

Notification of Change in Program Leadership

Non-substantive changes are those changes that require a program to notify ABPTRFE of the change but does not require prior approval. A program undergoing a change in leadership must notify ABPTRFE of this change, by completing and submitting the Notification of Change in Program Leadership document through the Accreditation Management System, within 30 days of implementing the change.

A program is responsible for maintaining ongoing compliance with all published Quality Standards, policies, and procedures.

Please note: The Notification of Change in Program Leadership must be accessed and completed through ABPTRFE's Accreditation Management System. This paper format is provided to programs for reference purposes only.

Current Leadership

Provide the name of the current program director: Enter the program director name.

Provide the name of the current program coordinator (if applicable): Enter the program coordinator name.

Type of Change

Please indicate the change in leadership being reported: Select one.

Provide the effective date of the new leadership: Enter date.

New Program Leadership

Program Director Name: Enter the program director name.

Program Director APTA Membership Number (current or former)*: Enter the APTA membership number.

**If never held APTA membership, please go to the [APTA website](#) and create a free APTA account and enter that account number above.*

Program Director Email Address: Enter the program director email address.

Program Director Telephone Number: Enter the program director telephone number.

Program Director Academic Credentials: Enter the program director's academic credentials that qualify him/her for the position.

Program Coordinator Name: Enter the program coordinator name, if applicable.

Program Coordinator APTA Membership Number (current or former)*: Enter the APTA membership number.

**If never held APTA membership, please go to the [APTA website](#) and create a free APTA account and enter that account number above.*

Program Coordinator Email Address: Enter the program coordinator email address, if applicable.

Program Coordinator Telephone Number: Enter the program coordinator telephone number, if applicable.

Program Coordinator Academic Credentials: Enter the program coordinator's academic credentials that qualify him/her for the position, if applicable.

Quality Standards

3.4 Program Director: The program director possesses the qualifications and experience in operations, financial management, and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes. The program determines the role and responsibilities of the program director.

1. Describe the role and responsibilities of the program director.

Insert Response

2. Provide the percentage full-time equivalent (FTE) that the program director dedicates to these responsibilities.

Insert Response

3. Describe the program director's qualifications and experience in **operations** to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response

4. Describe the program director's qualifications and experience in **financial management** to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response

5. Describe the program director's qualifications and experience in **leadership** to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response

6. Upload a current copy of the Program Director Curriculum Vitae or Resume.

3.5 Program Coordinator: A program coordinator is appointed if a program director does not meet the following required qualifications and clinical experience in the program's defined area of practice. The program coordinator is responsible for overseeing the curriculum and ensuring it comprehensively incorporates the requirements in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). The program coordinator is a licensed physical therapist who completed either 1) ABPTS board certification plus one year of clinical experience or an accredited residency/fellowship within the defined area of practice plus one year of clinical experience; or 2) obtained a minimum of five years of clinical experience in the defined area of practice.

1. Describe the role and responsibilities of the program coordinator.

Insert Response

2. Provide the percentage full-time equivalent (FTE) that the program coordinator dedicates to these responsibilities.

Insert Response

3. Describe the program coordinator’s qualifications and clinical experience to oversee all aspects of the program in support of the mission, goals, and outcomes.

Insert Response

4. Upload a current copy of the Program Coordinator Curriculum Vitae or Resume.

4.5 Teach-Out Commitment: The program and sponsoring organization commits to teaching out participants who are currently enrolled if it is deemed necessary to discontinue offering the program.

1. Please complete the following ABPTRFE teach-out commitment as EXHIBIT 10.

ABPTRFE TEACH-OUT COMMITMENT

“WHEREAS, the program applied to the American Board of Physical Therapy Residency and Fellowship Education Board for accreditation, and achieved such accreditation,

“WHEREAS, said accreditation applies to the program and all corresponding instructional activities,

“NOW, THEREFORE, upon motion duly made and seconded and unanimously adopted, it is RESOLVED and COMMITTED that:

One *This program commits that all participants who enroll in this program will receive the education under the terms of their contracts, including receiving all curriculum and instructional materials on a timely basis, any subsequent change in this program’s accredited status or any other circumstances notwithstanding; and,*

Two *With the understanding that the intent of this Commitment is to ensure that all participants enrolled by the program before and during its period of accreditation will have the opportunity to complete their program regardless of future circumstances, it is firmly resolved that the letter and spirit of this Commitment will be fulfilled.”*

I certify that this Commitment was duly and legally adopted at a meeting, duly and regularly convened at least annually during which the Program Director and designated representative from the sponsoring organization was present and acting throughout; and that said Commitment will continue in full force and effect.

