attached. During the CAPTE Spring 2019 meeting (April 26-30, 2019) the panels discussed the proposed changes and during the Business Meeting on April 30, 2019, they were further discussed. It was determined that the Central Panel would take the comments from the discussion and propose a final version for consideration at the CAPTE Fall 2019 meeting.

Then, during the Central Panel Summer meeting (July 22-23, 2019), the Panel completed a thorough review of the revisions noting the public comments and the Commission comments from the Spring meeting. The Central Panel proposed a final revision which was presented at the Fall 2019 CAPTE meeting for a vote. During this meeting, the Panels all discussed the proposed Standards and Required Elements revisions from the Central Panel and made further revisions which extended the review to the Spring 2020 CAPTE meeting for a final vote and determination of the implementation plan. After the decision to extend the review to the Spring 2020 CAPTE meeting, communities of interest were informed of the status through the CAPTE What’s New (newsletter email and website).

Prior to the Spring 2020 CAPTE meeting, the Commissioners received the proposed Standards and Required Elements with revisions for review. Due to the COVID-19 pandemic, CAPTE transitioned to a virtual meeting from the planned in-person meeting and postponed the vote on the proposed changes to the Standards and Required Elements until the Fall 2020 CAPTE meeting. Again, CAPTE informed communities of interest of the status through the CAPTE What’s New (newsletter email and website).

At the virtual CAPTE Fall 2020 meeting, discussions focused on the proposed Standards and Required Elements revisions. During the November 2, 2020 CAPTE Business meeting, final proposed changes were acted on: 1) a motion was made to accept the final edited proposed PT Standards and Required Elements changes with accreditation staff to make editorial changes as indicated, and to make applicable changes to other appropriate CAPTE documents. Motion was seconded. Motion was adopted [EXHIBIT 602.21(a-b) PT SRE Changes CAPTE Fall 2020 Meeting; and 2) a motion was made to accept the final edited proposed PTA Standards and Required Elements changes with accreditation staff to make editorial changes indicated, and to make applicable changes to other appropriate CAPTE documents. Motion was seconded. Motion was adopted. [EXHIBIT 602.21(a-b) PT SRE Changes CAPTE Fall 2020 Meeting] After this meeting, the accreditation staff finalized the new Standards and Required Elements
for PT and PTA programs and published them on the CAPTE website and notified communities of interest through the CAPTE What’s New (newsletter email and website). Accreditation staff indicate revisions highlighted by color representing the date the Standards and Required Elements were updated since November 11, 2015. [EXHIBIT 602.21(a-b) Bus Mtg Proposed PTA SRE Changes] [EXHIBIT 602.21(a-b) Bus Mtg Proposed PT SRE Changes]

CAPTE publishes and follows specific procedures for evaluating its standards including separate processes for minor modifications, substantive changes, and planned reviews when evaluating its Standards and Required Elements for revision.

CAPTE minor modifications and substantive changes occur more frequently than planned reviews. Minor modifications allow CAPTE to revise Accreditation Standards or Required Elements necessary to clarify the intent or focus or alter the evidence needed to demonstrate compliance. Minor modifications do not materially alter the intent of the relevant Accreditation Standard or Required Element.

CAPTE substantive changes occur when revisions to existing Accreditation Standards or Required Elements materially alter the intent. These changes occur only after notifying communities of interest of the proposed change, providing reasonable opportunity for comment, considering the feedback obtained, and providing sufficient advance notice of implementation.

CAPTE planned reviews occur every five years (from the effective date) when it seeks comment from its stakeholders on the adequacy of the Standards and Required Elements to evaluate the quality of physical therapy education programs and their relevance to students’ educational needs.

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Narrative:

The agency's standard revision process is included in Part 5, Procedures for Review, Revision, and Implementation of the Standards for Accreditation in the CAPTE Rules of Practice and Procedure (Exhibit 226). The agency's process, which occurs at regular intervals, requires that it provide its communities of interest an opportunity to comment on revisions to the standards in order to ensure that its standards are adequate to evaluate the quality of the education and training provided by the programs it accredits and relevant to the educational and training needs of students.

The agency has provided clarity with regard to recent changes by including a highlighting system in each section of its standards to provide readers with an understanding of when certain changes were implemented. These changes are indicated for at least a five-year period. The agency also provided a sample email of the most recent call for comment regarding a notice of changes as well as the proposed changes (Exhibits 224 and 225).

The agency has provided narrative and documentation to support its standards and processes for initiating action, providing notices to constituencies, and opportunities for comment. During the virtual file review in January 2022, Department staff reviewed the most recent documentation of the review and adoption of the revised standards, including communication with external entities and minutes of meetings in which new standards were developed, reviewed, and approved.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.21(c-d)
Description of Criteria

(c) If the agency determines, at any point during its systematic program of review, that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time.

(d) Before finalizing any changes to its standards, the agency must--
   (1) Provide notice to all of the agency's relevant constituencies, and other parties who have made their interest known to the agency, of the changes the agency proposes to make;
(2) Give the constituencies and other interested parties adequate opportunity to comment on the proposed changes; and
(3) Take into account and be responsive to any comments on the proposed changes submitted timely by the relevant constituencies and other interested parties.

Narrative:
CAPTE initiates planned program reviews every five years and if at any point during this review it determines that changes to the Standards and Required Elements are needed, CAPTE takes action within twelve months to make changes. As part of this process, CAPTE provides notice to all communities of interest, offers an opportunity to comment on the proposed changes, and considers all comments received prior to implementing any revisions and publishing an effective date.

CAPTE seeks comments from the following communities of interest:

- Program directors
- Institutional administrators of accredited and developing programs
- Students
- APTA leadership (national and component leaders)
- Physical therapy practitioners
- Other accrediting agencies
- State higher education authorizing boards
- State physical therapy licensing boards
- Others who have made their interest known

The Central Panel reviews the comments received from these communities of interest and determine whether they are necessary significant and substantive revisions for the Standards and Required Elements. If CAPTE determines that the suggestions are not significant and substantive, then revisions for minor modification are proposed. If CAPTE determines that the suggestions are significant and substantive, then a process for revision is initiated within twelve months of the determination.

A Standards Revision Group (SRG) reviews the significant and substantive suggestions, drafts a revision of the Accreditation Standards or Required Elements and determines the timetable for the revision and implementation process. Communities of interest receive notification of the proposed revision and the SRG collections submitted comments which inform changes to the second draft. CAPTE receives copies of the second draft 30 days priors to the next regularly scheduled meeting.

CAPTE reviews the draft proposed revisions and makes further changes, as necessary, before sending them to communities of interest for comment. CAPTE holds one public hearing for testimony on proposed changes and based on this input drafts a final version of the proposed revisions. At its next regularly scheduled meeting, CAPTE adopts the revised Accreditation Standards or Required Elements and sets an effective date for implementation which is typically one year following adoption CAPTE sends a notification of the adoption and effective date to communities of interest. CAPTE expects all programs to come into compliance with revised Standards and Required Elements within two years of the effective date. [EXHIBIT 602.21(c) 5.3 Procedures for Planned Review and Revision of the Standards, pages 39-40] [EXHIBIT 602.21(d) Notice of Changes]
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Analyst Worksheet - Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s written policy regarding standard revision states that if the agency determines that it needs to make changes to its standards, the agency must initiate action within 12 months to make the changes and must complete that action within a reasonable period of time (Exhibit 227).

The agency also provided a sample email of the most recent call for comment regarding a notice of changes as well as the proposed changes (Exhibits 224 and 225).

The agency has provided narrative and documentation to support its standards and processes for initiating action, providing notices to constituencies and opportunities for comment. During the virtual file review in January 2022, Department staff reviewed the most recent documentation of the review and adoption of the revised standards in 2021, including communication with external entities.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.23(a)
Description of Criteria
(a) The agency must maintain and make available to the public written materials describing--

1. Each type of accreditation and preaccreditation it grants;
2. The procedures that institutions or programs must follow in applying for accreditation, preaccreditation, or substantive changes and the sequencing of those steps relative to any applications or decisions required by States or the Department relative to the agency's preaccreditation, accreditation, or substantive change decisions;
3. The standards and procedures it uses to determine whether to grant, reaffirm, reinstate, restrict, deny, revoke, terminate, or take any other action related to each type of accreditation and preaccreditation that the agency grants;
4. The institutions and programs that the agency currently accredits or preaccredits and, for each institution and program, the year the agency will next review or reconsider it for accreditation or preaccreditation; and
5. A list of the names, academic and professional qualifications, and relevant employment and organizational affiliations of—
   (i) The members of the agency's policy and decision-making bodies; and
   (ii) The agency's principal administrative staff.

