



Position Papers

Accreditation Handbook

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ACCREDITATION AND THE WORKFORCE

The mission of the Commission on Accreditation in Physical Therapy Education is to serve the public by establishing and applying standards that assure quality and continuous improvement in the entry-level preparation of physical therapists and physical therapist assistants and that reflect the evolving nature of education, research and practice. In achieving its mission, CAPTE has adopted the principle that accreditation is a process of quality assessment pursued by academic programs using nationally agreed upon criteria (standards), yet measured in the context of each program's and institution's individual mission.

The accreditation actions taken by CAPTE are based solely on the institution's demonstration of compliance with the published evaluative criteria as they relate to the institution's mission. CAPTE has accepted and will continue to accept all applications for accreditation that fall within its defined scope. In so doing, CAPTE in no way restricts institutions of higher education in the development and implementation of physical therapy education programs. As a matter of opinion, CAPTE believes that newly developing programs have the same potential to add substantively to the quality and advancement of physical therapy education as existing programs. To restrict this category of programs could potentially disallow programs that may make significant contributions to physical therapy education in the future.

Therefore the Commission does not evaluate the need for a program based on market demand for graduates per se. However, all physical therapy education programs are encouraged to be attentive to marketplace issues as they can significantly influence the demonstration of compliance with CAPTE standards including admissions, student retention, quality of graduates, availability of a sufficient number and variety of clinical education sites, and employability of graduates. It has been and will continue to be the policy of CAPTE, through the APTA Department of Accreditation, to suggest to all those making inquiries regarding new and expanding programs to consider carefully the work force issues that may affect the new or expanding program's potential success.

(Adopted by CAPTE October 1998, revised April 2005, April 2010)

INTERACTIVE ROLES IN CAPTE ACCREDITATION

The effectiveness of accreditation is dependent on the successful execution of several complementary roles inherent in the accreditation process. Primary among these are the roles of the academic program seeking accreditation, the on-site reviewer(s), the Commission Review Panels and the Commission on Accreditation in Physical Therapy Education (CAPTE) as a whole. Each has a unique role in the candidacy and accreditation processes. Optimum results of the accreditation process will be achieved when each of these roles is fully and appropriately executed.

The role of the academic program is to insure that the evidence provided for the purpose of candidacy or accreditation is both thorough and accurate. The academic program seeking accreditation from CAPTE does so voluntarily and in the spirit of self-assessment and self-improvement. It recognizes CAPTE as a peer review organization, whose responsibility it is to make program accreditation status determinations in physical therapy education. The academic program has the primary responsibility to engage in this voluntary process in an honest, open and constructive fashion. Stakeholders in the academic program know best the attributes of the program, and can best describe these attributes relative to the CAPTE evaluative criteria. Production of the candidacy and self-study documents should be the result of an organized and inclusive process of self-review, documented in a way that facilitates the improvement of educational quality. The success of the accreditation process is dependent upon the academic institution's engagement and integrity in the self-review process.

The role of the on-site reviewer(s) is to review, verify and clarify evidence used by the academic program to demonstrate compliance with the accreditation evaluative criteria (or, in the candidacy phase, progress toward compliance). The on-site reviewer(s) have the distinct advantage of reviewing all printed materials produced by the institution for accreditation AND the opportunity to go on-site to meet the various stakeholders in the accreditation process (students, faculty, administrators, clinicians) for the purpose of verification, clarification and a deeper understanding of the physical therapy program, its structure, resources, curriculum and assessment activities, in the context of the institution and its unique mission. The on-site reviewer(s) have the unique responsibility to establish the validity of the data reported and to document that in the report of the visit.

The role of the Review Panels (PT, PTA and Central) of CAPTE is to interpret and codify the evidence provided by the academic institution and further verified and clarified by the on-site reviewer(s) as it applies to the relevant set of evaluative criteria. The Review Panels have the distinct advantage of being able to look across programs being measured by the same evaluative criteria so as to exercise consistency and fairness in the application of evaluative criteria in determining candidacy or accreditation status. In making such determinations, it is incumbent upon the Review Panels to consider all appropriate sources of data, recognize and evaluate situations in which evidence is contradictory, and apply the evaluative criteria with an appreciation for the unique institutional and/or environmental context in which the physical therapy education program exists. The PT and PTA Panels are the first line decision-making bodies in the accreditation process within CAPTE. Each Panel has the critical responsibility of demonstrating consistency in decision-making, thereby establishing reliability within the accreditation process as a whole.

Whereas the Central Panel is the pre-accreditation decision-making body, the full Commission reviews all accreditation status decisions made by the PT and PTA Panels and is the final decision-making body for them. In cases of adverse decisions, processes of reconsideration and appeal are also available.

(Adopted by CAPTE November 2000; Revised April 2010, November 2012)

PRINCIPLES OF GOOD PRACTICE FOR DISTANCE LEARNING IN PHYSICAL THERAPY EDUCATION

The Principles of Good Practice for Distance Learning in Physical Therapy were developed to guide faculty in the design, development, delivery and assessment of distance learning courses. Distance learning in physical therapy education is defined as a formal learning activity which occurs when students and instructor are separated by geographic distance or time, supported by communications technology such as online delivery or synchronous videoconferencing. The purpose of this paper is to address courses in which didactic content is provided primarily through distance learning; thus, this paper is not intended to address clinical education experiences.

