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Residency and Fellowship Program Accreditation
Rules of Practice and Procedure
(Adopted and effective 5/19/2013; revised 2/2/2014; revised 9/22/2015)

Rule 1: Purpose

1.1 Purpose of Rules.

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE or Board) is a seven-member body appointed by the Board of Directors of the American Physical Therapy Association (APTA or Association).

Its purpose is to promote and provide for the development and accreditation of residency and fellowship education programs in physical therapy.

ABPTRFE is responsible for providing an efficient and credible system for the evaluation, accreditation, and reaccreditation of physical therapy residency and fellowship education programs.

Its tasks include developing and maintaining the policies and procedures for the implementation of the accreditation process.

The Accreditation Services Council (Council) is a fourteen-member body appointed by ABPTRFE whose purpose is to implement the accreditation process.

The Accreditation Services Committee (Committee) is a group of trained reviewers identified by the Council as having experience and/or expertise relevant to the accreditation of programs.

APTA’s Residency/Fellowship staff provides administrative support to ABPTRFE.

This document sets forth the practices and procedures that apply to applications by programs interested in obtaining accreditation from ABPTRFE.

An Outline of Responsibilities during the Accreditation Process is set forth in Appendix A. In the event of any conflict between these Rules and Appendix A, these Rules shall govern.

1.2 Contact Information.

Programs may direct questions concerning the accreditation process to APTA’s Residency/Fellowship staff at 703-706-3152.

The mailing address for ABPTRFE is:
ABPTRFE
1111 North Fairfax St
Alexandria, VA 22314
Attention: APTA Residency/Fellowship Staff

The email address for ABPTRFE is: resfel@apta.org.
Rule 2: Evaluative Criteria

2.1 Establishment of the Evaluative Criteria.

ABPTRFE is responsible for determining the requirements with which a residency or fellowship education program must comply in order to be accredited and for amending these requirements as appropriate.

The requirements adopted by ABPTRFE appear in the Evaluative Criteria for Accreditation of Residency and Fellowship Programs for Physical Therapists (Evaluative Criteria).

2.2 Revision of the Evaluative Criteria.

(a) ABPTRFE uses two mechanisms to revise the Evaluative Criteria:

(1) Modification of particular criteria as needed pursuant to Rule 2.3.
(2) Planned review and revision of the Evaluative Criteria as a whole pursuant to Rule 2.4.

(b) Suggestions for new criteria or modifications to existing criteria may come from any source at any time. They typically originate from the physical therapy residency/fellowship community (administrators, faculty, participants), from individuals involved in the accreditation process (ABPTRFE members, Council members, Committee members, staff), or from organizations interested in improving the quality of physical therapy postprofessional education.

(c) Individuals wishing to propose new or revised criteria should contact APTA’s Residency/Fellowship staff.

(d) At least five ABPTRFE members must vote on any proposal to amend the Evaluative Criteria.

2.3 Modification of Particular Criteria.

(a) ABPTRFE will review all suggestions for modifications of particular criteria that are submitted.

(b) ABPTRFE may make minor modifications of particular criteria without giving advance notice to the stakeholders identified in Rule 2.4. Minor modifications include any change to the description of the evidence necessary to demonstrate compliance with the requirements of the Evaluative Criteria. Minor modifications also include any clarification of a criterion that does not materially alter its meaning.
(c) ABPTRFE may make modifications of particular criteria that are not minor only after it notifies the stakeholders identified in Rule 2.4 of the proposed modification, gives interested parties a reasonable opportunity to comment during a period lasting at least thirty days, and considers any comments submitted.

(d) ABPTRFE will give notice of any modification made under this Rule via the ABPTRFE website.

2.4 Planned Review and Revision of the Evaluative Criteria

(a) At least once in every five (5) years ABPTRFE shall seek comment from its stakeholders about the adequacy of the Evaluative Criteria. ABPTRFE will seek comments from:

   (i) program directors;
   (ii) institutional administrators (e.g., president, provost, dean) of accredited and developing programs affected by the Evaluative Criteria;
   (iii) program participants and graduates;
   (iv) the leadership of APTA, its chapters, and its sections;
   (v) physical therapy practitioners; and
   (vi) others who have made their interest known.

Comments may include recommended amendments to the Evaluative Criteria.

(b) ABPTRFE will review all comments received to determine whether amendments to the Evaluative Criteria are necessary. ABPTRFE may make minor modifications to the Evaluative Criteria without giving advance notice to the stakeholders. ABPTRFE may make modifications to the Evaluative Criteria that are not minor only after it notifies the stakeholders of the proposed modifications, gives interested parties a reasonable opportunity to comment during a period lasting at least thirty days, and considers any comments submitted.
Rule 3: Analysis of Practice/Needs Assessment

3.1 Valid Analysis of Practice or Comprehensive Needs Assessment.

The Evaluative Criteria require a clinical program to have a comprehensive curriculum that has been developed from, and is reflective of, a valid analysis of practice and that incorporates concepts of professional behavior and ethics. The Evaluative Criteria require a non-clinical program to have a comprehensive curriculum that has been developed from, and is reflective of, a comprehensive needs assessment and that incorporates concepts of professional behavior and ethics.

3.2 Description of Specialty Practice (DSP).

A clinical residency program may develop its curriculum from the most recent version of a Description of Specialty Practice (DSP), which is the published result of a practice analysis, recognized by the American Board of Physical Therapy Specialties (ABPTS), that underlies a specialty area recognized by ABPTS. A DSP is produced by a Specialty Council, a body appointed by ABPTS.

If the most recent version of a DSP was published less than one year before a clinical residency program submits its application, it may develop its curriculum from the prior version. However, in such a case the Council or ABPTRFE may require the program, at or before its site visit, to describe its plan for updating the curriculum. If ABPTRFE accredits such a program, then its first annual report must describe its plan for updating the curriculum.

3.3 Description of Advanced Specialist Practice (DASP).

A program that is an orthopedic manual physical therapy fellowship must develop its curriculum from the most recent version of the Description of Advanced Specialist Practice (DASP) issued by the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT).

However, if the most recent version of the DASP was published less than one year before an orthopedic manual physical therapy fellowship program submits its application, it may develop its curriculum from the prior version. However, in such a case the Council or ABPTRFE may require the program, at or before its site visit, to describe its plan for updating the curriculum. If ABPTRFE accredits such a program, then its first annual report must describe its plan for updating the curriculum.

3.4 Approval of an Analysis by ABPTRFE.

If a clinical program’s focused area of clinical practice is not covered by a DSP or by the DASP, the program may develop its curriculum from an analysis of practice that has been conducted in
accordance with accepted sound psychometric standards and that has been approved by ABPTRFE under this Rule. Guidance with respect to conducting an analysis of practice in accordance with accepted sound psychometric standards is found in the Petitioner’s Guide for Establishing a New Area of Clinical Residency/Fellowship Practice set forth in Appendix B. In the event of any conflict between these Rules and Appendix B, these Rules shall govern.

Before the program establishes its curriculum, it must apply for and obtain ABPTRFE’s approval of an analysis of practice that the program has carried out. The application must demonstrate a need for ABPTRFE recognition of the focused area of clinical practice by identifying at least four other existing or planned programs in the focused area of clinical practice, each of which must indicate in writing its interest in obtaining accredited status.

The applicant, in carrying out the analysis of practice, must consult with an individual experienced in conducting such analyses. If the focused area of clinical practice falls within an area of practice associated with one or more Sections of the APTA, the applicant must invite the governing body of these Sections to designate an individual to participate in carrying out the analysis of practice. The applicant must submit to ABPTRFE the completed analysis of practice.