Narrative:
Accreditation staff maintain and make the following information available to the public in electronic format on the CAPTE website. [EXHIBIT 602.23(a) 4.17 Other Information Available to the Public, pages 35-36]

1. Grants of Accreditation or Preaccreditation: CAPTE publishes all actions after making program determinations which includes preaccreditation, accreditation, probationary accreditation, withhold accreditation, withdraw accreditation, request for additional information, defer action, warning, show cause, focused visit, shortened accreditation cycle, or postponement of action. [EXHIBIT 602.23(a) 8.16 Status Decisions Options, pages 70-73]

2. Procedures for Accreditation, Preaccreditation, and Substantive Changes: CAPTE publishes procedures for accredited and developing programs to following when seeking accreditation (initial or reaffirmation), preaccreditation (candidacy), or prior approval for substantive changes. [EXHIBIT 602.23(a) Part 7 Procedures for Review, Revision, and Implementation of Standards, pages 43-64] [EXHIBIT 602.23(a) Part 8 Procedures for Achievement and Maintenance of Accreditation, pages 65-80] [EXHIBIT 602.23(a) Part 9 Procedures for Reporting and Approval of Program Changes, pages 81-94]

3. Basis for Accreditation Status Decisions: CAPTE publishes a description of the basis for accreditation decisions including the review of the Self-study Report materials, the Visit Report, information obtained during the on-site visit, response of the institution to the Visit Report, additional materials provided by the program, eligible written third-party comments, and, when requested, Compliance Reports. CAPTE uses this collective documentation to base its accreditation decisions. [EXHIBIT 602.23(a) Rules of Practice and Procedure, 8.15 Basis for Accreditation Status Decisions, page 70]

4. Programs Under Consideration: CAPTE publishes an on-site visit calendar that lists all programs
seeking candidacy, initial, or reaffirmation of accreditation. CAPTE identifies those programs seeking 
Candidate for Accreditation, programs seeking reconsideration of adverse accreditation decisions, 
programs seeking substantive changes, programs seeking initial accreditation, and programs seeking 
reaffirmation of accreditation over the next year. [EXHIBIT 602.23(a) Programs Under Consideration Website]

5. CAPTE Commissioners and Staff: CAPTE publishes information on its website about its Commissioners 
and accreditation staff. CAPTE publishes on its website the names, academic and professional 
qualifications, relevant employment, and organizational affiliations for each Commissioner including the 
panel they serve on (i.e., Central Panel, PT Panel, and PTA Panel). [EXHIBIT 602.23(a) CAPTE 
Commissioners Website]

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency must maintain and make available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff.

Analyst Remarks to Narrative:

The agency maintains and makes available to the public all of the written materials described and required by this section on the agency’s website (Exhibits 229-236) with the exception of information regarding the agency’s principal administrative staff. Department staff verified that all other information required by this section is available on the agency’s website. However, as noted previously, Department staff was unable to locate information regarding the agency’s principal administrative staff. The agency must maintain and make available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff.

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<td>Analyst Exhibit 8 - 602.23(a)(5)(ii) Principal Administrator Academic and Professional Credentials.pdf</td>
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Response:

The administrative staff of the American Physical Therapy Association Accreditation department is comprised of 10 individuals who provide support for the activities related to on-site visits and CAPTE meetings. Staff are also available to respond to questions about the accreditation process. These 10 individuals comprise the administrative staff for the Commission on Accreditation in Physical Therapy Education. Principal accreditation staff include [b](6) Programs, [b](6) a publicly available page specific to Accreditation staff, contains the names, professional and academic credentials, position title, and contact information for each of the 10 administrative staff. The public can access the director’s and three managers’ professional qualifications, relevant employment, and organizational affiliations on this website.

Exhibit 18: 602.23(a) Principal Administrative Staff

Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Response

In response to the Draft Analysis, the agency provided detailed biographical information for its principal staff (Agency Response Exhibit 18) and updated its website to publish for the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of the agency’s principal administrative staff required by this criterion (Exhibit 7 Analyst).

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Criteria: 602.23(b)
Description of Criteria

(b) In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third-party comment concerning the institution’s or program’s qualifications for accreditation or preaccreditation. At the agency’s discretion, third-party comment may be received either in writing or at a public hearing, or both.

Narrative:
CAPTE provides public notice through its communities of interest of the programs under consideration for accreditation or preaccreditation to solicit third-party comments concerning programs’ preparedness for accreditation or preaccreditation. CAPTE identifies the following as communities of interest:

- PT and PTA program directors
- State physical therapy licensure boards
- State higher education boards
- Recognized institutional accrediting agencies
- Recognized specialized/programmatic accrediting agencies
- USDE and CHEA

CAPTE accepts third-party written comments by submitting comments to accreditation@apta.org no later than the date specified in the announcement with “Written Comments” in the subject line. The comments must include the name, title, affiliation, mailing address, email address, telephone numbers, and website of the individual submitting the comment. Comments must also identify the specific program and be related to the program’s compliance with relevant published Standards and Required Elements. [EXHIBIT 602.23(b) 8.3 Opportunities to Provide Written Comments, pages 65-66] [EXHIBIT 602.23(b) 8.4 Procedures to Allow Third Party Comments About Programs Seeking Accreditation, page
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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policies related to third-party comments are found in 8.3 and 8.4 of the CAPTE Rules of Practice and Procedure (Exhibits 237 and 238). CAPTE announces upcoming reviews to various appropriate constituencies at least ninety days prior to each meeting and posts on-site visit dates once set. The agency requires that third-party comments are provided in writing. Third-party comments are solicited through the agency’s website and through proactive communication directly with the constituencies noted in the agency’s narrative and documentation. On the agency’s website, third-party commenters may select the link for “Providing Comments About Program Under Review” and obtain additional, current information by selecting the link for “list of upcoming reviews”.

Department staff reviewed sample third-party comments and communications regarding solicitation of comments during the virtual file review process in January 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response
Analyst Review Status:
Criteria: 602.23(c)
Description of Criteria

(c) The accrediting agency must--
(1) Review in a timely, fair, and equitable manner any complaint it receives against an accredited institution or program that is related to the agency's standards or procedures. The agency may not complete its review and make a decision regarding a complaint unless, in accordance with published procedures, it ensures that the institution or program has sufficient opportunity to provide a response to the complaint;
(2) Take follow-up action, as necessary, including enforcement action, if necessary, based on the results of its review; and
(3) Review in a timely, fair, and equitable manner, and apply unbiased judgment to, any complaints against itself and take follow-up action, as appropriate, based on the results of its review.

Narrative:
CAPTE publishes a formal complaint process to allow any person to submit a complaint about an accredited or developing program that includes undertaking a fair investigation, offering the program a chance to respond, and initiating action, as appropriate. Complaints must allege a violation of one or more of the Accreditation Standards or Required Elements or one or more of CAPTE’s expectations related to program integrity. CAPTE considers two types of complaints: 1) those that involve situations subject to formal due process policies and procedures established by the program and 2) those that involve situations not subject to formal due process procedures. Complainants submit inquiries to accreditation staff to allow them to ascertain 1) whether the concern is within CAPTE’s jurisdiction/authority and 2) to obtain contact information from the complainant to provide them information on the complaint process including the format for submission. The Director reviews the complaints to determine a violation of the Accreditation Standards or Required Elements. If the Director determines that there was not a violation, the complaint is closed and will not be investigated by CAPTE. If the Director determines that a program may not comply with the Accreditation Standards or Required Elements, the program receives a notification and has 30 days to provide a response. A shorter response time may be required if the complaint alleges serious violations.

The Director reviews the complaint and program’s response. If the Director concludes that the allegations do not support evidence of a violation, the complaint is closed with an electronic notice sent to the complainant and accredited program that no further action is required.

If the Director determines that the evidence supports a violation, this finding, along with recommendations are presented to the CAPTE Central Panel during its next regularly scheduled meeting, or sooner if circumstances require.

The Central Panel is the final decision-making body regarding the complaint and makes a determination which can include any of the following:

• Dismiss the complaint
• Render a decision about non-compliance
• Defer action on the complaint pending receipt of further information and exploration of the situation by CAPTE. The maximum period allowed for a deferral of action is until the next meeting at which complaints are reviewed
• Schedule a visit to the program following focused on-site visit procedures within the parameters set by CAPTE

Written notification of CAPTE’s action is sent electronically within 30 calendar days of the decision to the program and the complainant. [EXHIBIT 602.23(c) Part 11 Sub-Part A Procedures for Handling Complaints, pages 97-99] [EXHIBIT 602.23(c) Sample Complaint]

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<td>Exhibit 240 Sample Complaint</td>
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<td>Exhibit 19: 602.23(c) Part 11 Procedures for Handling Complaints</td>
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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must maintain policies that enable the agency to review in a timely, fair, and equitable manner, and apply unbiased judgement to, any complaints against the agency itself, and take follow-up action, as appropriate, based on the results of its review.

Analyst Remarks to Narrative:

The agency holds complaint policies that enable it to review complaints against accredited or preaccredited programs that relate to the agency’s standards or procedures (Exhibit 239). However, though there are clear timelines for the review process, it is not clear that the policies require the agency to acknowledge receipt of a complaint within a reasonable period of time. Department staff notes, there is no language in the regulation requiring that accrediting agencies notify complainants when a complaint is received. However, adding this requirement would enhance transparency. The agency may want to consider including in its policy the requirement to acknowledge a complaint within a reasonable period of time.

Once jurisdiction has been established and confirmed, the agency requires the program to respond to
the submitted complaint within thirty calendar days. Once all materials are received by the agency, the Director reviews the complaint and the accredited program’s response. The CAPTE Rules of Practice and Procedure notes that “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” (Exhibit 239). This process raises two issues with regard to the agency’s ability to make unbiased judgement.

It is not clear if the agency holds any policies regarding complaints against CAPTE itself. The agency must provide its policy that enables the agency to review in a timely, fair, and equitable manner, and apply unbiased judgement to, any complaints against itself, and take follow-up action, as appropriate, based on the results of its review.

The agency provided a sample complaint that offers substantial information regarding processes and timelines, but has not provided the outcome of the complaint review, possibly due to the recency of the complaint and the complaint process not being completed at the time of submission (Exhibit 240).

Department staff reviewed sample complaints against the agency and against institutions during the virtual file review process in January 2022 and noted completed complaints that showed the agency following its policies. The agency also provided in the virtual file review process, information regarding a complaint policy for complaints against the agency itself and included a sample, completed complaint against itself. The agency must provide evidence and documentation in the petition in this regard.

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<td>Analyst Exhibit 10 - Exhibit 602.23c - Sample complaint tracking and documentation of process</td>
<td>Analyst Exhibit 10 - Exhibit 602.23c - Sample complaint tracking and documentation of process.pdf</td>
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Response:

CAPTE revised Part 11 of the CAPTE Rules of Practice and Procedures to include a time by which the Director, Accreditation sends written acknowledgment to the complainant of receipt of a complaint. CAPTE revised the language in Part 11 to facilitate timely, fair, and equitable review of any complaint received against a program or against CAPTE. The revised rule language communicates application of unbiased judgement to, any complaints against a program or CAPTE and outlines follow-up action(s), as appropriate, based on the results of its review.