Basic Assumptions

Several assumptions are central to these principles:

1. Programs offering onsite, online or video-conferenced courses must meet current CAPTE Evaluative Criteria.
2. It is the program's and institution's responsibility to review educational programs and courses provided at a distance and ensure continued compliance with these principles.
3. Institutions offering courses through distance learning are responsible for satisfying all appropriate state approval processes and institutional accreditation requirements before students are enrolled.
4. Distance learning differs from traditional on-site learning in substantive ways, e.g., pedagogy, instructional media tools, assessment.
5. Cognitive, affective and psychomotor skills need to be taught and assessed differently depending on the mode of delivery.
6. Students taking multiple courses through distance learning benefit from consistency in course design, communication, technology and assessment.
7. For the purposes of this paper, the following definitions pertain:
 - Distance Learning course: a course in which 50% or fewer of the contact hours are completed on-site with direct 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 learning courses.

Instruction and Courses

All courses offered online or through video conferencing must:

1. Be part of a comprehensive curriculum plan that demonstrates effective integration between instructional components offered onsite and at a distance.
2. Result in learning appropriate to the rigor and breadth of the degree awarded.
3. Provide for appropriate participation and interaction between and among faculty and students.
4. Be taught by qualified faculty.
5. Include secure evaluative components to assess student performance appropriate to the method of delivery.
6. Meet academic standards for all programs or courses delivered at the institution where the programs originate.
7. Result in student outcomes that are equivalent to those expected from traditional delivery methods.
8. Include appropriate pedagogy to match the mode of delivery, the content and the level of student.
9. Include syllabi and course materials that are complete and appropriate to the mode of delivery.
10. Include clear documentation in written course materials of the methods of teaching and assessment in the cognitive, affective and psychomotor domains, as appropriate to the course objectives and content.

Student Services

1. The program or course provides students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, prerequisite technology competencies and skills, technical equipment requirements, availability of academic support services, financial aid resources, and costs and payment policies.
2. Enrolled students have reasonable and adequate access to the range of student services and resources appropriate to support their learning. Among the resources available are advising services, admissions, registration and scheduling, and information about student financial aid.

3. The institution has admission/acceptance criteria in place to assess whether the student has the background, knowledge, and technical skills required for undertaking the course or program.
4. Advertising, recruiting, and admissions materials clearly and accurately represent the program and the services available.

Commitment to Support

1. The sponsoring institution and program demonstrate a commitment to ongoing financial and technical support for distance offerings.
2. The sponsoring institution will support faculty development in instructional and technological strategies for teaching online or through video conferencing.
3. The sponsoring institution and program will recognize the implications of the development and implementation of distance learning on faculty workload and adjust workload as appropriate.
4. The sponsoring institution and program will support student orientation to and training for participation in distance learning.
5. The sponsoring institution and program will support adequate library, electronic media and other learning resources.
6. Faculty, administration and students will be aware of institutional policies regarding intellectual property and copyright, and will adhere to all related federal regulations.
7. Where possible, institutions will continue to support programs or courses for a period sufficient for students to complete the degree.

Evaluation and Assessment

The institution and program agree to routinely evaluate the outcomes of its distance learning offerings with other course and curricular reviews. Criteria for evaluation include the following:

1. The program and course effectiveness, including annual assessments of student learning and student and faculty satisfaction.
2. The assessment and documentation of student achievement in each course and at the completion of the program.
3. The accuracy of program or course announcements and electronic catalog entries, if applicable.
4. The levels of resources available to students.
5. The academic standards of distance courses and programs, as compared to those same classes offered through traditional delivery methods.
6. An appropriate interaction between faculty and students and among students.
7. The provision of reasonable levels of student services, including advisement, admission, registration and scheduling and information regarding financial aid.

Integrity of Courses Offered Online or through Video Conferencing

Institutions will take whatever steps necessary to ensure that the student registered in a course is the student actually completing the work. As appropriate, verification will include proctored examinations with careful checking of identification. CAPTE accredited programs will cooperate in these and other efforts essential to maintaining the integrity of courses and programs offered at a distance.

Changes in Delivery Methods of Instruction

According to CAPTE Rules of Practice and Procedure, programs must seek approval from CAPTE for a change in the delivery of courses to online or video conferencing methods for 25% or more of the technical/professional curriculum. Further changes in the mode of delivery of each 10% or more of the technical/professional curriculum must also be submitted for approval. Programs must submit an Application for Approval of Substantive Change (AASC) prior to implementation of these changes.

References (last accessed 11/4/2012)

http://www.adec.edu/admin/papers/distance-learning_principles.html

<http://www.detc.org/>

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(Adopted by CAPTE May 2001; Revised April 2005, April 2006, April 2010, November 2012)

GUIDELINES FOR ACCEPTING STUDENTS IN THE EVENT OF ANOTHER PROGRAM'S CLOSURE

Due to planned closure, market fluctuations, etc., programs may find it necessary or convenient to outsource teaching responsibilities, either internally (e.g., through contracting for teaching services) or externally (e.g., transferring students to another accredited program). When a program finds it necessary to outsource a substantial amount of teaching to outside faculty, close surveillance of the teaching must occur in order that the quality of the teaching is not compromised and adherence to the Evaluative Criteria is assured. In an effort to assure that student's rights and expectations are not compromised, CAPTE has previously developed the *Statement on Academic Integrity Related to Program Closure* [see CAPTE Rules §1.3(e)], which guides the conduct of the institution as it provides such instances where a substantial amount of teaching is carried out by other than core faculty in programs where the student(s) remain part of the institution and will graduate with a degree from that institution. A distinction is made between those instances where students remain with the original institution and graduate with that institution's degree versus those instances where the students are transferred and become the responsibility of a second accredited program and are granted a degree from the second program's institution. These guidelines deal with the latter.