ABPTRFE will form a work group to review the analysis of practice. No one who was involved in carrying out the analysis of practice may serve on the work group. The work group will consist of a process expert, a content expert, and one member of ABPTRFE. If the focused area of clinical practice falls within an area of practice associated with one or more Sections of the APTA, ABPTRFE shall invite the governing body of each of those Sections to designate an individual to participate as an additional member of the work group.

The work group will report its findings in writing to ABPTRFE, which shall determine whether the analysis is sufficiently thorough and reflective of current practice to warrant a program’s developing its curriculum from the analysis. ABPTRFE may request additional information from the program before making its determination. If ABPTRFE approves the analysis of practice, the program may develop a comprehensive curriculum from the analysis and may apply for accreditation.

(Note: If ABPTRFE approves an analysis of practice for a focused area of clinical practice not covered by a DSP, that approval is for purposes of only the accreditation process. It would not constitute APTA’s recognition of a new area of specialized practice, nor would it bind ABPTS to recognize a new area of specialized practice in case any party petitioned ABPTS to recognize a new area of specialized practice congruent with the area associated with the ABPTRFE-approved analysis of practice.)

3.5 Approval of an Assessment by ABPTRFE.

If a non-clinical program is interested in developing a curriculum, the program must carry out a comprehensive needs assessment and obtain ABPTRFE’s approval of the assessment before the program establishes its curriculum and submits an application.
In such a case the program must submit to ABPTRFE the comprehensive needs assessment it would like to utilize. ABPTRFE will form a work group to review the assessment. The work group will consist of a process expert, a content expert, and one member of ABPTRFE. The work group will report its findings in writing to ABPTRFE, which shall determine whether the assessment is sufficiently thorough and reflective of current practice to warrant the program’s developing its curriculum from the assessment. ABPTRFE may request additional information from the program before making its determination. If ABPTRFE approves the comprehensive needs assessment, the program may develop a comprehensive curriculum from the assessment and may apply for accreditation.

3.6 Description of Residency Practice (DRP) and Description of Fellowship Practice (DFP).

Within one year of ABPTRFE’s approval of an analysis of practice under Rule 3.4 or a comprehensive needs assessment under Rule 3.5, APTA staff, with assistance from the individuals who participated in conducting the analysis of practice or comprehensive needs assessment, shall prepare and submit to ABPTRFE a Description of Residency Practice (DRP) or Description of Fellowship Practice (DFP), as appropriate using the form prescribed by ABPTRFE. ABPTRFE may approve a DRP or DFP submitted to it by APTA staff.

From time to time APBTRFE may direct APTA staff to prepare an updated DRP or DFP and to submit it to ABPTRFE for review. ABPTRFE may approve an updated DRP or DFP submitted to it by APTA staff.

A residency program may develop its curriculum from the most recent version of a DRP approved by ABPTRFE, provided that such approval occurred no more than ten years prior to the date of the application.

A fellowship program that is not an orthopedic manual physical therapy fellowship program may develop its curriculum from the most recent version of a DFP approved by ABPTRFE, provided that such approval occurred no more than ten years prior to the date of the application.
Rule 4: Recognition of Developing Programs

4.1 Name of Program.

For ABPTRFE purposes the name of any clinical program shall include and be limited to the name of the sponsoring organization(s) and the focused area of clinical practice covered by the analysis of practice (including a DSP, DASP, or DRP) from which the program has developed its comprehensive curriculum.

For ABPTRFE purposes the name of any non-clinical program shall include and be limited to the name of the sponsoring organization and the area covered by an ABPTRFE-approved comprehensive needs assessment.

4.2 Recognition of Developing Programs.

ABPTRFE will maintain a list of recognized developing programs.

A program may obtain recognition as a developing program by (i) adopting a name that meets the requirements set forth above, (ii) hiring a program director who meets the requirements outlined in the Evaluative Criteria, (iii) submitting an application for recognition on the form prescribed by ABPTRFE, and (iv) submitting a non-refundable application fee. ABPTRFE will recognize the program if the program meets these requirements.

Each applicant must enter into a program agreement with APTA containing terms and conditions specified by APTA.

4.3 Program Director.

If the director of a recognized developing program leaves the program, the program must notify ABPTRFE within thirty (30) days.

ABPTRFE will remove a program from the list of recognized developing programs 6 months after the date of the director’s departure unless prior to that time the program (i) hires a new program director who meets the requirements outlined in the Evaluative Criteria and (ii) notifies ABPTRFE of the new hire, using a form prescribed by the ABPTRFE.

4.4 Benefits of Recognition.

The benefits accorded to a program that has been recognized by ABPTRFE as a developing program will include listing on the ABPTRFE directory of Developing Programs.
4.5 Term of Recognition.

A program’s recognition will terminate on the earlier of (i) ABPTRFE’s granting the program candidate status, or (ii) two years from the date ABPTRFE recognized it as a developing program.
Rule 5: Application for Candidacy

5.1 Purpose of Pre-Accreditation.

A program may apply for candidate status at any time. On and after January 1, 2015, in order for a program to be accredited as a physical therapist residency or fellowship program, it first must have applied for and obtained candidate status.

The purpose of requiring a program to attain candidate status is to ensure the program has done adequate planning and has the resources (e.g., leadership, faculty, mentors, budget, patient/client population, facilities, equipment, curriculum) necessary to implement a physical therapy residency or fellowship education program.

ABPTRFE’s expectation is that each institution interested in operating a program will demonstrate its commitment to establishing a high quality program by investing reasonable resources in the planning process, including hiring qualified faculty and other personnel needed to develop the program’s didactic and clinical curriculum, developing policies and procedures, and acquiring other resources needed for implementation of the program.

Candidate status enables the program to have a formal, publicly recognized relationship with ABPTRFE.

The attainment of candidate status does not guarantee that ABPTRFE will accredit the program.

Transitional Proviso: Applications for accreditation submitted during 2014 by programs that do not have candidate status shall be processed in accordance with the provisions of Rules 4 through 9 of the ABPTRFE Rules of Practice and Procedure that were in effect immediately prior to February 2, 2014.

5.2 Application for Candidacy.

A program must be a recognized developing program in order to be eligible to apply for candidate status.

ABPTRFE accredits a program with regard to what the program offers in a single focused area of clinical practice. One (1) application for a program that has two (2) focused areas of practice shall be deemed to be two (2) applications, one for a program in each focused area of clinical practice. ABPTRFE will process each application separately, each program will be responsible for paying a separate application fee, and each program shall have a name that meets the requirement set forth in Rule 4.1.

A program interested in obtaining candidate status must (i) submit five (5) hard copies of its application on the form prescribed by ABPTRFE (the staff does not accept electronic copies of applications), (ii) submit a non-refundable application fee, and (iii) demonstrate that the program
Each applicant for candidacy must enter into a program agreement with APTA containing terms and conditions specified by APTA.

A participant who enrolls in a program prior to ABPTRFE’s granting it candidate status will not be deemed to have graduated from an APTA-accredited program even if ABPTRFE accredits the program before he/she graduates from the program. Provided, however, such a participant will be deemed to have graduated from an APTA-accredited program if the program applied prior to January 1, 2015, and ABPTRFE accredited the program.

If the director of a program that has applied for or obtained candidate status leaves the program, the program must notify ABPTRFE within thirty (30) days.

If ABPTRFE has under consideration the application for candidate status of a program whose director leaves, ABPTRFE may suspend its consideration of the application until the program (i) hires a new program director who meets the requirements outlined in the Evaluative Criteria, (ii) notifies ABPTRFE of the new hire, using a form prescribed by ABPTRFE, and (iii) demonstrates that the new hire has taken the Residency and Fellowship 101 course located online in the APTA Learning Center.

If a program does not hire a new program director and notify ABPTRFE of the new hire within six (6) months of the departure of the previous director, ABPTRFE will deem the application for candidate status to have been abandoned and will take no action with respect to the application.