Exhibit 19: 602.23(c) Part 11 Procedures for Handling Complaints

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency revised relevant language to the CAPTE Rules of Practice and Procedure to specifically ensure that the agency is able to review in a timely, fair, and equitable manner, and apply unbiased judgement to, any complaints against the agency itself, and take follow-up action, as appropriate, based on the results of its review (Agency Response Exhibit 19).

In response to staff suggestions in the Draft Analysis, the agency revised its review process to require review of complaints against CAPTE itself by the Central Panel, or if the complaint deals with the Central Panel, by the PT or PTA panels with specific involvement by public members. The agency also implemented an acknowledgement process whereby the Director sends written confirmation of receipt to the complainant within 14 days.

In response to a Department staff request, the agency provided its tracking sheet with additional information for recent complaint submissions as well as a sample email verifying the newly implemented acknowledgement process (Exhibits 8 and 9 Analyst).

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<td>Analyst Exhibit 10 - Exhibit 602.23c -Sample complaint tracking and documentation of process.pdf</td>
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Criteria: 602.23(d)

Description of Criteria

(d) If an institution or program elects to make a public disclosure of its accreditation or preaccreditation status, the agency must ensure that the institution or program discloses that status accurately, including the specific academic or instructional programs covered by that status and the name and contact information for the agency.

Narrative:
CAPTE requires programs to accurately disclose their preaccreditation or accreditation status including the specific academic program covered by the status including the name and contact information for CAPTE.

Candidate for Accreditation Status: If a program is granted Candidate for Accreditation status, the institution/program must publish this information on its website and in publications, recruitment materials, and correspondence. The institution/program must use the approved statement from CAPTE as published in the Summary of Action in all materials promoting the program, including on each webpage that includes program information. [EXHIBIT (d) 7.22 Publication of Candidate for Accreditation Status, page 61] [EXHIBIT 602.23(d) PT and PTA Summaries of Action]

Accreditation Status: Once a program is granted accreditation, and for as long as it remains accredited, the program must publicly disclose its accreditation status. The institution/program must publish the approved statement from CAPTE as stated in the Summary of Action on its website in a place easily located by the public including any other educational and promotional materials in which the program’s accreditation status is disclosed. This requirement includes any changes in accreditation status (i.e., probationary accreditation). [EXHIBIT 602.23(d) 8.20 Information Required to be Made Public by the Program, page 76] [EXHIBIT 602.23(d) PT and PTA Summaries of Action]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policies related to information required to be made public by the program in 8.20 of the CAPTE Rules of Practice and Procedure offer comprehensive and specific requirements related to this section (Exhibit 242). The agency has similar policies for programs holding preaccredited status in 7.22 of the CAPTE Rules of Practice and Procedure, publication of candidate for accreditation status. In addition, each accreditation decision includes a foreword that speaks to accuracy of publication of information.

Department staff reviewed the agency’s provided documentation (Exhibit 243), together with other
examples during the virtual file review in January 2022.

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.23(e)
Description of Criteria

(e) The accrediting agency must provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about--

(1) The accreditation or preaccreditation status of the institution or program;
(2) The contents of reports of on-site reviews; and
(3) The agency's accrediting or preaccrediting actions with respect to the institution or program.

Narrative:
CAPTE requires preaccredited and accredited physical therapy educational programs to correct any incorrect or misleading information they release about their accreditation or preaccreditation status, the contents of their Visit Reports, or any accrediting or preaccrediting actions taken. CAPTE emphasizes the importance of integrity including expectations for program/institutional integrity. Accreditation staff investigate any apparent violations of these expectations which activate procedures for responding to suspected violations. Any confirmed evidence of violations may negatively affect programs’ preaccreditation 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 U.S. Department of Education. These procedures apply to the following:

- Truthful Identification of Preaccreditation or Accreditation Status
- Academic Integrity in the Preaccreditation and Accreditation Processes
- Integrity in the Development and Implementation of New Programs
- Integrity in the Operation of Accredited Programs
- Integrity Related to Program Closure

All Summaries of Action, regardless of the action taken, include a notice on the Accurate Public Disclosure of this Decision by the Institution. This disclosure requires the institution and program to ensure the accurate public disclosure of the accreditation and preaccreditation status awarded to the
program as required by the U.S. Department of Education. If the accreditation staff finds that the institution or program released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE, the accreditation staff will make a public correction, and reserves the right to disclose the Summary of Action in its entirety for that purpose. [EXHIBIT 602.23(e) Part 1 Integrity in the Accreditation Process, pages 1-3] [EXHIBIT 602.23(e) PT and PTA Summaries of Action] [EXHIBIT 602.23(e) 4.5(c)(1) Official Reports of Status Decisions, pages 19-20]

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency does not appear to have policies that allow for the agency to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases as it relates to the contents of reports of on-site review. The agency must amend its policies to ensure that statements related to the contents of reports of on-site reviews are maintained under the purview of the agency’s accurate disclosure policies.

Analyst Remarks to Narrative:

The agency has a policy that provides for the public correction of incorrect of misleading information an accredited or preaccredited program released about the accreditation or preaccreditation status of the program and any accreditation actions with respect to the program. Should correction be necessary, the agency reserves that right to publish any and all accreditation decisions related to the inaccurate information in its entirety (Exhibit 602.23(e) 4.5). However, the agency does not appear to have policies that allow for the agency to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases as it relates to the contents of reports of on-site review. The agency must amend its policies to ensure that statements related to the contents of reports of on-site reviews are maintained under the purview of the agency’s accurate disclosure policies.
Department staff, during the virtual file review in January 2022, reviewed documentation confirming compliance with the remaining aspects of the noted regulation.

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Response:

CAPTE amended part 4.5(c)(1) of CAPTE’s Rules of Practice and Procedure to ensure that statements related to the contents of on-site visit reports and contents of on-site visit reports with institutional response are included in accurate public disclosure requirements.

Exhibit 20: 602.23(e) Public Correction Accrediting or Preaccrediting Actions

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis the agency implemented policies to part 4.5(c)(1) of the CAPTE Rules of Practice and Procedure that allow for the agency to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases as it relates to the contents of reports of the on-site review. The agency accomplished this by adding to its public disclosure requirements (Agency Response Exhibit 20).

In response to a Department staff request for documentation regarding implementation of the new policy, the agency provided confirmation that a situation had not arisen since the implementation of the new requirements that would require the agency to operationalize its policy (Exhibit 10 Analyst).

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Criteria: 602.23(f)
Description of Criteria

(f)

(1) If preaccreditation is offered—
   (i) The agency's preaccreditation policies must limit the status to institutions or programs that the agency has determined are likely to succeed in obtaining accreditation;
   (ii) The agency must require all preaccredited institutions to have a teach-out plan, which must ensure students completing the teach-out would meet curricular requirements for professional licensure or certification, if any, and which must include a list of academic programs offered by the institution and the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution;
   (iii) An agency that denies accreditation to an institution it has preaccredited may maintain the institution's preaccreditation for currently enrolled students until the institution has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing their programs, but for no more than 120 days unless approved by the agency for good cause; and
   (iv) The agency may not move an accredited institution or program from accredited to preaccredited status unless, following the loss of accreditation, the institution or program applies for initial accreditation and is awarded preaccreditation status under the new application. Institutions that participated in the title IV, HEA programs before the loss of accreditation are subject to the requirements of 34 CFR 600.11(c).

(2) All credits and degrees earned and issued by an institution or program holding preaccreditation from a nationally recognized agency are considered by the Secretary to be from an accredited institution or program.

Narrative:
CAPTE implements policies that limit preaccreditation status to programs that are determined to likely succeed in obtaining accreditation. The purpose of the preaccreditation 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 demonstrates 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 preaccreditation process also offers developing physical therapy educational programs the opportunity to establish a formal, publicly recognized relationship with CAPTE. [EXHIBIT 602.23(f)(1)(i) 7.1 Purpose of the Preaccreditation Program, page 43]
CAPTE requires developing programs that have their candidacy status withdrawn to have a teach-out plan which ensures students completing the teach-out would meet curricular requirements for professional licensure. Program must include a list of academic programs offered by the institution and the names of other institutions that offer similar programs and could potentially enter into a teach-out agreement, if necessary. CAPTE allows programs that have their candidacy status withdrawn to graduate all currently enrolled students and does not allow them to accept new students. [EXHIBIT 602.23(f)(1)(ii-iii) 14.3 Status of Enrolled Students, page 109]

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. Reapplication requires submission of a new Application for Candidacy; the program will be billed for a preaccreditation 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. [602.23(f)(1)(iv) Rules of Practice and Procedure, 7.32 Reapplication following Withdrawal of Candidate for Accreditation Status, page 64] The final decision by CAPTE to withdraw Candidate for Accreditation status remains in effect unless the program reapplications, completes the preaccreditation process, and is granted Candidate for Accreditation status by CAPTE.

Candidate for Accreditation is a preaccreditation status, awarded prior to student enrollment in the technical (PTA programs) or professional (PT programs) phase of the program, which indicates that the physical therapy educational 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. [EXHIBIT 602.23(f)(2) 7.2 Definition of Candidate for Accreditation, page 43]

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Analyst Worksheet- Narrative
Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

It is not clear that the agency requires all preaccredited programs to have a teach-out plan that ensures students completing the teach-out would meet curricular requirements for professional licensure.

It is not clear that the agency requires all preaccredited institutions to have a teach-out plan that includes the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution.

It is not clear that the agency holds policies for programs for which adverse action has been taken to ensure that the preaccreditation is maintained for currently enrolled students until the program has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing the program(s), but for no more than 120 days unless approved by the agency for good cause.

The agency must amend its policies in each of these areas.