1. In those instances where students will be obtaining a degree from another accredited program, that accredited program must be aware that such students are to be considered transfer students with all the rights and expectations of other students in the program.
2. A decision to admit students from another program should be based on an assessment of
 - a. The impact of adding students on the program's compliance with the Evaluative Criteria, including the impact on all resources (e.g., faculty, space, equipment, clinical education capacity, etc). If the number of students to be accepted in transfer exceeds 25% of the current class size, the institution must inform CAPTE immediately in accordance to standing rule 9.4(b)(7). If class size is increased less than 25%, then the program is strongly encouraged to notify CAPTE staff about the impact on compliance with the Evaluative Criteria; and
 - b. The extent of curricular congruence (objectives, content, sequencing, and expectations for student performance) between the two programs.
3. The program must adhere to its own institutional policies and procedures with respect to transfer students, including but not limited to residency requirements. If exemptions to such policies are necessary, they must be obtained prior to admitting the transfer students. If such policies and procedures do not exist, the program is strongly encouraged to develop such policies and procedures.
4. When transfer students are expected to, or have the option to, "test out" of certain program requirements, clearly detailed learner assessment procedures in the form of entrance examinations, competency assessment, etc., should be employed.
5. Finally, an institution that accepts such students through a transfer-type process is choosing to include those students among its graduates and therefore must include the student cohort in all components of that program's outcome assessment, including NPTE test results.

(Adopted by CAPTE April 2002)

THE DOCTOR OF PHYSICAL THERAPY (DPT) AS A FACULTY CREDENTIAL

The qualification of faculty is considered by the Commission from two perspectives; that of the individual qualifications of a faculty member and the collective qualifications of the physical therapy faculty as a whole. With individual members of the faculty, the Commission seeks evidence that faculty members have education and experience in the specific curriculum content areas for which they have teaching responsibility as well as ongoing scholarship to insure thoroughness and currency in teaching in the content area(s). When considering the faculty as a whole, the Commission seeks evidence that the faculty has the collective education and experience to address the many responsibilities the faculty has, including teaching, scholarship, service to the institution and community, development and revision of the curriculum and the evaluation of student learning.

When considering the Doctor of Physical Therapy (DPT) as a credential for a member of a physical therapy faculty, the Commission recognizes the DPT as the first professional degree at the doctoral level. Consistent with that, the Commission recognizes the DPT credential as evidence of professional preparation with the capability for independent practice. The Commission does not assume the entry-level DPT to indicate post-professional training in clinical practice or research. The DPT alone, regardless of when in one's career this was obtained, does not constitute sufficient qualification for physical therapy faculty. This becomes most apparent when one considers the example of a newly licensed practitioner with the DPT.

As with all entry-level preparation, individuals with the DPT as a clinical practice credential may be qualified as a member of a physical therapy program faculty when they also demonstrate evidence of additional clinical experience, specialty expertise or advanced training in the content area(s) for which they have teaching responsibilities. The Commission also recognizes that the collective responsibilities of the faculty as described above can be met when the program's faculty includes members who possess the DPT as their academic credential when accompanied by evidence of other appropriate qualifications.

(Adopted by CAPTE November 2002)

PHYSICAL THERAPY FACULTY AND SCHOLARSHIP

In light of the expectation that physical therapist education programs culminate in the awarding of a post-baccalaureate degree, CAPTE believes that it is incumbent on the physical therapy professoriate to be engaged in activities characteristic of faculty who teach in post-baccalaureate programs. Active engagement in scholarship is typically among those activities. To that end, CAPTE's Evaluative Criteria include the following criterion:

F-3. Each core faculty member has a scholarly agenda that is reflected by accomplishments that: 1) contribute to the development or creation of new knowledge, OR 2) contribute to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR 3) apply findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR 4) contribute to the development of critically reflective knowledge about teaching and learning.

CAPTE fully acknowledges that this accreditation criterion is appropriate for the purpose of setting a standard for all core faculty regardless of type of appointment or regardless of the size, type or mission of the institutions that house physical therapist education programs. It is not intended to set a standard to be used by faculty, programs or institutions in the tenure or promotion process. Individual faculty are responsible for meeting established institutional expectations for tenure and promotion.

The intention of this paper is 1) to explain the links among accreditation, physical therapy education, and scholarship; 2) to define the term 'scholarly agenda'; and 3) to illustrate the general development of such an agenda for faculty -- all within the context of scholarship as described in the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, particularly Criterion F-3., and the definitions found in the Introduction to the criteria (pp. viii-ix). The Characteristics of Scholarship Chart is found at the end of this Position Paper and delineates typical scholarly accomplishments and how they can be documented.

Rationale for CAPTE's Expectations Regarding Core Faculty Scholarship

There are important reasons for physical therapy core faculty to be engaged in scholarship:

Continuous Advances in Physical Therapist Practice

Accreditation has the special responsibility to help assure the safety and competence of each graduate as a practicing physical therapist. It is therefore the responsibility of CAPTE to assure that faculty have the ability to provide teaching and learning experiences that reflect contemporary practice.

Because knowledge and technology are changing at a rapid pace, faculty must keep abreast of new information and be able to evaluate how this information influences physical therapy practice. This is accomplished through a process of critical inquiry, including:

- Analyzing and applying research findings to physical therapy practice and education;
- Evaluating the efficacy and effectiveness of both new and established practice and technologies;
- Participating in planning, conducting and disseminating clinical, basic, or applied research.

Faculty Serve as Role Models

Modeling lifelong learning and the importance of making a contribution to the advancement of physical therapy practice are essential components of the faculty role. Faculty have responsibility for the intellectual growth of their students in terms of analytical and critical thinking skills and the delineation of best practice. Scholarship provides the means for faculty to demonstrate the link between theory and practice. Students learn the value of scholarship from faculty and have ongoing opportunities to observe various ways in which faculty carry out a scholarly agenda.