The documentation that a program submits to ABPTRFE must not contain protected health information (PHI) as defined in the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160.

5.3 Substantive Changes to Program.

ABPTRFE encourages a program that has applied for candidate status to refrain from making a substantive change of the kind described in Rule 15 while the application is under consideration.

If such a program makes a substantive change it must submit written notification in accordance with Rule 15.

If a program that has applied for candidate status makes a substantive change ABPTRFE will suspend consideration of the program’s application for candidate status.

In such a case ABPTRFE will give the program a notice advising that consideration of its application has been suspended and that the program has thirty (30) days from the date of the notice in which to submit a new application for candidate status that reflects the substantive change.
If the program does not submit such a new application within the thirty (30) day period, ABPTRFE will deem the program to have abandoned its application for candidate status and will take no action with respect to the application.

5.4 Withdrawal of Application.

A program may withdraw its application for candidacy at any time by submitting to APTA staff a withdrawal letter from the program director or organization administrator.
Rule 6: ABPTRFE Review of Candidacy Application

6.1 Confirmation Letter.

The APTA staff will send a program that has applied for candidate status a letter confirming receipt of the program’s application and fee.

6.2 Conflicts of Interest.

To ensure a fair and objective review of each program, individuals who have actual or apparent conflicts of interest involving the program or the program’s sponsoring organization shall not participate in the review of the program’s application or any report as members of ABPTRFE, the Council, or the Committee.

In order to identify individuals who have a conflict of interest, APTA staff, upon receipt of an application for candidacy, shall send the program a list showing all members of ABPTRFE, the Council, and the Committee.

Within ten (10) business days of receipt of the list the program shall identify any individuals it believes have a conflict of interest involving the program or the program’s sponsoring organization.

If APTA staff determines that an individual has a conflict, then the individual shall not participate in the review of the written application for candidacy, any site visit, the deliberations of the Council or Board, the decision of the Board with respect to candidacy or accreditation of the program in question, or the review of the program’s annual reports.

If members of ABPTRFE, the Council, or the Committee become aware of having an actual or apparent conflict of interest they immediately shall advise APTA staff.

Members of ABPTRFE, the Council, and the Committee shall not accept gifts or gratuities from any program.

6.3 Actual or Apparent Conflicts of Interest.

An individual has an actual conflict of interest if he/she has a pecuniary or personal interest in a program or its sponsoring organization or if he/she has a current association that would tend to make him/her favor or disfavor a program or its sponsoring organization.

An individual has an apparent conflict of interest if others reasonably would infer that he/she would be predisposed to favor or disfavor a program or its sponsoring organization, even if the individual has no actual stake in the outcome and is confident that his/her objectivity would not be compromised.
An individual shall be deemed to have a conflict of interest if he or she:

(a) has a monetary or personal interest in the outcome of the accreditation decision;
(b) is an employee of the program or sponsoring organization on a full-time or part-time basis;
(c) is serving or has recently served the program or sponsoring organization in the capacity of clinical faculty or adjunct faculty;
(d) is a graduate of the program; or
(e) has acted as a paid consultant to the program within the past ten years.

6.4 Members of Review Team.

The APTA staff will assign at least three reviewers to review each application for candidacy from among Council and Committee members who have not been determined to have a conflict of interest. The review team shall include (i) at least one member of the Council who shall be the Council liaison, (ii) one Committee member who shall be the lead reviewer, and (iii) one Committee member who shall be a content expert in the area of the program’s focused area of clinical practice.

Staff may select Council or Committee members in addition to these three to serve on the review team.

6.5 Initial Review of Application.

The members of the review team shall review the application for candidacy to determine whether it contains sufficient indication of satisfactory progress towards compliance with the Evaluative Criteria.

The Council liaison may request the program to submit additional information, in which case the program shall submit the information within the time requested.

If the program fails to provide the additional information requested within the time specified, the review of its application for candidate status shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that the review of its application has been suspended. If the program fails to provide the additional information requested within ten (10) calendar days from receipt of the notice of delinquency, ABPTRFE will deem the program to have abandoned its application for candidate status and will take no action with respect to the application.

Upon written request by the program, APTA staff may extend the ten-day deadline for up to thirty (30) additional days.
The members of the review team shall review any additional information to determine whether the application and the additional information contain sufficient indication of satisfactory progress towards compliance with the Evaluative Criteria.

The comments of the review team on the application for candidacy and any additional information shall be collated into a Program Evaluation Document.

**6.6 ABPTRFE’s Request for Additional Information.**

ABPTRFE will review the application for candidate status, any additional information provided under Rule 6.5, and the current Program Evaluation Document.

ABPTRFE may determine that additional information is required before it makes its decision with regards to granting the program candidate status, in which case the program must respond to ABPTRFE’s request within the time specified by ABPTRFE.

If the program fails to provide the additional information requested within the time specified, the review of its application for candidate status shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that the review has been suspended. If the program fails to provide the additional information requested within ten (10) calendar days from receipt of the notice of delinquency, ABPTRFE will deem the program to have abandoned its application for candidate status and will take no action with respect to the application.

Upon written request by the program, APTA staff may extend the ten-day deadline for up to thirty (30) additional days.
Rule 7: ABPTRFE Action on Application for Candidacy

7.1 ABPTRFE Candidacy Decision.

ABPTRFE will make its candidacy decision on the basis of its review of the application for candidate status, any additional information provided by the program under Rule 6.5 and/or 6.6, and the current Program Evaluation Document.

ABPTRFE shall make one of the following two decisions.

(i) Candidate Status granted
(ii) Candidate Status denied

ABPTRFE will grant a program candidate status if its application demonstrates that the program is making satisfactory progress towards compliance with the Evaluative Criteria. Otherwise, ABPTRFE will deny the program candidate status.

7.2 Candidate Status Granted.

If ABPTRFE decides to grant a program candidate status, it shall send the program a letter that specifies the period of the status and identifies the focused area of clinical practice (if applicable) in which the program is granted the status.

Candidate status will become effective on the last day of the month in which ABPTRFE decides to grant the status. A program’s candidate status will terminate on the earlier of (i) ABPTRFE’s granting the program accreditation (including a probationary accreditation) or denying the program’s application for accreditation, or (ii) two years from the date ABPTRFE granted the program candidate status.

7.3 Candidate Status Denied.

If ABPTRFE decides to deny a program candidate status, it shall send the program a letter that contains a clear statement of each characteristic of the program as to which ABPTRFE’s judgment is that the program is not making satisfactory progress towards compliance with the Evaluative Criteria.

A program whose application for candidate status has been denied may seek reconsideration of ABPTRFE’s decision in accordance with Rule 17.

7.4 Authorized Statement.
Programs in candidate status must accurately describe their status in all information made available to prospective participants, including on program websites, to avoid any implication that accreditation is assured in any way.

If APTA staff determines that a program in candidate status has implied that accreditation is assured, APTA staff may require the program to take action to correct the inaccurate or misleading information or may administratively withdraw the program’s candidate status.

After being granted candidate status, programs must utilize the following language (with bracketed items edited as appropriate) to describe their status in all information provided to or accessible by prospective participants:

[Name of Program] has obtained candidate status from ABPTRFE. Though achievement of candidate status signifies satisfactory progress toward accreditation, it does not assure that the program will be accredited.

7.5 RF-PTCAS.

Any program granted candidate status will be enrolled in and must utilize the Residency/Fellowship Physical Therapist Centralized Application System (RF-PTCAS) in accordance with Rule 11.
Rule 8: Site Visit

8.1 Application for Accreditation

Once ABPTRFE grants a program candidate status, its application for candidate status shall be deemed an application for accreditation.

Consideration of the application for accreditation shall begin with a site visit under this Rule 8.