Analyst Remarks to Narrative:

The agency limits preaccreditation status to those programs that the agency has reasonably determined are likely to succeed in obtaining accreditation. The agency requires that the program undergo a candidacy review, which includes narrative and documentation regarding compliance with the agency’s standards, together with a candidacy site visit and institution’s response to the candidacy visit report (Exhibits 251 and 247) prior to a central panel decision.

It is not clear that the agency requires all preaccredited programs to have a teach-out plan, which must ensure students completing the teach-out would meet curricular requirements for professional licensure, and which must include the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the program. In addition, the agency’s policies note that for programs holding preaccreditation status for whom accreditation is not granted or for whom preaccreditation is withdrawn and for programs holding accreditation that has its accreditation withdrawn while students are enrolled, the program is allowed to graduate all currently enrolled students with credits and degrees earned to be considered to be from an accredited program. However, this period of time may extend beyond the 120 days noted in the applicable criterion. The agency must amend its policies to ensure that the preaccreditation is maintained for currently enrolled students until a program that is in a teach-out status has had a reasonable time to complete the activities in its teach-out plan to assist students in transferring or completing the program(s), but for no more than 120 days unless approved by the agency for good cause.

The agency provided documentation related to a completed candidacy visit report (Exhibit 251). Additional examples were reviewed during the virtual file review process in January 2022.
CAPTE revised language to its Rule of Practice and Procedures Part 14, Rule 14.3(a) Decision to Withhold Accreditation. The proposed revised language requires all preaccredited programs to have a teach-out plan that meets curricular requirements for the professional licensure exam and will be completed within 120 days.

Exhibit 21: 602.23(f)(2) Teach-out Plan

In response to the Draft Analysis, the agency revised 14.3(a) of the CAPTE Rules of Practice and Procedure to include requirements that all Candidacy (pre-accreditation) programs with withdrawn accreditation must submit a teach-out plan that ensures students completing the teach-out would meet curricular requirements for professional licensure. The teach-out plan must include a list of the names of other institutions that offer similar programs and that could potentially enter into a teach-out agreement with the institution (Exhibit 21).

As this criterion specifically relates to preaccredited institutions, the agency is in compliance with this criterion.
(g) The agency may establish any additional operating procedures it deems appropriate. At the agency's discretion, these may include unannounced inspections.

Narrative:

Document(s) for this Section

No files uploaded

Analyst Worksheet - Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must respond to this section.

Analyst Remarks to Narrative:

The agency must respond to this section.

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Response:

CAPTE Rules of Practice and Procedures informs programs that CAPTE may make unannounced visits. Rule 7.19(c)(1) notes that CAPTE may make an unannounced visit to a program with preaccreditation status should CAPTE learn a program is not making satisfactory progress toward initial accreditation.

Rule 7.27 Focused and Unannounced Visits states CAPTE reserves the right to make focused and unannounced visits to programs during the preaccreditation stage. CAPTE typically gives the program 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 visit as well as the length of the 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.
The agency provided information regarding additional operating procedures it holds in its policies, including unannounced inspections. The unannounced visit policy regarding Candidacy (preaccredit) programs may be found in 7.19 and 7.27 of the CAPTE Rules of Practice and Procedure while the unannounced visit policy to accredited programs may be found in 8.18 (Exhibit 12 Analyst). For both, the agency holds policies on length, team composition, and the written report that follows.

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Criteria: 602.25(a-e)
Description of Criteria

The agency must demonstrate that the procedures it uses throughout the accrediting process satisfy due process. The agency meets this requirement if the agency does the following:

(a) Provides adequate written specification of its requirements, including clear standards, for an institution or program to be accredited or preaccredited.
(b) Uses procedures that afford an institution or program a reasonable period of time to comply with the agency's requests for information and documents.
(c) Provides written specification of any deficiencies identified at the institution or program examined.
(d) Provides sufficient opportunity for a written response by an institution or program regarding any deficiencies identified by the agency, to be considered by the agency within a time frame determined by the agency, and before any adverse action is taken.
(e) Notifies the institution or program in writing of any adverse accrediting action or an action to place the institution or program on probation or show cause. The notice describes the basis for the action.

Narrative:
CAPTE implements processes and procedures that satisfy due process by publishing clear Standards and Required Elements, offering programs a reasonable period of time to comply with Requests for Additional Information, providing detailed Visit Reports that identifies areas of compliance and noted deficiencies, allowing sufficient opportunities for programs to submit a Visit Report with Institutional Response (including Progress/Compliance Reports within two years prior to taking adverse action), and notifying programs through written Summaries of Action if they are placed on probation or show cause (including the basis for the determination).

PT and PTA Standards and Required Elements: CAPTE bases all accreditation and preaccreditation decisions on programs demonstration of compliance with all Standards and Required Elements. Programs follow the processes and procedures for seeking Candidacy for Accreditation or Reaffirmation of Accreditation as outlined in the Rules of Practice and Procedure. Additionally, CAPTE’s website provides extensive Application for Candidacy materials for PT education programs and Self-Study materials for PTA and PT education programs to guide developing and accredited programs through the accreditation process.

Candidacy for Accreditation Review Cycle: Once programs are assigned to a Candidacy Review Cycle, they receive access to the Application for Candidacy templates and other guidance documents through the Accreditation Portal. Programs begin completing the Application for Candidacy and gather evidence to demonstrate their progress towards compliance with the Standards and Required Elements. Programs submit their Application for Candidacy on a set date based on their assigned Candidacy Review Cycle.

Initial/Reaffirmation of Accreditation Review Cycle: Once on-site visit dates are scheduled, programs receive access to the Self-study Report templates and other guidance documents through the Accreditation Portal. Programs have ten months to complete the Self-study Report and provide evidence to demonstrate their continued compliance with the Standards and Required Elements. Programs submit their Self-study Report sixty days prior to the on-site visit.

Candidacy Visit Reports and Institutional Response: Following an on-site visit, developing programs receive a Candidacy Visit Report. The Report provides a candid and analytical review that documents for CAPTE the extent to which developing programs have progressed toward full compliance with the Standards and Required Elements. Programs receive the Candidacy Visit Report and have 30 days to 1) correct any factual errors or clarify errors of interpretation, 2) submit materials requested by Candidacy Reviewers during the on-site visit, and 3) respond to Candidacy Reviewers’ comments which may not include any revisions to the content in the Application for Candidacy that were not specifically requested. [EXHIBIT 602.25(c-d) 7.15 Candidacy Visit Report and Response from the Institution, page 59] [EXHIBIT 602.25(c-d) Instructions for PT Candidacy Visit Report] [EXHIBIT 602.25(c-d) Completed PT Candidacy Visit Report with Institutional Response]

Visit Reports and Institutional Response: Following an on-site visit, candidate or accredited programs receive a Visit Report. The Report provides a data source for CAPTE in their decision-making about programs. The on-site review team uses this report to document the quality of the program relative to
the Standards and Required Elements and not just whether components are present or absent. The on-site review team completes this report to assist the reader’s understanding of programs as a whole and in content of the environment in which they operate. [EXHIBIT 602.25(c-d) 8.11 Submission of the Report, page 69] [EXHIBIT 602.25(c-d) Instructions for PTA Visit Report] [602.25(c-d) Completed PTA Initial Visit Report with Institutional Response] Programs receive the Visit Report and have 30 days to respond for the purpose of correcting errors of fact or interpretation and provide evidence of compliance with any cited deficiencies in the Required Elements. [EXHIBIT 602.25(c-d) 8.12 Program Response to the Report and Submission of Additional Materials, page 69] [EXHIBIT 602.25(c-d) Completed PTA Reaffirmation Visit Report with Institutional Response]

Summaries of Action: CAPTE notifies programs of all status decisions through a written Summary of Action that includes: 1) the name of the institution and program, 2) a list of the sources of information upon which the decision was based, 3) actual date of decision, 4) effective date of decision (if different from the actual date), 5) accreditation status, 6) action taken, 7) brief description of the reasons for the decision, 8) 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 (for reaffirmation only), 9) the date and type of the next accreditation activity, 10) relevant notices to the program, 11) if appropriate, a list of the Standards and Required Elements with which the program was found to be out of compliance, 12) suggestions to the program about how to respond to areas found to be out of compliance, as appropriate, and 13) commendations. [EXHIBIT 602.25(e) 4.5 Official Reports of Status Decisions, page 19] [EXHIBIT 602.25(e) Summaries of Action]

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In accordance with 602.25(a), the agency provides written specification of its requirements, including clear standards, for a program to be accredited or preaccredited. The agency’s Accreditation Handbook is divided into four sections, the CAPTE Rules of Practice and Procedure, Physical Therapist Standards and Required Elements, Physical Therapist Assistant Standards and Required Elements, and CAPTE Position Papers. The two standards and required elements sections offer the basis on which all CAPTE determination are made with regard to compliance (Exhibit 111 and 116), while the CAPTE Rules of Practice and Procedure offers the specific instructional requirements for procedures and protocols.

The agency’s procedures provide adequate timeframes to ensure that programs have sufficient opportunity to respond to any agency requests for information, and, in addition, provide detailed timelines for the various application processes (Exhibits 251 and 252). As part of any accreditation or preaccreditation decision, on-site reviewers prepare a visit report in which any deficiencies are clearly and specifically identified. The program under review has a specified, appropriate period of time to respond to the visit report (Exhibit 253). The agency then prepares, through a review of all information, a Summary of Action that provides an official determination, and, if appropriate a timeline for response by the program (Exhibit 260). Should the agency take any adverse action or place a program on probation, written notice that includes the basis for the action is provided.

The agency provided documentation of its written notifications and accreditation policies and procedures in the petition and during the virtual file review conducted in January 2022. The Department has received no complaints from CAPTE-accredited or preaccredited programs to indicate that its due process policies and procedures are insufficient.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.25(f)
Description of Criteria

(f) Provides an opportunity, upon written request of an institution or program, for the institution or program to appeal any adverse action prior to the action becoming final.