Providing Evidence for the Efficacy of Physical Therapist Practice

It is imperative that evidence for the efficacy of physical therapy practice continues to grow. As members of the academy, faculty are in a special position to provide leadership in the profession in developing the knowledge that is used to inform both clinical practice and education. Without ongoing scholarship, clinical practice patterns and educational standards risk becoming stagnant and cannot reflect contemporary knowledge.

Faculty Qualifications

Decisions about appointment, tenure and promotion involve many criteria, one of which is the applicant's record of scholarship. In many institutions this is the primary criterion upon which such decisions are made. Physical therapy faculty who have a record of scholarly accomplishments are more likely to be successful in the tenure and promotion process, and therefore contribute to the stability and on-going viability of the education program.

Based on this rationale, all core physical therapy faculty members are expected to develop a scholarly agenda and a record of accomplishments consistent with both the guidelines of their educational institution and the CAPTE evaluative criteria. The union of institutional mission with professional education is critical to successful graduate education in a doctoring profession. Institutions with physical therapy programs must recognize that the choice to offer a graduate professional educational program includes the obligation of scholarship among its program faculty because of the demands of contemporary clinical practice, the need for quality outcome assessment, and the complex nature of patient care. By offering the educational program, the institution endorses participation of the physical therapy faculty in scholarship and sanctions the expectations of graduate faculty in the academy.

The academic enterprise involves a blend of didactic, laboratory, and clinical experiences, scholarly activity, professional service, and community involvement that in combination define the students' learning atmosphere and the faculty's work environment. Regardless of the definition of scholarship embraced by any constituency, there are fundamental requirements of the scholarly product, including that it: (1) is significant to the profession, (2) is creative, (3) is peer-reviewed through various methods, (4) can be replicated or elaborated, and (5) is published, presented, or documented. Additionally, the scholarly process and results should contribute to the faculty member's teaching and/or practice. Each institution is encouraged to support its faculty in one or more forms of scholarship.¹

In sum, each faculty member must establish credentials as a scholar, which means every faculty member must be able to demonstrate the capacity to engage in one or more types of scholarly activity and present the results to colleagues.

The Meaning Of Scholarship As Applied To Physical Therapy Education

CAPTE recognizes that many definitions of scholarship have been described in the literature. For the purposes of this paper, Boyer's paradigm of four categories of scholarship^{1,3} is being used. The table, Characteristics of Scholarship, in the Evaluative Criteria Introduction provides examples of each type of scholarship.

The **Scholarship of Discovery** contributes to the development or creation of new knowledge. This represents the traditional view of research, and is disseminated through publications such as peer-reviewed articles, books, and presentations at scientific meetings.

The **Scholarship of Integration** involves contributions to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study. This includes activities such as literature reviews, meta-analysis, and the synthesis of the literature from other disciplines and discussion of its significance for physical therapy.

The **Scholarship of Application/Practice** applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community. This involves taking findings generated via the scholarships of discovery and integration and applying them to clinical practice or teaching and learning.

The **Scholarship of Teaching** contributes to the development of critically reflective knowledge about teaching and learning. It is important to differentiate between the scholarship of teaching and “good” teaching. Each faculty member has an obligation to teach well. The scholarship of teaching is not synonymous with excellent teaching. The attributes associated with scholarship of teaching include classroom assessment and evidence gathering, current ideas about teaching in the field, peer collaboration and review, and inquiry and investigation centered on student learning. It requires faculty members to frame and systematically investigate questions related to student learning, teaching methods and educational theory.⁴

The **Scholarship of Engagement** contributes to the identification, understanding and resolution of significant social, civic, or ethical problems and includes systematic data collection, analysis, interpretation and impact.⁵

In summary, consistent with the profession’s commitment to evidence-based practice and graduate professional education, CAPTE expects scholarship of core faculty to be subject to peer review and disseminated to appropriate constituencies.

Development of a Scholarly Agenda

A scholarly agenda is a long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include specific goals that identify types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues. The scholarly agenda may change as a faculty member’s teaching, practice, or research interests evolve, but should also show some consistency over time to allow for professional development and growth in the chosen area of inquiry.

Three factors play a large part in defining a specific faculty member’s individual scholarly agenda. First is the institutional context. The institutional mission may affect the resources that are available to support a scholarly agenda. Depending on the institution’s mission, expectations for faculty scholarship may vary; however, regardless of an institution’s mission, CAPTE expects evidence of scholarly activity for all core faculty.

Secondly, the specific role assigned to the faculty member may influence the depth and breadth of the scholarly agenda. Program directors, Directors of Clinical Education, faculty on a tenure-line (or the equivalent), and faculty with clinical appointments may approach scholarship with different goals to reflect their faculty commitments, their clinical or teaching responsibilities and their areas of expertise.

Thirdly, the stage of development of the faculty member as a scholar will also play a role. Faculty new to the responsibility of scholarship may have less well-developed agendas and may initially pursue more limited forms of scholarship than senior scholars. They also may need to seek assistance from mentors in their development as scholars. Agendas of more experienced scholars may reflect changes consistent with their on-going professional development and should show expectations for continued productivity throughout their career.

Demonstration of Scholarly Accomplishments

Faculty members should be able to exhibit a pattern of scholarly accomplishments or products that contribute to their scholarly agenda. This is often facilitated by a focused agenda, but also can be achieved when the faculty member has a variety of interests. A close integration of scholarly inquiry, teaching and practice is most conducive to a successful outcome, meeting CAPTE’s mission to serve the public and the faculty member’s responsibility for scholarship. Such an integration of activities allows the faculty member to apply critical inquiry processes so that their practice or teaching may result in scholarly accomplishments. Accordingly, clinical and educational domains benefit from scholarly findings, and faculty members can be more efficient in their roles by focusing their scholarly activities in their areas of interest.