8.2 Site Visit Scheduling.

Upon enrollment of the program’s first participant(s) following the granting of candidate status, APTA staff will choose a date for the site visit in consultation with the program and the site visit team members selected under Rule 8.5. A visit to a site will be scheduled no sooner than six (6) months but no later than eight (8) months after the start date of the program’s first participant(s) at the site.

ABPTRFE or the Council liaison may direct a program granted candidate status to provide additional information to the review team prior to undergoing the site visit, in which case the program shall submit the information to APTA staff within the time requested, after which APTA staff shall forward the information to the review team for review under Rule 8.3.

If the program fails to provide the additional information requested within the time specified, the review of the application for accreditation shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that the review of its application has been suspended. If the program fails to provide the additional information requested within ten (10) calendar days from receipt of the notice of delinquency, ABPTRFE will deem the program to have abandoned its application for accreditation and will take no action with respect to the application.

Upon written request by the program, APTA staff may extend the ten-day deadline for up to thirty (30) additional days.

8.3 Review of Program Evaluation Document.

The comments of the review team on any additional information shall be collated into the Program Evaluation Document. The Council liaison shall review the Program Evaluation Document, including the additional information submitted (if any).

The Council liaison may direct the site visitors to address specific areas of concern during the site visit.
8.4 Purpose of Site Visit.

The primary purpose of the site visit is to obtain a comprehensive view of the program in its particular environment and to validate the information contained in the written application for candidacy and other materials provided prior to the visit through discussions with administration, faculty, staff, program participants, and graduates (if available). In addition, the site visit provides an opportunity for the program to elaborate upon information provided in the written application for candidacy and to demonstrate compliance with the Evaluative Criteria.

The site visit will include an oral presentation of the team’s findings. This exit summary may be audiotaped. If the program chooses to audiotape the exit summary report, the team shall be informed and a copy of the tape shall be submitted to APTA staff within 14 days. Audiotaping any other component of the site visit is not authorized under any circumstances.

8.5 Selection of Site Visitors.

APTA staff shall select as site visitors at least two members of the review team. One site visitor shall be a content expert with expertise in the program’s area. One site visitor shall have prior experience conducting site visits. The staff shall select one site visitor to be the site team leader.

8.6 Responsibilities of Site Team Leader.

The site team leader shall be responsible for communicating with the program director and for the following functions:

(a) Confirm site visit date and travel arrangements of all site visitors;
(b) Introduce team and review/finalize site visit schedule with the program director;
(c) Review list of needed documents, individuals, and experiences expected at the site visit;
(d) Serve as primary point of contact during the site visit; and
(e) Collate the comments from all site visitors onto the Program Evaluation Document and forward it to APTA staff.

8.7 Role of Site Visitors.

The function of the site visitors is to collect data and triangulate information provided in the application for candidacy or in response to a request from ABPPTTRFE or the Council liaison. The site visitors shall not render judgments regarding the program’s compliance with the Evaluative Criteria. That decision belongs solely to ABPTRFE.

8.8 Characteristics of Site Visit.
A site visit is an in-person visit that will take place over a period of one to two days. It will consist of a series of conferences between the site visitors and administrative officials, faculty, program participants, and graduates (if available), as well as visits to selected program facilities and, if the visitors deem it appropriate, sponsoring organizations affiliated with the program. The Council liaison will select the program’s clinical sites that will undergo a site visit. The initial selection shall include at least 25% of the program’s clinical sites. When clinical sites are spread across a wide geographical area, a single site visit will be limited to those sites that can be realistically reviewed during the one to two day site visit. Any sites beyond this geographical area will undergo separate site visit(s).

The program director and, if applicable, the program coordinator(s) for the site being visited must be present for the site visit and must be available throughout the visit to provide information and clarification with respect to questions raised during the interview sessions.

The site visit schedule must include time during which offsite participants and program graduates may call in and speak with the site visitors.

The program is responsible for making preparations for the site visit in accordance with the Guidelines for Preparation for a Site Visit set forth in Appendix C. In the event of any conflict between these Rules and Appendix C these Rules shall govern.

The site visitors are not responsible for collecting and transmitting to APTA staff information and/or documents the program would like to submit for consideration in connection with its application for accreditation.

If the program, during or after a site visit, wishes to submit any such information or documents, the program must send the information or documents to APTA staff.

8.9 Site Visit Expenses.

The program is responsible for the expenses associated with the site visit, except that, as of January 1, 2016, the APTA will bear the expenses associated with a program’s first site visit if the program’s application for candidacy was filed on or after this date. The program is responsible for the expenses associated with the site visit, including a daily honorarium of $200 per site visitor per day, except that it shall not be responsible for more than two visitors or more than two days per site visit. APTA will reimburse the site visitors for their travel, lodging, food, and incidental expenses in accordance with APTA guidelines. In turn, APTA will invoice the program for these expenses, subject to the two-visitor and two-day limitations. APTA will make all reasonable efforts to minimize the travel expenses of the site visitors.

8.10 Evaluation of Site Visitors.
After a site visit APTA staff will send the program an instrument to evaluate the site visit team. The program shall complete the instrument and submit it to APTA within thirty days of receipt.

**8.11 Second Visit to a Site.**

The Council liaison may require a program to host a second visit to a site if, in his/her judgment, the first visit fails to confirm that the program meets the requirements for accreditation.

In such a case a second visit shall be conducted in accordance with the procedures applicable to a first visit, except that the site visit may be conducted via teleconferencing.

**8.12 Post-Visit Reporting.**

Within ten business days after any site visit, the site visit team shall enter its comments on the Program Evaluation Document.

**8.13 Action by Council Liaison.**

After completion of the site visit(s), the Council liaison will review the current Program Evaluation Document.

The Council liaison may determine that additional information is required before he/she forwards the record to ABPTRFE, in which case the program must respond to the Council liaison’s request within the time specified by the Council liaison.

If the program fails to provide the additional information requested within the time specified, the review of the application for accreditation shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that the review of its application has been suspended. If the program fails to provide the additional information requested within ten (10) calendar days from receipt of the notice of delinquency, ABPTRFE will deem the program to have abandoned its application for accreditation and will take no action with respect to the application.

Upon written request by the program, APTA staff may extend the ten-day deadline for up to thirty (30) additional days.

The members of the review team shall review any additional information provided under this Rule 8.13 and shall enter their comments on the Program Evaluation Document.

On the basis of his/her review of the application for accreditation, any additional information provided by the program, and the current Program Evaluation Document, the Council liaison
may decide to make a recommendation to ABPTRFE, or he/she may forward the items to ABPTRFE without recommendation.

8.14 ABPTRFE’s Request for Additional Information.

ABPTRFE may determine that additional information is required before it makes its decision with regard to accrediting the program, in which case the program must respond to ABPTRFE’s request within the time specified by ABPTRFE.

If the program fails to provide the additional information requested within the time specified, the review of the application for accreditation shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that the review of its application has been suspended. If the program fails to provide the additional information requested within ten (10) calendar days from receipt of the notice of delinquency, ABPTRFE will deem the program to have abandoned its application for accreditation and will take no action with respect to the application.

Upon written request by the program, APTA staff may extend the ten-day deadline for up to thirty (30) additional days.

8.15 ABPTRFE’s Ordering of Additional Site Visit.

After ABPTRFE receives the program’s application for accreditation, any additional information provided by the program, and the current Program Evaluation Document, ABPTRFE may require the program to host an additional site visit if, in its judgment, the visit or visits already completed fail to confirm that the program meets the requirements for accreditation.