(1) The appeal must take place at a hearing before an appeals panel that—
(i) May not include current members of the agency's decision-making body that took the initial adverse action;
(ii) Is subject to a conflict of interest policy;
(iii) Does not serve only an advisory or procedural role, and has and uses the authority to make the following decisions: To affirm, amend, or remand adverse actions of the original decision-making body; and
(iv) Affirms, amends, or remands the adverse action. A decision to affirm or amend the adverse action is implemented by the appeals panel or by the original decision-making body, at the agency's option; however, in the event of a decision by the appeals panel to remand the adverse action to the original decision-making body for further consideration, the appeals panel must explain the basis for a decision that differs from that of the original decision-making body and the original decision-making body in a remand must act in a manner consistent with the appeals panel's decisions or instructions.

(2) The agency must recognize the right of the institution or program to employ counsel to represent the institution or program during its appeal, including to make any presentation that the agency permits the institution or program to make on its own during the appeal.

Narrative:
CAPTE allows programs to request reconsideration of adverse actions and appeal reconsideration decisions that uphold previous adverse actions including decisions on formal complaints. CAPTE defines adverse actions as the following status decisions: 1) Deny Candidate for Accreditation, 2) Withdraw Candidate for Accreditation, 3) Withhold Accreditation, and 4) Withdraw Accreditation. CAPTE does not consider placing a program on Probationary Accreditation or shortening an accreditation cycle adverse actions since programs may address these actions through Compliance Reports. Additionally, actions to withhold approval of substantive changes are not considered adverse actions since programs may reapply for approval. [EXHIBIT 602.25(f) Sub-Part 13 A General Information, pages 103-105]

Request for Reconsideration: Programs submit a request for reconsideration prompting 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. A request for reconsideration must be made and acted upon before an appeal can be filed. [EXHIBIT 602.25(f) Part 13 Procedures for Reconsideration of Adverse Actions, pages 103-108]

Appeal of Reconsideration Decisions: Programs receive official notification of each reconsidered accreditation status decision in which a previous adverse decision was upheld or an adverse sanction was imposed to the chief executive officer of the institution and the director of the program affected by the decision. The notice: 1) advises the program that it has the right to appeal the decision, 2) includes an effective date of the decision that allows sufficient time to seek an appeal before the decision is final, and 3) provides the institution with a copy of these Rules of Procedure for Appeal. [EXHIBIT 602.25(f) Part 14 Procedures for Appeal of Reconsideration Decisions that Uphold Previous Adverse Actions or of Decisions on Formal Complaints, pages 109-113]

Appeal Panel Selection: Accreditation staff 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. These individuals are identified for their working knowledge about and experience with CAPTE’s Standards and Required Elements used in accreditation and are subject to CAPTE’s conflict of interest policies. [EXHIBIT 602.25(f) 14.8 Selection of an Appeal Panel, pages 110-111]

Appeal Decisions: The Appeal Panel may affirm, amend, or remand the adverse decision under appeal and render its decision within thirty calendar days of the hearing’s adjournment. If the Appeal Panel upholds CAPTE’s decision, the Panel decision is final and is not subject to further appeal. In these instances, this decision is submitted within fourteen calendars days after the hearing to the Chair of the Appeal Panel, to the institution, and the Chair of CAPTE. The Chair of CAPTE submits the decision to the full Commission of CAPTE and accreditation staff. If the Appeal Panel amends, reverses, or remands CAPTE’s decision, the Appeal Panel expressly states the basis for its conclusion that CAPTE’s decision was not predicated on 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 these instances, the decision is sent to CAPTE for final action. The Chair of the Appeal Panel then notifies the institution that the decision was sent to CAPTE for final action. Upon the receipt of the Appeal Panel’s decision to amend, reverse or remand the adverse decision, CAPTE issues a Summary of Action that implements the Appeal Panel’s decision. CAPTE’s action, which typically occurs at the next regularly scheduled meeting or as directed by the Appeal Panel, constitutes final action in the matter. [EXHIBIT 602.25(f) 14.11 Appeal Decisions, pages 112-113]

Legal Representation: Appellant institution representatives, which may include legal counsel, offer an oral argument in support of the appeal not to exceed forty minutes. [EXHIBIT 602.25(f) 14.10(b) Appeal Hearing Procedures, page 112] [602.25(f) Sample Appeal]

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Analyst Worksheet- Narrative

Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must amend its policies to ensure that the appeal panel is able to affirm, amend, or remand adverse actions but not to reverse adverse actions of the original decision-making body.

Analyst Remarks to Narrative:

The agency provides an opportunity, upon written request, for a program to appeal any adverse action prior to the action becoming final (Exhibit 269). Prior to the appeal being undertaken, the agency first requires the program to submit a request for reconsideration, which allows the initial decision-making body to determine if an error was made or if substantial information that has since arisen would have changed the original decision (Exhibit 269).

The appeal panel consists of members that did not take the initial adverse action, are subject to the agency’s conflict of interest policy, and has authority to make decisions (Exhibit 262). In addition, the agency recognizes the right of the program to employ counsel to represent the program during its appeal (Exhibit 264).

14.11(a) in the CAPTE Rules of Practice and Procedures also allows for the appeal panel to affirm, amend, or remand a decision, and 14.11(c) and (d) note, that the appeal panel has the ability to “amend, reverse, or remand” the adverse decision (Exhibit 265). Given this discrepancy, the agency must amend its policies to ensure that the appeal panel is able to affirm, amend or remand adverse actions but not to reverse adverse actions of the original decision-making body.
During the file review process in January 2022, the agency attested that no appeals had occurred during the most recent review cycle.

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Response:

CAPTE amended policies 14.11(c) and 14.11(d) to state “affirms, amends, or remands.”

Revised language:

(c) If the Appeal Panel affirms, 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 and the basis for 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 and the basis for the decision has been sent to CAPTE for final action.

(d) Upon receipt of the Appeal Panel’s decision to affirm, amend, reverse or remand the adverse decision, CAPTE shall issue a Summary of Action that implements the Appeal Panel’s decision and includes the basis for the 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.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis, the agency amended 14.11(c) and 14.11(d) of the CAPTE Rules of Practice and Procedure by removing the possibility of reversal by the Appeal Panel and including the ability to affirm, amend, or remand prior decisions by the original decision-making body.

Department staff noted that the agency’s submitted narrative for this criterion continued to include the possibility of reversal. Following discussion with agency staff, it was determined that the agency submitted narrative to the E-recognition system with “strikeout” language, a function not able to be displayed by the system. Department staff requested that the agency submit a document with narrative
directly to Department staff for inclusion in the system. The submitted documentation notes that the agency has indeed made all necessary and appropriate changes to be in compliance with this criterion (Exhibit 13 Analyst). The agency included in this documentation confirmation that no situation has occurred that would require the agency to operationalize the amended policies.

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Criteria: 602.25(g)
Description of Criteria

(g) The agency notifies the institution or program in writing of the result of its appeal and the basis for that result.

Narrative:
The Appeal Panel may affirm, amend, or remand the adverse decision under appeal and render its decision within thirty calendar days of the hearing’s adjournment. If the Appeal Panel upholds CAPTE’s decision, the Panel decision is final and is not subject to further appeal. In these instances, this decision is submitted within fourteen calendars days after the hearing to the Chair of the Appeal Panel, to the institution, and the Chair of CAPTE. The Chair of CAPTE submits the decision to the full Commission of CAPTE and accreditation staff. If the Appeal Panel amends, reverses, or remands CAPTE’s decision, the Appeal Panel expressly states the basis for its conclusion that CAPTE’s decision was not predicated on 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 these instances, the decision is sent to CAPTE for final action. The Chair of the Appeal Panel then notifies the institution that the decision was sent to CAPTE for final action. Upon the receipt of the Appeal Panel’s decision to amend, reverse or remand the adverse decision, CAPTE issues a Summary of Action that implements the Appeal Panel's decision. CAPTE’s action, which typically occurs at the next regularly scheduled meeting or as directed by the Appeal Panel, constitutes final action in the matter. [EXHIBIT 602.25(f) 14.11 Appeal Decisions, pages 112-113]

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must amend its policy to ensure that, regardless of the decision made by the appeals panel, the agency notifies the program in writing of both the result of its appeal and the basis for that result.

Analyst Remarks to Narrative:

The agency’s policies in 14.11 of the CAPTE Rules of Practice and Procedure require the appeal panel to render its decision within thirty days of the hearing’s adjournment. If the appeal panel upholds a decision of the Commission, the decision is submitted within fourteen calendar days to the program. Any other decision is sent by the appeal panel to the Commission for final action together with the basis for the decision. However, the agency’s policy notes that the commission, following its final action, provides a summary of action to the program. It is not clear if any of the notifications to the program noted also offer the basis for the result of the decision made (Exhibit 265). The agency must amend its policy to ensure that, regardless of the decision made by the appeals panel, the agency notifies the program in writing of both the result of its appeal and the basis for that result.

During the file review process in January 2022, the agency attested that no appeals had occurred during the most recent review cycle.

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Response:

CAPTE amended policies 14.11(a), 14.11(b), 14.11(c), and 14.11(d).

Revised language reads,

14.11 Appeal Decisions

a) The Appeal Panel may affirm, amend, or remand the adverse decision under appeal and render its decision and the basis for the 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 and the basis for the decision to the full Commission of CAPTE and accreditation staff.
(c) If the Appeal Panel affirms, 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 and the basis for 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 and the basis for the decision has been sent to CAPTE for final action.

(d) Upon receipt of the Appeal Panel’s decision to affirm, amend, reverse or remand the adverse decision, CAPTE shall issue a Summary of Action that implements the Appeal Panel’s decision and includes the basis for the 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.