When scholarly accomplishments are of a more traditional form, as is typically true for Scholarship of Discovery, bibliographic citation is sufficient to document the product. For other types of scholarship, faculty

members will need to document how it meets the standard for scholarship as described in the definition of scholarship included in the introduction to the Evaluative Criteria. In all cases, faculty members must demonstrate the link between the scholarly products and the scholarly agenda.

Faculty Scholarship Form

The Faculty Scholarship form should include accomplishments within the last 10 years; regardless of the length of the faculty appointment. The form should clearly delineate that the work is peer reviewed and indicate how the work was disseminated using AMA style of citation. If the work is not typical of peer reviewed work, then the narrative portion of the form should be used to provide details about the peer review process used and dissemination of the work. If the work was presented at a Research Day at your institution, the number and description of the attendees and how feedback was provided to the presenters and by whom should be included. Although the faculty member may refer to their curriculum vitae, the Scholarship Form should not reflect a limited view of accomplishments and should be representative of all accomplishments. The Form should not include things that would not meet CAPTE's expectations, such as supervision of student research projects where the projects are not part of the faculty member's scholarly agenda or professional development activities such as enrollment in a doctoral program. Ongoing scholarship plans must include a completion timeline and identify planned dissemination in a peer review format.

CAPTE typically expects core faculty to provide evidence of at least one accomplishment for every two years of academic service; however, CAPTE will consider large, multi-year projects in lieu of the typical expectation. For accreditation purposes, new faculty (<5 years in any full-time faculty position) are not expected to have established scholarly record yet, but should have an appropriate AGENDA to meet CAPTE expectations. Although books and book chapters are acceptable as scholarship, being a text book reviewer is considered a service activity rather than scholarship. Journal articles accepted pending revision may be included on the scholarship form, noting that they are accepted, pending revision.

References

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5. Boyer, E. (1996). The Scholarship of Engagement. Journal of Public Outreach. 1(1): 11-20.
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(Adopted by CAPTE October 2004; Revised October 2007, April 2010)

CHARACTERISTICS OF SCHOLARSHIP CHART

If scholarly work	It is typically	Within a scholarly agenda, accomplishment is typically demonstrated by	Documented, as appropriate for activity, by
<p>Contributes to development or creation of new knowledge</p> <p>(Scholarship of Discovery)</p>	<ul style="list-style-type: none"> ● Primary empirical research ● Historical research ● Theory development ● Methodological studies 	<ul style="list-style-type: none"> ● Peer-reviewed publications of research, theory, or philosophical essays ● Peer-reviewed professional presentations of research, theory, or philosophical essays ● Grant awards in support of research or scholarship 	<ul style="list-style-type: none"> ● Bibliographic citation of the accomplishments ● Positive external assessment of the body of work
<p>Contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study</p> <p>(Scholarship of Integration)</p>	<ul style="list-style-type: none"> ● Inquiry that advances knowledge across a range of theories, practice areas, techniques or methodologies ● Includes works that interface between physical therapy and a variety of disciplines 	<ul style="list-style-type: none"> ● Peer-reviewed publications of research, policy analysis, case studies, integrative reviews of the literature, and others ● Copyrights, licenses, patents, or products ● Published books ● Reports of interdisciplinary programs or service projects ● Interdisciplinary grant awards ● Peer-reviewed professional presentations ● Policy papers designed to influence organizations or governments ● Service on editorial board or as peer reviewer 	<ul style="list-style-type: none"> ● Bibliographic citation of the accomplishments ● Positive external assessment of the body of work ● Documentation of role in editorial/ review processes
<p>Applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community</p> <p>(Scholarship of Application/ Practice)</p>	<ul style="list-style-type: none"> ● Development of clinical knowledge ● Application of technical or research skills to address problems 	<ul style="list-style-type: none"> ● Activities related to the faculty member's area of expertise (eg, consultation, technical assistance, policy analysis, program evaluation, development of practice patterns) ● Peer-reviewed professional presentations related to practice ● Consultation reports ● Reports compiling and analyzing patient or health services outcomes ● Products, patents, license copyrights ● Grant awards in support of practice ● Reports of meta-analyses related to practice problems ● Reports of clinical demonstration projects ● Policy papers related to practice 	<ul style="list-style-type: none"> ● Formal documentation of a record of the activity and positive formal evaluation by users of the work ● Bibliographic citation ● Documentation of role in multi-authored products ● Positive external assessment of the body of work
<p>Contributes to the development of critically reflective knowledge about teaching and learning</p> <p>(Scholarship of Teaching/Learning)</p>	<ul style="list-style-type: none"> ● Application of knowledge of the discipline or specialty applied in teaching-learning ● Development of innovative teaching and evaluation methods ● Program development and learning outcome evaluation ● Professional role modeling 	<ul style="list-style-type: none"> ● Peer-reviewed publications of research related to teaching methodology or learning outcomes, case studies related to teaching-learning, learning theory development, and development or testing of educational models or theories ● Successful applications of technology to teaching and learning ● Published textbooks or other learning aids ● Grant awards in support of teaching and learning ● Peer-reviewed professional presentations related to teaching and learning 	<ul style="list-style-type: none"> ● Bibliographic citation of the accomplishments ● Documentation of scholarly role in creation of multi-authored evaluation reports ● Positive external assessment of the body of work
<p>Contributes to the identification, understanding and resolution of significant social, civic, or ethical problems and includes systematic data collection, analysis, interpretation and impact.</p> <p>(Scholarship of Engagement)</p>	<ul style="list-style-type: none"> ● Collaborative partnerships involving faculty, community members and organizational representatives (community-based research or interventions) 	<ul style="list-style-type: none"> ● Peer-reviewed publications or professional presentations related to development of community-based intervention ● Grant awards in support of community-based intervention ● Policy papers, presentations, or reports compiling and analyzing community program outcomes that includes analysis and interpretation of data collected and leads to an outcome or plan 	<ul style="list-style-type: none"> ● Bibliographic citation of the accomplishments ● Positive external assessment of the body of work ● Documentation of role in multi-authored products