In such a case an additional site visit shall be conducted in accordance with the procedures applicable to a first visit, except that (i) ABPTRFE may decide that only one site visitor is needed and (ii) the additions to the Program Evaluation Document by the site visitor(s) shall go directly to ABPTRFE.
Rule 9: ABPTRFE Action on Accreditation

9.1 ABPTRFE Accreditation Decision.

ABPTRFE will make its accreditation decision on the basis of its review of the application, any additional information provided by the program, and the current Program Evaluation Document.

ABPTRFE shall make one of the following three decisions.

(i) Accreditation granted

(ii) Probationary accreditation granted

(iii) Accreditation denied

ABPTRFE shall grant accreditation to a program if the evidence supports the determination that the program is in substantial compliance with the Evaluative Criteria.

ABPTRFE shall grant a probationary accreditation to a program if the evidence supports the determination that the program is able to offer an acceptable educational experience and to generate acceptable outcomes but the program has significant areas of noncompliance or conditional compliance with the Evaluative Criteria such that there is reason to question that determination.

ABPTRFE shall deny accreditation to a program if the evidence does not warrant granting the program accreditation or probationary accreditation.

9.2 Accreditation Granted.

If ABPTRFE decides to grant accreditation, it shall send the program a letter that specifies the period of the accreditation and identifies the focused area of clinical practice in which the program is accredited. ABPTRFE shall send the program information on the requirements relating to annual reports and annual fees, and it shall send an electronic copy of the accreditation logo.

Initial accreditation will become effective on the last day of the month in which ABPTRFE decides to grant the accreditation.

An initial accreditation runs for a period of five years from the effective date.

Proviso: If a revised version of the Evaluative Criteria becomes effective after a program submits its application for candidate status, but before ABPTRFE makes its accreditation decision, APBTRFE may grant accreditation to the program if the evidence supports the determination that the program is in substantial compliance with the version of the Evaluative
Criteria in effect on the day it submitted its application. In such a case, the program’s first annual report must describe its plan for bringing the program into substantial compliance with the current Evaluative Criteria. In order to maintain its accreditation, the program must bring itself into substantial compliance with the Evaluative Criteria no later than two years after the effective date of the revision of the Evaluative Criteria.

9.3 Probationary Accreditation Granted.

If ABPTRFE decides to grant probationary accreditation, it shall send the program a letter that specifies the period of the accreditation and identifies the focused area of clinical practice in which the program is accredited. ABPTRFE shall send the program information on the requirements relating to annual reports and annual fees, and it shall send an electronic copy of the accreditation logo.

A program has an area of noncompliance if it has in place less than a substantial portion of the elements necessary to meet all aspects of an Evaluative Criterion. A program has an area of conditional compliance if it has in place a substantial portion, but not all, of the elements necessary to meet all aspects of an Evaluative Criterion.

ABPTRFE’s notification of a decision to grant probationary accreditation shall contain a clear statement of each characteristic of the program that is judged to be in noncompliance or conditional compliance with the Evaluative Criteria.

An initial probationary accreditation will become effective on the last day of the month in which ABPTRFE decides to grant the accreditation.

An initial probationary accreditation shall run for a period specified by ABPTRFE during which the program must demonstrate substantial compliance with the Evaluative Criteria, a period that shall not be longer than one year. ABPTRFE shall specify when the program must submit its first Compliance Report.

ABPTRFE may extend the probationary period if the program has demonstrated a good faith effort toward achieving substantial compliance with the Evaluative Criteria.

A program with probationary accreditation must submit, on a quarterly basis, a Compliance Report that describes the actions it has taken to achieve substantial compliance with the Evaluative Criteria. ABPTRFE will review each Compliance Report. ABPTRFE may determine that the program needs to undergo a site visit, the cost of which shall be borne by the program.

If a program with probationary accreditation fails to provide the Compliance Report within the time specified, the program’s probationary accreditation shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that the program’s probationary accreditation has been suspended. If the program fails to provide the Compliance Report within thirty (30) calendar days from receipt of the notice of delinquency, its
probationary accreditation shall be administratively withdrawn, and ABPTRFE shall issue a notification to that effect to the program.

Prior to the expiration of a program’s probationary period, ABPTRFE shall determine whether it is in substantial compliance with the Evaluative Criteria. ABPTRFE shall rely on information submitted by the program, including information in any Compliance Report.

If ABPTRFE determines that a program with probationary accreditation is in substantial compliance with the Evaluative Criteria, then it shall grant the program accreditation. In such a case the accreditation will become effective on the last day of the month in which ABPTRFE decides to grant it and will be for a period ending with the date that is five years from the effective date of the initial probationary accreditation. A program will be given one year from the effective date of accreditation to undergo a site visit. The purpose of this site visit is to demonstrate continued program compliance with the Evaluative Criteria. The site visit shall be conducted in accordance with Rules 8.8, 8.9, and 8.12.

If ABPTRFE determines that a program with probationary accreditation is not in substantial compliance with the Evaluative Criteria, then it shall withdraw the program’s accreditation, effective on the last day of the month in which ABPTRFE makes its decision.

ABPTRFE at any time may withdraw a program’s probationary accreditation if it obtains information, from any source, that is confirmed through an investigation and that constitutes clear evidence that the program is not able to offer an acceptable educational experience and to generate acceptable outcomes.

**Proviso:** If a revised version of the Evaluative Criteria becomes effective after a program submits its application for candidate status, but before ABPTRFE makes its accreditation decision, ABPTRFE may grant probationary accreditation to a program if the evidence supports the determination that the program is able to offer an acceptable educational experience and to generate acceptable outcomes but the program has significant areas of noncompliance or conditional compliance with the Evaluative Criteria in effect at the time of ABPTRFE’s decision. In such a case, the initial probationary period specified by ABPTRFE may run for the longer of (a) one year or (b) the period that runs until the date that is two years after the effective date of the revision of the Evaluative Criteria.

**9.4 Good Faith Effort Toward Achieving Substantial Compliance.**

ABPTRFE may determine that a program has demonstrated a good faith effort toward achieving substantial compliance with the Evaluative Criteria if the program has provided:

(a) evidence that is has completed a comprehensive assessment of the problem/issue under review;
(b) an appropriate plan for achieving compliance within a reasonable time frame not to exceed one year;
(c) a detailed timeline for completion of the plan;
(d) evidence that the plan has been implemented according to the established timeline; and
(e) reasonable assurance that the program can and will achieve compliance as stated in the plan.

9.5 Accreditation Denied.

ABPTRFE’s notification of a decision to deny accreditation shall contain a clear statement of each characteristic of the program that is judged not to be in substantial compliance with the Evaluative Criteria.

A program whose application for accreditation has been denied may seek reconsideration of ABPTRFE’s decision in accordance with Rule 17.

9.6 Compliance With Program Agreement

An accredited program’s compliance with its program agreement is a condition of the maintenance of its accreditation.

If APTA staff at any time determines that a program has failed to comply with the obligations imposed by the program agreement, APTA may administratively withdraw the program’s accreditation.
Rule 10: Authorized Statement

10.1 Authorized Statement.

A program that holds accreditation, including probationary accreditation, may use the following statement on educational and promotional materials relating to the program:

[Name of Program] is accredited by the American Physical Therapy Association as a postprofessional [residency/fellowship] program for physical therapists in [Focused Area of Clinical Practice].

A program may not use a different formula to describe its accreditation status.

If the sponsoring organization offers other physical therapy residency and fellowship programs not currently accredited by APTA, the organization’s marketing materials must clearly indicate that the additional programs are not accredited by APTA.

If APTA staff determines that a program has failed to comply with this Rule 10, staff may require the program to take corrective action or may administratively withdraw the program’s accreditation.
Rule 11: RF-PTCAS

11.1 RF-PTCAS.

APTA will enroll a program in the Residency/Fellowship Physical Therapist Centralized Application System (RF-PTCAS) upon ABPTRFE granting the program candidate status. Enrolled programs must utilize RF-PTCAS throughout their accreditation, including probationary accreditation and reaccreditation, period(s).