Enter First and Last Name

Program Director

Enter First and Last Name

Sponsoring Organization Representative Title

New Leadership Background

1. Has the proposed new leadership ever been directly or indirectly employed or affiliated with a program that either lost, or was denied, accreditation by any accrediting organization during that individual's period of employment or affiliation?

Yes No

If yes, please provide a detailed narrative disclosing the circumstances surrounding the program's loss or denial of accreditation.

Insert narrative.

2. Has the proposed new leadership ever been directly or indirectly employed or affiliated with any program that closed without appropriately completing and delivering the education for participants active in the program (e.g., teach-out agreement/plan), or entered into bankruptcy during that individual's period of employment or affiliation?

Yes No

If yes, please provide a detailed narrative disclosing the circumstances surrounding the program's closure, bankruptcy, or both, as applicable.

Insert narrative.

3. Is any action pending (e.g., court action, audit, inquiry, review, administrative action) or has any action been taken by any court or administrative body (e.g., federal or state court, grand jury, special investigator, U.S. Department of Education, or any state agency) against the proposed new leadership?

Yes No

If yes, please provide a detailed narrative disclosing the person(s) and matters involved. Include a statement of the facts and circumstances surrounding the action identifying individual or the program involved. If the matter is not yet final, please describe the procedural status of the matter (e.g., still under investigation, preliminary decision under appeal) and the position taken by the proposed individual involved. If the matter is final, provide a copy of the final action documentation.

Insert narrative.

4. Has the proposed new leadership served in a similar capacity in any other program where either that individual or the program was charged or indicted in a civil or criminal forum or proceeding alleging fraud, misappropriation, or any criminal act?

Yes No

If yes, please provide a detailed narrative disclosing the person(s) and matters involved. Include a statement of the facts and circumstances surrounding the action identifying individual or the program involved. If the matter is not yet final, please describe the procedural status of the matter (e.g., still under investigation, preliminary decision under appeal) and the position taken by the proposed individual involved. If the matter is final, provide a copy of the final action documentation.

Insert narrative.

Website

Provide a link to the website that demonstrates disclosure of new leadership: Insert link

Program Affirmations

Accreditation is a voluntary, peer-review process. The program assumes the burden of proof in demonstrating compliance with ABPTRFE Quality Standards, processes, and procedures.

<input type="checkbox"/>	Voluntarily submits itself for review and decision by ABPTRFE;
<input type="checkbox"/>	Has reviewed the ABPTRFE Quality Standards, processes, and procedures;
<input type="checkbox"/>	Has an opportunity, as a part of the accreditation process, to demonstrate it meets all ABPTRFE Quality Standards and assumes the burden of proof to demonstrate this compliance;
<input type="checkbox"/>	Assumes the obligation to be honest, forthcoming, complete, and accurate in presenting information, answering prompts, and submitting information to ABPTRFE;
<input type="checkbox"/>	Voluntarily accepts responsibility to comply with ABPTRFE Quality Standards and fulfill all the obligations of an accredited program;
<input type="checkbox"/>	Agrees to remain in compliance with all requirements set forth in the ABPTRFE Quality Standards, processes, and procedures; and
<input type="checkbox"/>	Agrees to cooperate with ABPTRFE in all aspects of the accreditation process and the program acknowledges that accreditation information may be shared with other accrediting organizations and government entities in accordance with ABPTRFE processes and procedures and applicable federal and state laws and regulations.

Certification

I certify that all of the information contained in this Notification of Program Change in Leadership is true and correct.

Last Updated: 10/26/2023

Contact: resfel@apta.org