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Similar to the response in 602.25(g), Department staff noted that the agency’s submitted narrative for this criterion continued to include the possibility of reversal. Following discussion with agency staff, it was determined that the agency submitted narrative to the E-recognition system with “strikeout” language, a function not able to be displayed by the system. Department staff requested that the agency submit a document with narrative directly to Department staff for inclusion in the system. The submitted documentation notes that the agency has indeed made all necessary and appropriate changes to be in compliance with this criterion (Exhibit 14 Analyst). Specifically, the agency amended its policies in 14.11(a), 14.11(b), 14.11(c), and 14.11(d) of the CAPTE Rules of Practice and Procedure to ensure that, regardless of the decision made by the Appeal Panel, the agency notifies the program in writing of both the result of its appeal and the basis for that result.

The agency included in this documentation confirmation that no situation has occurred that would require the agency to operationalize the amended policies.

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Criteria: 602.25(h)
Description of Criteria

(h) (1) The agency must provide for a process, in accordance with written procedures, through which an institution or program may, before the agency reaches a final adverse action decision, seek review of new financial information if all of the following conditions are met:

(i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made.
(ii) The financial information is significant and bears materially on the financial deficiencies identified by the agency. The criteria of significance and materiality are determined by the agency.
(iii) The only remaining deficiency cited by the agency in support of a final adverse action decision is the institution’s or program’s failure to meet an agency standard pertaining to finances.

(2) An institution or program may seek the review of new financial information described in paragraph (h)(1) of this section only once and any determination by the agency made with respect to that review does not provide a basis for an appeal.

Narrative:
CAPTE notifies the program in writing of the results of its appeal including the basis for the result.

Appeal Decisions: The Appeal Panel may affirm, amend, or remand the adverse decision under appeal and render its decision within thirty calendar days of the hearing’s adjournment. If the Appeal Panel upholds CAPTE’s decision, the Panel decision is final and is not subject to further appeal. In these instances, this decision is submitted within fourteen calendars days after the hearing to the Chair of the Appeal Panel, to the institution, and the Chair of CAPTE. The Chair of CAPTE submits the decision to the full Commission of CAPTE and accreditation staff. If the Appeal Panel amends, reverses, or remands CAPTE’s decision, the Appeal Panel expressly states the basis for its conclusion that CAPTE’s decision was not predicated on 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 these instances, the decision is sent to CAPTE for final action. The Chair of the Appeal Panel then notifies the institution that the decision was sent to CAPTE for final action. Upon the receipt of the Appeal Panel’s decision to amend, reverse or remand the adverse decision, CAPTE issues a Summary of Action that implements the Appeal Panel’s decision. CAPTE’s action, which typically occurs at the next regularly scheduled meeting or as directed by the Appeal Panel, constitutes final action in the matter. [EXHIBIT 602.25(f) 14.11 Appeal Decisions, pages 112-113]

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:
Does not meet the requirements of this section

Staff Determination:

The agency must amend its policies to ensure that it provides a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision, seek review of new financial information if the conditions noted in 602.25(h)(1)(i-iii) are met and that this review may occur only once with any determination made by the agency with respect to that review not providing a basis for an appeal.

Analyst Remarks to Narrative:

The agency does not appear to have specific processes related to determinations of compliance related to financial information in accordance with 602.25(h) (Exhibit 265). The agency must amend its policies to ensure that it provides a process, in accordance with written procedures, through which a program may, before the agency reaches a final adverse action decision, seek review of new financial information if the conditions noted in 602.25(h)(1)(i-iii) are met and that this review may occur only once with any determination made by the agency with respect to that review not providing a basis for an appeal.

During the file review process in January 2022, the agency attested that no such review had occurred during the most recent review cycle.

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Response:

CAPTE amended policy 14.10(d).

Revised language reads,

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 except financial information that was unavailable to the program until after the decision subject to appeal was made, or financial information that is significant and bears materially on financial deficiencies identified by CAPTE, or the financial deficiency is the only remaining CAPTE Standard to be cited in support of a final adverse decision. During the presentation by the appellant, the Appeal Panel is responsible for seeking assurance that no other new information is introduced. A program may seek review of the new financial information only once. Any determination by CAPTE with respect to that financial review does not provide a basis for appeal.
Analyst Worksheet - Response

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response

Similar to the other responses in 602.25, following discussion with agency staff, it was determined that the agency submitted narrative to the E-recognition system with “strikeout” language, a function not able to be displayed by the system. Department staff requested that the agency submit a document with narrative directly to Department staff for inclusion in the system. The submitted documentation notes that the agency has indeed made all necessary and appropriate changes to be in compliance with this criterion (Exhibit 14 Analyst). Specifically, the agency amended its policies in 14.10(d) of the CAPTE Rules of Practice and Procedure to directly align with the requirements in this criterion.

The agency included in this documentation confirmation that no situation has occurred that would require the agency to operationalize the amended policies.

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Criteria: 602.26(a)

Description of Criteria

The agency must demonstrate that it has established and follows written procedures requiring it to provide written notice of its accrediting decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public. The agency meets this requirement if the agency, following its written procedures--

(a) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and the public no later than 30 days after it makes the decision:
   (1) A decision to award initial accreditation or preaccreditation to an institution or program.
   (2) A decision to renew an institution's or program's accreditation or preaccreditation;
Narrative:
CAPTE initiates regular and formal communication with external communities of interest including the United States Department of Education (USDE), appropriate state licensing/authorizing agencies, appropriate national accreditors, and the public no later than thirty days following the decision. This includes notification of appropriate authorities in other countries in which CAPTE accredited programs exist (currently only one).

CAPTE provides written notice of decisions to grant candidacy, grant initial accreditation, affirm accreditation, probationary accreditation, deny candidacy, withdraw candidacy, withhold initial accreditation, or withdraw accreditation to the USDE, appropriate state licensing/authorizing agencies, appropriate national accreditors, and the public no later than thirty days following the decision. [EXHIBIT 602.26(a) 4.15(a)(1-5) Regular and Formal Communication with External Communities of Interest, page 33]

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Analyst Worksheet- Narrative

Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policies in 4.15(a)(1-5) in the CAPTE Rules of Practice and Procedure require that the agency provide written notice to the Department, appropriate State licensing/authorizing agencies, relevant accrediting bodies, and the public no later than thirty days following a decision to grant candidacy (preaccreditation), grant initial accreditation, or reaffirm accreditation (Exhibit 270).

Department staff was able to review the agencies web publications, written notification to the Department and DAPIP listings to verify the currency and timeliness of information submitted. Additional related documentation was reviewed during the virtual file review in January 2022.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.26(b)
Description of Criteria

(b) Provides written notice of a final decision of a probation or equivalent status or an initiated adverse action to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision and requires the institution or program to disclose such an action within seven business days of receipt to all current and prospective students;

Narrative:
CAPTE provides written notice of decisions to place a program on probation 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 days following the decision. This includes notification of appropriate authorities in other countries in which CAPTE accredited programs exist (currently only one). [EXHIBIT 602.26(b) 4.15(a)(3) Regular and Formal Communication with External Communities of Interest, page 33]

Additionally, the CAPTE Summaries of Action that describe final adverse decisions (Deny Candidacy, Withdraw Candidacy, Withhold (Initial) Accreditation, and Withdraw Accreditation) obligate institutions to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, within seven business days of receipt of the action, that the Commission has taken a final adverse action. [EXHIBIT (b) 4.5(c)(15) Official Reports of Status Decisions, page 27]

During the Spring 2021 Central Panel meeting, accreditation staff plans to present a proposed revision to 4.5(c)(5) to state the following: If the program is placed on probation, the Summary of Action includes the following notice:

NOTICE 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.

This proposed change is reflected in the Spring 2021 Central Panel draft agenda. [EXHIBIT 602.26(b) Spring 2021 Central Panel Meeting Draft Agenda]
The agency must amend its policies and procedures to ensure that it provides written notice of an initiated adverse action to the Secretary, appropriate State licensing or authorizing agency, and the appropriate accrediting agencies, together with the corresponding notification to all current and prospective students, at the same time it notifies the program of the decision.

Analyst Remarks to Narrative:

The agency’s policy in 4.15(a)(3) in the CAPTE Rules of Practice and Procedure requires that the agency provide written notice to the Department, appropriate State licensing/authorizing agencies, and relevant accrediting bodies at the same time as the official notification of the program, but no later than thirty days following a decision to place a program on probation (Exhibit 272). The agency’s narrative notes updates to the CAPTE Rules of Practice and Procedure with regard to the establishment of specific text for the notification to students and the public regarding probationary actions (Exhibits 271 and 273). Department staff was able to confirm that the agency updated 4.5(c)(5) of its Rules of Practice and Procedure to include required language for notification of students and the public (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 21) The agency included during the file review in January 2022, documentation of relevant notices to the public and students.

The agency also requires relevant notifications for final decisions on any adverse action taken (Exhibit 272). However, the agency does not maintain a policy that requires notification to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies, and the corresponding notification to all current and prospective students, regarding an initiated, rather than
final, adverse action. The agency must amend its policies and procedures to ensure such notification occurs in alignment with 602.26(b).

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Response:

CAPTE amended policies for 4.5(c)(1), 4.5(c)(4), and 4.15(a)(3) to align the policies with 602.26(b).

Exhibit 22: 602.26(b) Notification of Accrediting Decisions

Analyst Worksheet - Response
Analyst Review Status:
Meets the requirements of this section

Analyst Remarks to Response

In response to the Draft Analysis the agency amended 4.5(c)(1), 4.5(c)(4), and 4.15(a)(3) of the CAPTE Rules of Practice and Procedure to ensure that it provides written notice of an initiated adverse action to the Secretary, appropriate State licensing or authorizing agency, and the appropriate accrediting agencies, together with the corresponding notification to all current and prospective students, at the same time it notifies the program of the decision (Exhibit 22).