Programs that applied for initial accreditation prior to January 1, 2014, may choose to opt-out of RF-PTCAS.
Rule 12: **Records**

### 12.1 Records.

An **accredited** program, **including probationary accreditation**, shall maintain the following records:

- (a) participants’ signed letters of agreement/contract
- (b) evaluations and examinations of program participants administered by the program
- (c) surveys of graduates
- (d) evaluations of mentors by program director/program coordinator
- (e) proof that the program at least annually has evaluated its goals and reviewed its curriculum

Programs shall maintain the above records for a period of ten (10) years. These records must not contain **protected health information (PHI)** as defined in the privacy regulations under the **Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160**. These records shall be available to the site visit team for review. These records may be maintained electronically, as long as they can be accessed by the site visit team.
Rule 13: Annual Fees and Reports

13.1 Annual Fee Requirement.

A program that has candidate status or has accreditation (including probationary accreditation) as of January 1 of any year must submit an annual fee for that year no later than March 1. However, a program whose accreditation will expire during the year need not pay an annual fee for that year. As of January 1, 2016 a program that has applied for reaccreditation within the immediately preceding calendar year need not file an annual fee.

13.2 Annual Report Requirement.

ABPTRFE will conduct regular monitoring of programs that have accreditation (but not probationary accreditation) pursuant to this Rule.

A program that has accreditation (but not probationary accreditation) as of January 1 of any year must submit an annual report with respect to the prior year, which must be submitted (or postmarked) no later than January 31 and no earlier than January 1. However, a program that has applied for reaccreditation within the immediately preceding calendar year need not file an annual report.

13.3 Suspension and Administrative Withdrawal of Accreditation.

If an accredited program fails to submit an annual fee and/or a required annual report on time its accreditation shall be suspended automatically, effective as of the deadline for submission. The APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that its accreditation has been suspended.

If the program fails to submit its annual fee and/or annual report within 30 calendar days from receipt of the notice of delinquency its accreditation shall be administratively withdrawn, and ABPTRFE shall issue a notification to that effect to the program.

13.4 Contents of Annual Report.

An accredited program shall submit the required annual report on a form prescribed by ABPTRFE. The annual report that a program submits to ABPTRFE must not contain protected health information (PHI) as defined in the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160.
13.5 Annual Report Review Team.

APTA staff shall select three individuals to review each annual report along with APTA staff administrative review. One shall be a member of the Council, and the other two shall be members of the Committee, one of whom shall be a content expert in the program’s focused area of clinical practice. The Council member shall be the leader of the annual report review team.

The staff shall provide the review team members the annual report and all other communications between the program and APTA during the preceding year that the staff deems pertinent.

13.6 Primary Review of Annual Reports.

APTA staff, the two Committee members, and the team leader shall complete their review of a program’s annual report by March 31 or, if the report is submitted late, by two months from the date of its submittal.

They will record their comments on an Annual Report Evaluation Document.

The team leader, after reviewing the annual report and the comments of the Committee members, may (i) request clarification or verification of the annual report, (ii) request additional information, or (iii) order a site visit. The program shall provide the clarification/verification or the additional information requested within thirty (30) days.

If the program fails to provide the clarification, verification, or additional information requested within the 30-day period, its accreditation shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that its accreditation has been suspended. If the program fails to provide the clarification, verification, or additional information requested within ten (10) calendar days from receipt of the notice of delinquency its accreditation shall be administratively withdrawn, and ABPTRFE shall issue a notification to that effect to the program.

If the team leader orders a site visit then APTA staff shall select at least two site visitors, who shall carry out the site visit. Within ten (10) business days after the site visit, the site visit team shall complete and submit to APTA staff the Program Evaluation Document.

APTA staff, the two Committee members, and the team leader shall review any clarification, verification, or additional information provided by the program and the results of any site visit. They will record their comments on the Annual Report Evaluation Document.

The team leader shall make a recommendation to ABPTRFE, based on review of the annual report, the comments of the Committee members, any clarification, verification, or additional information provided by the program, and the results of any site visit.

The team leader shall recommend to ABPTRFE that it take one of the following actions:
(i) Find the program to be in continued substantial compliance with the Evaluative Criteria.

(ii) Find the program merits a probationary accreditation pursuant to Rule 9.

(iii) Withdraw the program’s accreditation.

ABPTRFE, before making its decision, may (i) request clarification or verification of the annual report, (ii) request additional information, or (iii) order a site visit. The program shall provide the clarification, verification, or additional information requested within thirty (30) days.

If the program fails to provide the clarification, verification, or additional information requested within the 30-day period, its accreditation shall be suspended automatically, effective as of the deadline for submission. APTA staff shall send such a program by registered or certified mail a written notice of delinquency advising the program that its accreditation has been suspended. If the program fails to provide the clarification, verification, or additional information requested within ten (10) calendar days from receipt of the notice of delinquency its accreditation shall be administratively withdrawn, and ABPTRFE shall issue a notification to that effect to the program.

If ABPTRFE orders a site visit then APTA staff shall select at least two site visitors, who shall carry out the site visit. Within ten business days after the site visit, the site visit team shall complete and submit to APTA staff the Program Evaluation Document.

13.7 ABPTRFE Action on Review of Annual Report

After ABPTREE receives the recommendation of the team leader, it shall take one of the following three actions with respect to the program under review.

(a) Continued Substantial Compliance

If ABPTRFE decides that the program is in continued substantial compliance with the Evaluative Criteria, then staff shall notify the program in writing that it has been determined to be in continued substantial compliance and that the annual report review process has been completed.

(b) Change to Probationary Accreditation

If ABPTRFE decides that the program merits a probationary accreditation pursuant to Rule 9, then ABPTRE shall change the program’s accreditation to a probationary accreditation and send it a notification containing a clear statement of each characteristic of the program that is judged to be in noncompliance or conditional compliance with the Evaluative Criteria. The change to probationary accreditation will become effective on the last day of the month in which
ABPTRFE makes its decision. The accreditation shall be in probationary status for a period specified by ABPTRFE during which the program must demonstrate substantial compliance with the Evaluative Criteria, a period that shall not be longer than one year. A program whose accreditation is changed to probationary accreditation must submit quarterly Compliance Reports, in accordance with Rule 9. ABPTRFE shall specify when the program must submit its first Compliance Report.

Except as provided otherwise in this Rule, the applicable provisions of Rule 9.3 shall apply to the program’s probationary accreditation as if it were an initial probationary accreditation.

Prior to the expiration of the program’s probationary period, ABPTRFE shall determine whether it is in substantial compliance with the Evaluative Criteria. ABPTRFE shall rely on information submitted by the program, including information in any Compliance Report.

If ABPTRFE determines that a program whose accreditation was placed in probationary status under this Rule is in substantial compliance with the Evaluative Criteria, then it shall terminate the probationary status and restore the program’s unqualified accreditation.

In such a case the restoration of the unqualified accreditation will become effective on the last day of the month in which ABPTRFE makes its decision, and the period of the accreditation shall be for the period that ends with the date that is five years from the effective date of ABPTRFE’s action on the initial application or ten years from the effective date of ABPTRFE’s action on an application for reaccreditation, whichever is applicable.

If ABPTRFE determines that a program with probationary accreditation is not in substantial compliance with the Evaluative Criteria, then it shall withdraw the program’s accreditation, in accordance with Rule 9.

A program whose probationary accreditation has been withdrawn under this Rule may seek reconsideration of ABPTRFE’s decision in accordance with Rule 17.

(c) Withdrawal of Accreditation

If ABPTRFE does not find that the program under review is in continued substantial compliance with the Evaluative Criteria or that it merits a probationary accreditation pursuant to Rule 9, then ABPTRFE shall withdraw the program’s accreditation.