ROLE AND QUALIFICATIONS OF THE DIRECTOR OF A PHYSICAL THERAPIST ASSISTANT PROGRAM

The Commission on Accreditation in Physical Therapy Education (CAPTE) expects a physical therapist assistant (PTA) education program to be directed by an individual who has demonstrated leadership in physical therapy practice and has experience in higher education. The quality of a PTA program depends, in large part, on knowledgeable and competent program leadership. The program director is ultimately responsible for organizing, planning, implementing, and evaluating a program that is consistent with preparing competent, entry-level PTAs. This paper is intended to describe the role and qualifications of the PTA program director, as defined in Criterion 2.2.2.1.:

The program director of the physical therapist assistant education program is a physical therapist or a physical therapist assistant. The program director demonstrates the academic and professional qualifications and relevant experience in education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following: a minimum of a master's degree; licensure (if a physical therapist), or licensure, certification, or registration in states where applicable (if a physical therapist assistant); experience in clinical practice; didactic and/or clinical teaching experience; experience in administration; experience in educational theory and methodology (curricular design, development, implementation and evaluation); experience in instructional design and methodology; and experience in student evaluation and outcomes assessment.

This paper can be used to assist institutional administrators during the hiring process, and guide potential educators in establishing professional development programs that will prepare them to lead a PTA program. It also provides guidance to institutional administrators and program directors as they identify internal and external resources that can support the professional development of a novice program director.

The physical therapist or physical therapist assistant who serves as the program director of a PTA program is expected to have a post-baccalaureate degree and a minimum of five (5) years of clinical experience that includes experience with the physical therapist/physical therapist assistant (PT/PTA) relationship. The requisite depth and breadth of clinical experience is most effectively developed by a pattern of continuous full-time employment. During his/her clinical employment, the future PTA program director is expected to have participated in a variety of clinically-based teaching opportunities, including patient and family education, clinical instruction for student physical therapists and PTAs, staff in-services, presentations at professional conferences or grand rounds, and adjunct or guest teaching at a physical therapy program. The potential program director can develop skill in supervision and problem resolution by serving in leadership positions in the clinical setting. These types of experiences permit the program director to develop proficiency in clinical skills and a broad-based understanding of professionalism; the PT/PTA relationship; professional, legal and ethical issues; and the health care system--all of which are fundamental to being a competent academic leader and role model.

The program director leads the development, evaluation, and revision of the curriculum. The program director is responsible for planning, implementing and assessing curriculum and student outcomes. Curriculum management includes activities such as developing course syllabi that include behavioral objectives and learning outcomes; preparation of course materials, including audiovisual and multimedia materials appropriate for use with adult learners; defining and implementing teaching strategies appropriate for the course content; and, creating and implementing evaluation instruments.

Most physical therapy clinicians have had little, if any, formal training in curriculum and instructional design or program assessment. In addition, clinical education experience does not typically provide adequate opportunities for the physical therapist or physical therapist assistant to develop competence in managing a curriculum. Teaching experience, either as a faculty member or an Academic Coordinator of Clinical Education (ACCE), may allow the individual to develop competencies in curriculum management when there has been mentoring, professional development and opportunities for participation in curriculum planning activities.

Individuals with a primarily clinical background are unlikely to be prepared for the academic culture in which PTA programs exist. In order to function effectively, the program director must appreciate the various dimensions of the faculty role: e.g., intellectual exchange and inquiry, collegiality, academic freedom, governance, student rights, due process. The program director is responsible for representing the PTA program appropriately within the institutional framework: e.g., program assessment, policies and procedures, negotiation, and compliance with applicable institutional, governmental and accreditation standards.

Clinical practice management experience may provide an appropriate framework from which to develop competence in academic administration. The program director works within the institutional structure to develop budgetary requests for operational and capital expenditures and to manage an approved departmental or program budget. The program director evaluates the need for faculty and participates in recruiting and hiring individuals based on the needs of the curriculum, develops short and long-term planning for the PTA program, and develops and implements a plan to evaluate the program outcomes.

CAPTE recognizes that there is a limited pool from which to recruit PTA program directors, and that there are many clinicians interested in pursuing career development in an academic setting. Moreover, CAPTE is aware of the difficulty that clinicians experience when attempting to transfer their clinical skills to an academic environment. It is therefore essential that both the institution and the aspiring program director fully understand the requirements of the position. When preparing to develop a new program, it is imperative that the institution hire a program director who already possesses the requisite qualifications. The candidacy timelines make it very difficult to develop the program and the program director at the same time. Furthermore, failure to hire a qualified program director can seriously undermine the institution's ability to develop a program that complies with the evaluative criteria.

When there is an established program, and the institution employs someone without all necessary skills or education, there is a mutual obligation to create a feasible professional development plan that will prepare the program director to carry out his/her expected role. The plan should include specific goals and identify the activities, resources and timeline required to attain them. Ideally, these professional development activities would begin prior to the program director assuming responsibility for the program. Professional development activities may include courses in curriculum or instructional design and evaluation, observation of experienced faculty teaching in the classroom, identifying a senior faculty member in a related discipline to serve as a mentor, membership on unit and college-wide committees, service on various institutional task-forces, attendance at accreditation workshops, and outreach activities.