As evidence of implementation, the agency provided to Department staff notification regarding a recent accrediting decision that necessitated operationalization of the relevant policy (Exhibit 15 Analyst). Department staff verified receipt of notification in an appropriate timeframe. Department staff had the opportunity to review decision letters to further verify implementation of the policy.

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Criteria: 602.26(c)

Description of Criteria

(c) Provides written notice of the following types of decisions to the Secretary, the appropriate State licensing or authorizing agency, and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but no later than 30 days after it reaches the decision:

1. A final decision to deny, withdraw, suspend, revoke, or terminate the accreditation or preaccreditation of an institution or program.
2. A final decision to take any other adverse action, as defined by the agency, not listed in paragraph (c)(1) of this section;

Narrative:
CAPTE provides written notice of a final decision to deny candidacy, withdraw candidacy, withhold initial accreditation, or withdraw accreditation 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 days following the decision. This includes notification of appropriate authorities in other countries in which CAPTE accredited programs exist (currently only one). [EXHIBIT 602.26(c) 4.15(a)(4) Regular and Formal Communication with External Communities of Interest, page 33]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policy in 4.15(a)(4) in the CAPTE Rules of Practice and Procedure requires that the agency provide written notice to the Department, appropriate State licensing/authorizing agencies, and relevant accrediting bodies at the same time as the official notification of the program, but no later than thirty days following a decision to deny candidacy, withdraw candidacy, withhold initial accreditation, or withdraw accreditation.

Department staff was able to review the agencies web publications, written notification to the Department and DAPIP listings to verify the currency and timeliness of information submitted.
Additional related documentation was reviewed during the virtual file review in January 2022.

List of Document(s) Uploaded by Analyst - Narrative

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.26(d)

Description of Criteria

(d) Provides written notice to the public of the decisions listed in paragraphs (b) and (c) of this section within one business day of its notice to the institution or program;

Narrative:
CAPTE provides written notice to the public through the CAPTE website within twenty-four hours of official notification to programs for the following decisions: grant candidacy, grant accreditation, reaffirm accreditation, defer action, warning, show cause, place on probation, remove probation, deny candidacy, withdraw candidacy, withhold initial accreditation, withdraw accreditation (including a statement that the decision is subject to reconsideration and appeal), and grants or denials of requests for substantive changes. [EXHIBIT 602.25(d) 4.15(a)(5) Regular and Formal Communication with External Communities of Interest, page 33]

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Narrative:

The agency’s policies in 4.15(a)(5) in the CAPTE Rules of Practice and Procedure require that the agency provide written notice to the public through a CAPTE webpage for any of the activities listed in 602.26(b) and 602.26(c) as required in 602.26(d) (Exhibit 602.28(d) 4.15(a)(5)). The agency also includes decisions to defer action, warning, show cause, place or maintain a program on probation or remove probation, and grant or deny request for approval of substantive change. The agency’s public notification is to be posted within twenty-four hours of the agency’s occipital notification to the affected program (Exhibit 275).

Department staff was able to review the agencies web publications to confirm compliance with the noted regulation. Additional related documentation was reviewed during the virtual file review in January 2022.

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Analyst Worksheet - Response
Analyst Review Status:

Criteria: 602.26(e)
Description of Criteria

(e) For any decision listed in paragraph (c) of this section, requires the institution or program to disclose the decision to current and prospective students within seven business days of receipt and makes available to the Secretary, the appropriate State licensing or authorizing agency, and the public, no later than 60 days after the decision, a brief statement summarizing the reasons for the agency’s decision and the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment;

Narrative:
The CAPTE Summaries of Action that describe final adverse decisions (Deny Candidacy, Withdraw Candidacy, Withhold (Initial) Accreditation), and Withdraw Accreditation) obligate institutions to notify the students enrolled in the physical therapist [assistant] education program, and those seeking admission, within seven business days of receipt of the action, that the Commission has taken a final adverse action. [EXHIBIT 602.26.(e) 4.5(c)(15) Official Reports of Status Decisions, page 27]
Additionally, no later than sixty 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 CAPTE’s decision is posted on the CAPTE website which is available to the public, USDE, and state licensing/authorizing agencies. [EXHIBIT 602.26(e) 4.15(a)(7) Regular and Formal Communication with External Communities of Interest, page 33]

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 Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policies in 4.15(a) and 4.5(c)(15) in the CAPTE Rules of Practice and Procedure show that no later than 60 days after a decision listed in 602.26(c) the agency will provide a brief statement summarizing the agency’s decision, published on the agency’s website, and will forward it to the Department, the relevant institutional accrediting agency, and the appropriate State licensing or authorizing agency (Exhibits 276 and 277). The agency also requires that the program that is subject to action and disclosure is required to acknowledge receipt of the notice within fourteen calendar days of the decision together with any official comments from the program regarding the decision.

The agency’s policy in 4.15(c)(15)) requires that students be notified within seven days in alignment with 602.26(e). The program then must send to the agency within thirty days of receipt of the action a copy of the actual memorandum sent by the program and a list of its recipients (Exhibit 276)

During the file review in January 2022, Department staff reviewed actions taken by the agency verifying compliance with this criterion. In addition, Department staff reviewed the DAPIP system and notes that the agency has submitted a complete Summary of Action letter for the program for which a final decision to withdraw accreditation was taken.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded
Criteria: 602.26(f)
Description of Criteria

(f) Notifies the Secretary, the appropriate State licensing or authorizing agency, the appropriate accrediting agencies, and, upon request, the public if an accredited or preaccredited institution or program—
(1) Decides to withdraw voluntarily from accreditation or preaccreditation, within 10 business days of receiving notification from the institution or program that it is withdrawing voluntarily from accreditation or preaccreditation; or
(2) Lets its accreditation or preaccreditation lapse, within 10 business days of the date on which accreditation or preaccreditation lapses.

Narrative:
CAPTE notifies USDE, appropriate state licensing/authorizing agencies, appropriate national accreditors, and upon request, the public within thirty days of receiving notification of a program’s decision to withdraw voluntarily from Accreditation or Candidate for Accreditation status or when a program’s accreditation or candidacy lapses following notification from the program to allow its Candidate for Accreditation status or its accreditation status to lapse. [EXHIBIT 602.26.(f) 4.15(b) Regular and Formal Communication with External Communities of Interest, page 34]

During the Spring 2021 Central Panel meeting, accreditation staff plans to present for discussion proposed changes to the Rules of Practice and Procedure to require notification of voluntary withdraw or voluntary lapses of accreditation to the USDE, appropriate state licensing/authorizing agencies, appropriate national accreditors, and upon request, the public within 10 business days. This proposed change is reflected in the Spring 2021 Central Panel draft agenda. [EXHIBIT 602.26(b) Spring 2021 Central Panel Meeting Draft Agenda]

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Analyst Worksheet- Narrative
Analyst Review Status:

Substantially Compliant

Staff Determination:

The agency is asked to provided information in its response regarding the implementation of its new policy or to attest that such an opportunity has not yet occurred.

Analyst Remarks to Narrative:

Though the agency’s submitted policies in 4.15(b) in the CAPTE Rules of Practice and Procedure show that notification occurs within 30 days, the agency’s narrative notes that action may have been taken in the Spring 2021 (Exhibit 278). Department staff reviewed the recent action taken and notes that the new policy in the April 2021 version of the CAPTE Rules of Practice and Procedure requires all appropriate notifications within 10 business days (Analyst Exhibit 1 – CAPTE Rules of Practice and Procedure, p. 34).

The agency is asked to provided information in its response regarding the implementation of the new policy or to attest that such an opportunity has not yet occurred.

List of Document(s) Uploaded by Analyst - Narrative

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Response:

In spring 2022, CAPTE withdrew accreditation from four programs after receiving requests for voluntary withdrawal of accreditation. Accreditation staff included the status of these programs in the 30-day notice to the Secretary, the appropriate state licensing and authorizing agency, the appropriate accrediting agency, and the public. Administrative staff reviewed Rule 4.15(b) at its September 15, 2022, meeting. Administrative staff are implementing the 10-day notification effective immediately.

Exhibit 24: 602.26(f) Accreditation Staff Meeting Minutes September 15, 2022

Analyst Worksheet - Response
Analyst Review Status:

Does not meet the requirements of this section
Staff Determination:

The agency does not meet the requirements of this criterion.

The agency amended its policy to align with the applicable criterion but did not implement the policy correctly. The agency must demonstrate the correct application of its policy, specifically that the agency notifies required entities with 10 business days of receiving a withdrawal notification from an accredited or preaccredited program.

Analyst Remarks to Response

The agency does not meet the requirements of this criterion.

In response to the Draft Analysis, the agency provided information that the operationalization of the change in agency policy had not yet been implemented correctly. The agency has reviewed the error as noted in the draft response and communicated with Department staff with regard to ensuring that the policy is operationalized correctly. The agency must demonstrate the correct application of its policy, specifically that the agency notifies required entities with 10 business days of receiving a withdrawal notification from an accredited or preaccredited program.

List of Document(s) Uploaded by Analyst - Response

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<td>Procedure April 2021</td>
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Criteria: 602.27 (a)(1-4)

Description of Criteria

(a) The agency must submit to the Department—
(1) A list, updated annually, of its accredited and preaccredited institutions and programs, which may be provided electronically;
(2) A summary of the agency’s major accrediting activities during the previous year (an annual data summary), if requested by the Secretary to carry out the Secretary’s responsibilities related to this part;
(3) Any proposed change in the agency’s policies, procedures, or accreditation or preaccreditation standards that might alter its—
(i) Scope of recognition, except as provided in paragraph (a)(4) of this section; or
(ii) Compliance with the criteria for recognition;

(4) Notification that the agency has expanded its scope of recognition to include distance education or correspondence courses as provided in section 496(a)(4)(B)(i)(I) of the HEA. Such an expansion of scope is effective on the date the Department receives the notification;

Narrative:
The CAPTE 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 the USDE and state licensing boards. CAPTE also updates the USDE Database of Accredited Postsecondary Institutions and Programs after each CAPTE meeting.