ABPTRFE’s notification of a decision to withdraw an accreditation under this Rule shall contain a clear statement of each characteristic of the program that is judged not to be in substantial compliance with the Evaluative Criteria.

A program whose accreditation has been withdrawn under this Rule may seek reconsideration of ABPTRFE’s decision in accordance with Rule 17.
Rule 14: Ongoing Monitoring.

14.1 Requests for Information.

ABPTRFE at any time may request a program with accreditation (including probationary accreditation) to provide information relevant to the program’s compliance with the Evaluative Criteria or with its program agreement.

A program shall provide the requested information by the time specified. The information that a program submits to ABPTRFE must not contain protected health information (PHI) as defined in the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160.

If a program fails to timely submit requested information its accreditation shall be suspended automatically, effective as of the deadline for submission.

APTA staff shall send such a program by registered or certified mail a notice advising the program that its accreditation has been suspended.

If the program fails to submit the requested information within thirty (30) calendar days of the notice of suspension then its accreditation shall be administratively withdrawn, and ABPTRFE shall issue a notification to that effect to the program.

14.2 Compliance with Program Agreement

If the APTA determines that the program has failed to comply with the obligations imposed by the program agreement, APTA may administratively withdraw the program’s accreditation pursuant to Rule 9.6.

14.3 Site Visit.

ABPTRFE may direct a program to undergo a site visit if at any time ABPTRFE has reason to believe that a program with accreditation is not in substantial compliance with the Evaluative Criteria or that a program with probationary accreditation no longer warrants probationary accreditation under Rule 9.3.

In such a case APTA staff shall select as site visitors at least two members of the Committee. One site visitor shall be a content expert with expertise in the program’s area. One site visitor shall have prior experience conducting site visits. The staff shall select one site visitor to be the site team leader.

Except as ABPTRFE’s direction and this Rule provide otherwise, a site visit under this Rule shall be conducted in accordance with Rules 8.8, 8.9, and 8.12.
14.4 Adverse Action

ABPTRFE may take adverse action under this Rule on the basis of any information submitted by the program, the results of any site visit, and any other information properly before ABPTRFE.

14.5 Change to Probationary Accreditation

ABPTRFE may change a program’s accreditation to a probationary accreditation under this Rule if ABPTRFE determines that the program is not in substantial compliance with the Evaluative Criteria but that the evidence would warrant granting the program a probationary accreditation under Rule 9.3.

A program whose accreditation is changed under this Rule shall be subject to the applicable provisions of Rule 9.3 as if it had been granted an initial probationary accreditation.

14.6 Withdrawal of Accreditation.

ABPTRFE may withdraw a program’s accreditation under this Rule if ABPTRFE determines that the program is not in substantial compliance with the Evaluative Criteria and that the evidence would not warrant granting the program a probationary accreditation under Rule 9.3.

ABPTRFE’s notification of a decision to withdraw accreditation under this Rule shall contain a clear statement of each characteristic of the program that is judged not to be in substantial compliance with the Evaluative Criteria.

A program whose accreditation has been withdrawn under this Rule may seek reconsideration of ABPTRFE’s decision in accordance with Rule 17.
Rule 15: Substantive Changes

15.1 Reporting.

Programs that are candidates or are accredited, including probationary accreditation, must submit written notification of substantive changes to the program to APTA staff no later than 30 days after the change using the prescribed form.

Substantive changes include, but are not limited to:

(a) a change to the sponsoring organization or program’s mission, goals, or objectives;
(b) a change in organizational ownership of the program;
(c) a change in leadership (e.g., changes in program director or program coordinator);
(d) the addition of a site(s);
(e) the addition of course content that represents a significant departure from existing offerings of the program;
(f) a change in the method of delivery of the program (e.g., changes in in-person versus distant learning; changes from full-time to part-time program offering; changes to the number of educational tracks offered by the program); and
(g) a substantial increase or decrease in total program hours.

Programs may contact APTA staff for clarification on what changes constitute substantive.

The notification of substantive change that a program submits to ABPTRFE must not contain protected health information (PHI) as defined in the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160.

The report of a substantive change may trigger ABPTRFE action under Rule 14.
Rule 16: Reaccreditation

16.1 Filing Deadline for Reaccreditation Application.

A program that is accredited may apply for reaccreditation by submitting a reaccreditation application and non-refundable reaccreditation application fee at least twelve months but no more than fifteen months prior to the expiration of its accreditation.

The application that a program submits to ABPTRFE must not contain protected health information (PHI) as defined in the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160.

The accreditation of a program that fails to make a timely application for reaccreditation shall expire at the end of the period of accreditation.

A program that has lost (or will lose) its accreditation on account of its failure to apply for reaccreditation by the deadline may apply for candidacy under Rule 5.

16.2 Processing of Reaccreditation Application.

Except as otherwise provided in this Rule, a reaccreditation application filed prior to January 1, 2015, shall be processed in the same manner as an initial application for candidate status. A reaccreditation application filed on or after January 1, 2015, shall be processed in the same manner as an application for candidacy, including the site visit or visits required under Rule 8. A current program participant or a recent graduate must be available on site during the reaccreditation site visit.

Upon receipt of a program’s reaccreditation application, APTA staff will create a summary of the program throughout its current accreditation period. Information within the summary includes, but is not limited to, overall pass rate of residency program graduates on the ABPTS board certification examination and the record of any adverse action under Rules 13 and 14.

APTA staff will provide the summary to ABPTRFE, members of the review team, and the program. The ABPTRFE will make its reaccreditation decision on the basis of its review of the application, any additional information provided by the program, the current Program Evaluation Document, and the APTA staff summary.

If ABPTRFE determines that the program is qualified to receive accreditation or probationary accreditation, then it shall grant accreditation or probationary accreditation, which shall become effective as of the day the program’s accreditation expires. If ABPTRFE grants accreditation in response to an application for reaccreditation, the new period shall run for a period of ten (10) years from the effective date.
If ABPTRFE grants probationary accreditation in response to an application for reaccreditation, the new period shall run for the period specified by ABPTRFE, which shall not be longer than one year. ABPTRFE may extend this period if the program has demonstrated a good faith effort toward achieving substantial compliance with the Evaluative Criteria.

If ABPTRFE determines that a program with probationary accreditation under this Rule 16 is in substantial compliance with the Evaluative Criteria, then it shall grant the program accreditation. In such a case the accreditation will become effective on the last day of the month in which ABPTRFE decides to grant it and will be for a period ending with a date that is ten years from the effective date of this initial probationary accreditation granted under this Rule 16. A program will be given one year from the effective date of accreditation to undergo a site visit. The purpose of this site visit is to demonstrate continued program compliance with the Evaluative Criteria. The site visit shall be conducted in accordance with Rules 8.8, 8.9, and 8.12.

If ABPTRFE determines that the program is not qualified to receive accreditation or probationary accreditation, then it shall withdraw the program’s accreditation. The withdrawal shall be effective on the day that is ninety days from the last day of the month in which ABPTRFE makes its decision. ABPTRFE’s notification of a decision to withdraw accreditation under this Rule shall contain a clear statement of each characteristic of the program that is judged not to be in substantial compliance with the Evaluative Criteria. A program whose accreditation has been withdrawn under this Rule may seek reconsideration of ABPTRFE’s decision in accordance with Rule 17.
Rule 17: Reconsideration

17.1 Request for Reconsideration.

A program may ask ABPTRFE to reconsider a decision:

(a) to deny a program candidacy;

(b) to deny a program accreditation; or

(c) to withdraw accreditation, including probationary accreditation.

However, a program may not seek or obtain reconsideration of an administrative withdrawal of accreditation.