(Adopted by CAPTE April 2007)

INTERNATIONAL CLINICAL EDUCATION

CAPTE recognizes the value of exposing students to multi-cultural learning experiences, both in the classroom and the clinical setting. Thus, CAPTE's evaluative criteria do not preclude physical therapy students educated in the United States from obtaining a portion of their clinical experiences outside of the United States as part of their formal clinical education requirements. CAPTE would expect the physical therapy program to provide the same level of supervision, quality of experience and assessment that would be expected of any other clinical experience.

CAPTE's expectation of the clinical education component would remain the same for all clinical experiences, regardless of location, such that by the end of the professional program, students are able to achieve the program's goals and outcome expectations.

Additionally, CAPTE suggests that in the development of international clinical education experiences, programs consider the following:

- State Department travel advisories
- International Health Insurance
- Cost
- Access to emergency services
- Awareness of local laws/customs
- Cultural competence (both student and faculty)

(Adopted by CAPTE October 2009; Revised April 2010)

ENTRY LEVEL DEGREE FOR PHYSICAL THERAPIST ASSISTANTS

The elevation of the entry level preparation for physical therapists to the Doctor of Physical Therapy has led to the suggestion that physical therapist assistant preparation should be raised from the associate to the baccalaureate level. However, the available evidence and scope of work do not currently support increasing degree requirements for preparing entry-level physical therapist assistants to work under the direction and supervision of a physical therapist, and to enter the workforce upon graduation from an accredited program.

The associate degree still represents the expected level of knowledge required in practice and delineated in the current *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants* and the current edition of *A Normative Model of Physical Therapist Assistant Education*. The consensus of physical therapist assistant program stakeholders and the professional community represented in the *Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level* (BOD G11-08-09-18) further reinforces the appropriateness of the associate degree as the entry point credential for physical therapist assistants.

Associate degree level education for entry-level physical therapist assistants does not preclude program, institutional, and professional efforts to identify and promote opportunities for continuing education, recognition, mentoring, and advanced credentialing.

(Adopted by CAPTE April 2010)

EXPECTATIONS AND INTENT FOR FULL-TIME CORE FACULTY IN PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS

CAPTE's Evaluative Criteria for physical therapist assistant (PTA) education programs require the following:

2.2.1. The institution provides for sufficient program faculty resources to accomplish the mission and goals of the program. The program employs two full-time core faculty members. One of the full-time core faculty members is a physical therapist.

The intent of this requirement is that the program has access to a sufficient number of faculty members to address all of the activities required to successfully manage a quality education program for physical therapist assistants. Therefore, physical therapist assistant program directors are expected to provide necessary leadership as demonstrated through focus and attention to the needs of the program, its learners, and other stakeholders.

When institutional sponsors choose to meet the minimum full-time faculty requirements by employing only two full-time faculty members for a PTA program, the Commission intends each of those faculty members' time and efforts be dedicated solely to the benefit of the PTA education program. Institutions that assign full time faculty additional responsibilities beyond the PTA Program must take into consideration the impact of multiple assignments on the resultant effectiveness of leadership and instructional/program quality in the PTA Program. The Commission expects that programs include the comprehensive faculty workload (as it relates to other institutional and administrative duties) in any assessment of its effectiveness and achievement of its identified outcomes.

(Adopted by CAPTE November 2010)

EXPECTATIONS FOR THE EDUCATION OF PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS REGARDING DIRECTION AND SUPERVISION

As the regulator of quality education in physical therapy, the Commission on Accreditation in Physical Therapy Education (CAPTE) is in the unique position of being responsible for establishing and enforcing minimal standards for the education of entry-level physical therapists (PTs) and physical therapist assistants (PTAs). To ensure the ongoing safety of the public who are served by graduates of these education programs, CAPTE must be cognizant of, and responsive to, professional policies, position papers, best practices, relevant evidence, as well as existing and emerging trends in clinical practice when revising and enforcing its evaluative criteria related to curricular content. The evaluative criteria for physical therapist (PT) and physical therapist assistant (PTA) programs include expectations that students will be educated on their respective roles, responsibilities and limitations. CAPTE recognizes that these roles are subject to change based on multiple factors including, but not limited to, recent or potential changes in educational degree level, revisions to state practice acts, the emergence of new therapeutic interventions and clinical evidence, the implementation of new legislative and reimbursement policies for health care, shifting trends and expectations for employment, and opportunities for the development of advanced clinical competencies after graduation.

The primary function of CAPTE is to ensure compliance with minimal educational standards, not to define the scope of practice/work for physical therapy practitioners. CAPTE has historically used the Patient/Client Management Model (PCMM) delineated in the *Guide to Physical Therapist Practice*¹ as the framework for describing the process of patient care in both sets of evaluative criteria. As indicated in this Guide, the elements of Examination, Evaluation, Diagnosis, Prognosis, Plan of Care, and Outcomes are the sole responsibility of the PT. Interventions may be provided by either the PT or the PTA who acts under the direction and supervision of the PT. The [evaluative criteria for PT education programs](#) require evidence that the PT graduate is able to “*Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the education, training and experience of the PTA, (3) jurisdictional law, (4) safety (5) practice guidelines/policies/codes of ethics, and (6) facility policies.*”² The implication of the term “*consideration of*” is that PT students will learn to make an informed judgment regarding the appropriateness of directing a PTA to perform a particular intervention. The [evaluative criteria for PTA education programs](#) state that “*The technical education component of the curriculum includes learning experiences to prepare the entry-level physical therapist assistant to work under the direction and supervision of the physical therapist.*”³