Additionally, if requested, CAPTE submits a copy of any annual data summary of major accrediting activities to the USDE. CAPTE submits a report of any proposed changes in its policies, procedures or Standards and Required Elements that might alter its scope of recognition or compliance with the criteria for recognition including any notification that the agency has expended its scope of recognition. [EXHIBIT 602.27(a) 4.15(c)(4) Other Formal Communications, page 34]

Document(s) for this Section

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Analyst Worksheet - Narrative

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policies in 4.15(c)(4) in the CAPTE Rules of Practice and Procedure require that the agency provide notice to the Department in accordance with the requirements of 602.27(a)(1-4) (Exhibit 279). Department staff reviewed the information provided on the Department’s Database of Accredited Postsecondary Institutions and Programs (DAPIP), noting the currency of information related to both accredited and preaccredited programs.

In the petition and during the virtual file review in January 2022, Department staff review a schedule for revisions and communications that align with the regulatory requirements.
Criteria: 602.28 (b)

Description of Criteria

(b) Except as provided in paragraph (c) of this section, the agency may not grant initial or renewed accreditation or preaccreditation to an institution, or a program offered by an institution, if the agency knows, or has reasonable cause to know, that the institution is the subject of--

(1) 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;

(2) A decision by a recognized agency to deny accreditation or preaccreditation;

(3) A pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution's accreditation or preaccreditation; or

(4) Probation or an equivalent status imposed by a recognized agency.

Narrative:
CAPTE considers decisions made by States and other accrediting agencies when making status decisions. CAPTE will not grant pre-accreditation or accreditation to a program if it is aware that the program or institution is the subject of: 1) 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, 2) 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, 3) a pending or final action brought by a recognized accrediting agency to suspend, revoke, withdraw, or terminate the institution’s accreditation or pre-accreditation, or 4) a status imposed on the institution by a recognized agency that is anything but good standing. [EXHIBIT 602.28(b) 4.4(c)(1) CAPTE Action on Program Status, page 18]

Document(s) for this Section

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<td>602.28(b) 4.4(c)(1) CAPTE Action on Program S</td>
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The agency's policy in 4.4(c)(1) in the CAPTE Rules of Practice and Procedure requires that the agency will consider decisions made by States and other accrediting agencies if the agency "is aware" of the various actions or decisions noted in 602.26(b) (Exhibit 280). However, the agency does not appear to require that an accredited program report to the agency that it has been subject to such decisions/action or that the agency collects such information through its annual report process. The agency also appears to include in its decision-making "a status imposed on the institution by a recognized agency that is anything but good standing". Given that the agency does not collect such information independently from programs under review by the agency, and further, that accrediting agencies and State bodies are not required to distribute information to other accrediting bodies regarding all statuses that include "anything but good-standing", it is not clear how the agency is able to consider decisions made by States and other accrediting agencies in accordance with its own policy. Department staff suggests that the agency may wish to consider amending its policy to ensure that information is proactively gathered in the interest of transparency that could prevent the agency from granting initial or renewed accreditation to a program offered by an institution if the agency knows or has reasonable cause to know of mitigating criteria as noted in 602.28(b)(1-4).

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Criteria: 602.28 (c)

(c) The agency may grant accreditation or preaccreditation to an institution or program described in paragraph (b) of this section only if it provides to the Secretary, within 30 days of its action, a thorough and reasonable explanation, consistent with its standards, why the action of the other body does not preclude the agency's grant of accreditation or preaccreditation.

Narrative:
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 situation described in 602.28(b) of the USDE recognition criteria. In these situations, CAPTE provides the USDE, within thirty 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. [EXHIBIT 602.28(c) 4.4(c)(2) CAPTE Action of Program Status, page 18]

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Analyst Worksheet- Narrative

Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Narrative:

The agency’s policy in 4.4(c)(2) in the CAPTE Rules of Practice and Procedure notes that the agency will consider decisions made by States and other accrediting agencies, and allows for a grant of accreditation to a program subject to an adverse action by another recognized accrediting agency or State agency with a requirement that the agency notifies the Secretary within 30 days of its action as to why the other agency’s action did not preclude CAPTE from granting accreditation (Exhibit 281).

During the virtual file review in January 2022, the agency stated that it has not encountered a situation described by this section and therefore could not provide documentation to verify implementation of its policies and procedures.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:
Criteria: 602.28 (d)
Description of Criteria

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

Narrative:
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 institution accrediting agency, CAPTE reviews, 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. [EXHIBIT 602.28(d) 4.4(c)(3) CAPTE Action of Program Status, pages 18-19]

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Analyst Worksheet- Narrative
Analyst Review Status:

Does not meet the requirements of this section

Staff Determination:

The agency must amend its policy to ensure that the review of an institution that offers a program it accredits or preaccredits, that is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, occurs promptly.

Analyst Remarks to Narrative:
The agency’s policy in 4.4(c)(3) in the CAPTE Rules of Practice and Procedure notes that the agency will consider decisions made by States and other recognized accrediting agencies, and requires that the agency review, at its next scheduled meeting, the accreditation or pre-accreditation status of an affected program that is the subject of an adverse action, or probation or an equivalent status, by a recognized institutional accrediting agency at its next scheduled meeting (Exhibit 282). Given that the next scheduled meeting may cause a delay of as long as six months, it is not clear if this review takes place in such a time as to ensure that the matter has been promptly reviewed. The agency must provide additional information or clarify its policies to ensure that any issues are promptly reviewed by defining the length of time associated with the review.

During the virtual file review in January 2022, the agency stated that it has not encountered a situation described by this section and therefore could not provide documentation to verify implementation of its policies and procedures.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Response:

CAPTE reviewed a program’s Application for Candidacy in summer 2022. CAPTE reviewed the institution’s online sources for documentation of institutional accreditation that was insufficient in the program’s application. CAPTE’s decision to deny candidacy aligns with Rule 4.4(c)(1)(iv) to not grant pre-accreditation to a program if CAPTE is aware of a status imposed on the institution by a recognized agency that is anything but good standing.

CAPTE amended rule 4.4(c)(3) language. CAPTE will make prompt requests for information from programs if CAPTE learns that an institution that offers a PT or PTA 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. The additional information would allow CAPTE to make a decision between meetings, thus addressing the issue within 90 days.

Exhibit 23: 602.28(d) Decisions of States and Other Accrediting Agencies

Analyst Worksheet - Response
Analyst Review Status:

Meets the requirements of this section

Analyst Remarks to Response
In response to the Draft Analysis, the agency amended 4.4(c)(3) of the CAPTE Rules of Practice and Procedure to request additional information from the program within 14 days of learning of a possible adverse action by a recognized accrediting agency. The program then has thirty days to provide the additional information to CAPTE. CAPTE reviews the information provided upon the earlier of 45 days or at its next scheduled meeting (Agency Response Exhibit 23). These amendments align the agency’s policies with the applicable criterion.

List of Document(s) Uploaded by Analyst - Response

No file uploaded

Criteria: 602.28 (e)
Description of Criteria

(e) The agency must, upon request, share with other appropriate recognized accrediting agencies and recognized State approval agencies information about the accreditation or preaccreditation status of an institution or program and any adverse actions it has taken against an accredited or preaccredited institution or program.

Narrative:
CAPTE shares 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. [EXHIBIT 602.28(e) 4.15(c)(5) Regular and Formal Communication with External Communities of Interest, page 34]

Document(s) for this Section

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Analyst Worksheet- Narrative
Analyst Review Status:

Meets the requirements of this section
Analyst Remarks to Narrative:

The agency’s policy in 4.15(c)(5) in the CAPTE Rules of Practice and Procedure (p. 34) regarding the notification of accreditation decisions to other recognized accrediting agencies and recognized State approval agencies meets the requirements of this section (Exhibit 283). The agency’s policy confirms that it shares, upon request, with other appropriate recognized accrediting agencies and recognized State approval agencies, information about the accreditation status of a program and/or any adverse actions it has taken against an accredited program. The agency also maintains an electronic directory of programs that, among other information, notes accreditation status and provides the most recent CAPTE decision letter.

During the virtual file review in January 2022, Department staff reviewed documentation that it shares the information required by this section.

List of Document(s) Uploaded by Analyst - Narrative

No files uploaded

Analyst Worksheet - Response

Analyst Review Status:

Not Reviewed

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### 3rd Party Written Comments

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**Staff Analysis of 3rd Party Written Comments**

One commenter stated that the Department’s solicitation of written third-party comments occurred without access to the agency’s petition for recognition. The commenter stated that if the agency was in compliance with the requirements of 34 C.F.R. § 602.31(f), then there should be no reason that the agency’s petition/compliance report or related materials could not be made available to the public. Since the information and documentation could not be provided, the commenter concluded that the agency must be out-of-compliance with 34 C.F.R. § 602.31(f). This conclusion does not take into account the Department’s role in processing and decision-making on requests for public disclosure of agency materials, as described in 34 C.F.R. § 602.31(f)(1). In addition, the Department’s solicitation of written third-party comments sought comment on the agency’s compliance with the criteria in question pursuant to 34 C.F.R. §§ 602.32(c) and (l). The purpose of the call for written third-party comment is to allow anyone who has any knowledge of an agency undergoing a recognition review by the Department...
and the agency's compliance or non-compliance with Departmental regulations to provide that
information and/or documentation so that Department staff can utilize it in the comprehensive analysis
of the agency.

**Response to 3rd Party Comments**
No response to 3rd Party Written Comments

**Document(s) Uploaded in response to 3rd Party Comments**
No files were uploaded in response to 3rd Party Comments.

**3rd Party Request for Oral Presentation**
There are no oral comments uploaded for this Agency.