At its 2000 House of Delegates meeting, The American Physical Therapy Association (APTA) adopted a position which states that PTs should not direct PTAs to perform any interventions that require constant examination including procedures such as “spinal and peripheral joint mobilization, which are components of manual therapy, and sharp selective debridement, which is a component of wound management.”⁴ An analysis of practice performed by the Federation for State Boards of Physical Therapy (FSBPT) suggests that these procedures are being performed by a significant number of licensed PTAs.³ In jurisdictions where the physical therapy practice act does not limit the types of interventions that can be performed by PTAs, the decision to direct these or other interventions to PTAs is based on the professional judgment of the supervising PT. Thus, CAPTE expects education programs for PTs to include curricular content (i.e., course objectives, learning experiences, and assessment of learning) that addresses the reasoning process used by graduates to perform this supervisory role. In addition, CAPTE expects educational programs to prepare PT students to determine those components of interventions that may be directed to the physical therapist assistant. These considerations should include the level of skill and training required to perform the procedure, the level of experience/advanced competency of the individual PTA, the practice setting in which the procedure is performed, and the type of monitoring needed to accurately assess the patient’s response to the intervention. In addition, acuity and complexity of the patient’s condition and other clinical factors should be considered when directing PTAs to safely and competently perform any intervention. CAPTE also expects PTA educational programs to prepare PTA students to recognize components of interventions that are beyond their scope of work. (see PTA Criteria 3.3.2.10 through 3.3.2.12)

Likewise, CAPTE expects education programs for the PTA to select the appropriate depth and breadth of knowledge and skill needed to perform interventions that are consistent with the PTA’s responsibilities. These skills not only include specific intervention procedures but also the data collection skills needed to

monitor and assess a patient's response to an intervention. These data collection skills are outlined in the evaluative criteria. Regardless of the relative simplicity or complexity of the procedure itself, CAPTE also believes that those interventions which require more extensive foundational knowledge, manual skill, and/or complex monitoring than a PTA is educated to provide should only be performed by the physical therapist.

CAPTE will cite PT education programs for conditional or non-compliance with evaluative criteria when there is insufficient evidence of curricular content that prepares graduates to direct and supervise the PTA in the application of appropriate interventions. Likewise, CAPTE will cite PTA education programs for conditional or non-compliance with its evaluative criteria when there is insufficient evidence of curricular content which specifies that the PTA provides care under the direction and supervision of a PT. Although not explicit in its evaluative criteria, CAPTE expects all education programs to provide students with sufficient information related to the scope of practice/work for both PTs and PTAs to enhance their understanding of this supervisory relationship.

Finally, CAPTE recognizes that education programs may have unique missions or goals that compel them to prepare graduates to practice at a level that is beyond CAPTE's minimal standards. When education programs for either PTs or PTAs choose to include instruction on clinical procedures that are not specified in the evaluative criteria, CAPTE will expect programs to provide: (1) rationale to support the inclusion of these procedures within the graduate's scope of practice/work consistent with the program's mission or goals, and (2) evidence that the program assesses student competence in the performance of these procedures prior to any full-time clinical experiences. Programs that fail to justify the addition of curricular content which is not usually included in entry-level education may be cited for conditional compliance of criteria related to their curriculum plan.

References:

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(Adopted April 2013)

INNOVATION IN PHYSICAL THERAPY EDUCATION

Innovation is a popular term in higher education and in health care. Innovation can be defined as the use of a new idea or method with the objective to create a better and/or more effective product, process or service. Innovation in the design and delivery of educational programs can provide opportunities for growth and improvement in educational methods and learning outcomes. Innovative approaches may provide opportunities for the development of critical thinking and/or psychomotor skills.

New developments in technology have produced many opportunities for innovation in physical therapy education, in both physical therapist and physical therapist assistant education programs. Technology allows us to deliver programs to learners who are separated geographically using synchronous and asynchronous formats. The internet and social media have enhanced access to information and communication among teachers and learners. Telehealth allows practitioners to provide physical therapy services to clients at a distance using electronic signals. Simulation using sophisticated mannequins is another teaching method commonly used in health professions education. Simulating real life experiences provides opportunities for students to practice clinical decision making under similar conditions as those that occur in practice. Innovation is not limited to creative uses of technology. Innovation can be demonstrated by designing, implementing and assessing non-traditional approaches to teaching and learning such as team based or service learning, the use of interdisciplinary case studies and others.

The Commission welcomes innovation in physical therapy education. Programs are expected to describe their innovative methods and how these techniques support their program mission and/or the educational philosophy of the program. A clear rationale for what the innovative method intends to accomplish should be presented. Reporting evidence of the effectiveness of the innovative method that addresses specific learning outcomes is an important part of the process. Programs should consider faculty development that may be necessary to support the use of innovative methods. Developing, implementing and assessing innovative approaches that will better serve students is essential to advancing physical therapy education.

(Adopted April 2013)

LIST OF POSITION PAPERS THAT HAVE BEEN RESCINDED

PREPROFESSIONAL PREPARATORY EDUCATION (Adopted May 1998, Rescinded May 2007)

SENIOR FACULTY STATUS (Adopted October 1999, Rescinded April 2005)

EXTERNAL INFLUENCES ON DEVELOPMENT AND REVISION OF THE EVALUATIVE CRITERIA
(Adopted October 2006, Rescinded November 2012)

FACULTY CONTENT EXPERTISE IN PHYSICAL THERAPIST EDUCATION PROGRAMS (Adopted 2009,
Rescinded November 2012)

THE EVALUATIVE CRITERIA THAT ADDRESS THE RELATIONSHIP BETWEEN PHYSICAL
THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS (Adopted 2004, Rescinded 2012)

PTA EDUCATION AND JOINT MOBILIZATION (Adopted April 2012; Rescinded April 2013)