A program shall have thirty (30) days from its receipt of ABPTRFE’s decision in which to submit a request for reconsideration and a detailed statement in support of its request.

A request for reconsideration and the associated statement in support shall be mailed to the Chair of ABPTRFE, c/o Residency/Fellowship, American Physical Therapy Association, 1111 N. Fairfax St., Alexandria, VA 22314-1488.

ABPTRFE shall notify the program of its receipt of the request for reconsideration and statement in support.

17.2 Standard of Review.

ABPTRFE (on reconsideration) will uphold its initial decision unless the program demonstrates that:

(a) the decision was not supported by substantial evidence or was arbitrary, capricious, or an abuse of discretion; or

(b) information that was not reasonably available prior to the decision would compel or support a decision in the program’s favor.

17.3 Hearing.

If the program wants to testify or argue before ABPTRFE, the program must say so in its statement of support, explain why the program thinks ABPTRFE should grant the program a hearing, and identify any person the program plans to call as a witness. The Chair of ABPTRFE will decide whether to call a hearing, and he/she shall notify the program promptly of the decision and the date, time, and place of the hearing (if one is to be held). ABPTRFE must give
the program notice of a hearing at least thirty (30) days in advance unless the program agrees to a shorter period. The hearing may be a telephone conference call.

17.4 Decision on Reconsideration.

As soon as practicable after the program submits its statement of support (or after the hearing), ABPTRFE will review all submitted materials for the purpose of affirming, modifying, or reversing its initial decision. ABPTRFE will give the program notice of its decision, and state its reasons for such, by registered or certified mail (return receipt requested). If ABPTRFE decides against the program, it will inform the program of its right to appeal.
Rule 18: Appeals

18.1 Notice of Appeal.

A program may appeal an adverse decision by ABPTRFE on reconsideration.

The program will have thirty (30) days after the date of receipt of ABPTRFE’s decision on reconsideration in which to submit a notice of appeal to the President of APTA, with a copy to the Chair of ABPTRFE.

The notice of appeal must set forth concisely the program’s reasons for challenging ABPTRFE’s decision on reconsideration. APTA shall promptly notify the Program of the date on which the notice of appeal was received.

18.2 Appeal Panel.

A three-member Appeal Panel (Panel) appointed by the Executive Committee of the Board of Directors of APTA will hear any appeal.

The President of APTA will send a copy of each letter of appointment to the program and the Chair of ABPTRFE. The Panel promptly will elect a Chair and notify the program, the Chair of ABPTRFE, and APTA’s President. The notification must specify the address of the Chair of the Panel for purposes of mail and courier delivery.

18.3 Transmittal of Record.

Once the Chair of ABPTRFE has been notified of the name of the Chair of the Panel, he/she will transmit a complete record of the matter to the Panel. The record will include (without limitation) the following items, if applicable:

(a) the complete application for candidacy or for accreditation, and any additional information the program submitted;

(b) each action taken by the Council liaison and/or ABPTRFE with respect to the application;

(c) correspondence between the program and the Council/ABPTRFE prior to ABPTRFE’s action(s) with respect to the application for candidacy or for accreditation;

(d) ABPTRFE’s decision to deny a program’s application for candidacy or for accreditation, or to withdraw accreditation;

(e) the program’s request for reconsideration;
(f) the program’s statement in support of its request for reconsideration and any supplement thereto; and,

(g) ABPTRFE’s decision on reconsideration

The Chair of ABPTRFE will prepare a list of all items included in the record, which he/she shall send to the Chair of the Panel with the record, with a copy of such list to the program.

18.4 Standard of Appellate Review.

The program has the burden of demonstrating that ABPTRFE’s decision on reconsideration was not supported by substantial evidence or that the decision was arbitrary, capricious, and/or an abuse of discretion.

18.5 Status of Program Pending Review.

The program’s filing of a timely notice of appeal will have the effect of staying a decision of ABPTRFE to withdraw accreditation. However, the Chair of ABPTRFE may for good cause petition the Panel (or, prior to the appointment of an Appeal Panel, the APTA Executive Committee) to lift such stay. The program’s filing of a timely notice of appeal will not operate to stay any other action of ABPTRFE.

18.6 Statement on Appeal.

The time for the program to submit a detailed statement in support of its appeal ends fifteen (15) days after the date of the notice of the election of a Chair of the Panel, or thirty (30) days after the date of APTA’s receipt of the notice of appeal, whichever occurs later. The program must address its statement on appeal to the Chair of the Panel, with a copy to the Chair of ABPTRFE. ABPTRFE has fifteen (15) days after receipt of the program’s statement on appeal to submit a statement in opposition to the appeal, which must be addressed to the Chair of the Panel with a copy to the program.

18.7 Hearing on Appeal.

The Panel will decide the appeal on the basis of the record on appeal. Neither the program nor ABPTRFE may introduce testimony or evidence outside the record without the Panel’s express consent (which consent the Panel will not grant freely). If the program wants to present oral arguments to the Panel, the program must submit a request for a hearing with its statement on appeal. The request must state why the Panel should grant a hearing. The Chair of the Panel will have sole discretion to decide whether to call a hearing. The Chair of the Panel will notify the program and the Chair of ABPTRFE promptly of the decision whether to hold a hearing and
the date, time, and place of the hearing, if one is to be held. Such notice of hearing shall be sent at least thirty (30) days before the hearing date. The hearing may be a telephone conference call.

18.8 Conduct of Hearing.

At the hearing, the program or counsel for the program may present oral arguments in support of the appeal. The Chair of ABPTRFE, or her/his designee, may present oral arguments in support of ABPTRFE’s action.

18.9 Decision of Appeal Panel.

The Panel will reach its decision by majority vote. It will issue a written decision to affirm ABPTRFE’s action or to remand the matter to ABPTRFE for further proceedings. A decision to affirm is not subject to any further appeal. The Panel will transmit its decision to the program and the Chair of ABPTRFE by registered or certified mail (return receipt requested), with a copy to APTA’s President.

18.10 Expenses of Appeal.

The program will be responsible for its own expenses of preparing and presenting its appeal. APTA will bear the expenses incidental to the selection of the Panel. APTA will bear any expenses of arranging for a place to conduct a hearing. The program and APTA will share equally the reasonable expenses of the members of the Panel (e.g., travel, meals, lodging) incurred in connection with the hearing, and reasonable out-of-pocket expenses of the members of the Panel incurred in connection with the appeal (e.g., courier services, telephone/fax expenses).
Rule 19: Complaints Against Accredited Programs.

19.1 Complaint.

Any person may submit a complaint to ABPTRFE if he/she has reason to believe that a program with an unqualified accreditation is not in substantial compliance with the Evaluative Criteria, that a program with probationary accreditation does not merit probationary accreditation under Rule 9.3, or that a program with accreditation has not complied with its program agreement.

A complaint submitted under this Rule must be filed with APTA staff on the form prescribed by ABPTRFE.

19.2 Initial Review of Complaint.

APTA staff will review any complaint submitted under Rule 19.1 to determine whether the complaint relates to the program’s compliance with the program agreement, its compliance with the Evaluative Criteria or, if applicable, its qualifying for probationary accreditation under Rule 9.3.

If the determination is negative, the staff shall so advise the complainant.

19.3 Compliance with Program Agreement.

If APTA staff determines that a complaint relates to the program’s compliance with the program agreement and that the program has failed to comply with the obligations imposed by the program agreement, APTA may administratively withdraw the program’s accreditation pursuant to Rule 9.6.

19.4 ABPTRFE Processing.

If APTA staff determines that a complaint relates to a program’s compliance with the Evaluative Criteria or, if applicable, its qualifying for a probationary accreditation under Rule 9.3, then the staff shall forward the complaint to ABPTRFE for processing in accordance with Rule 14.

19.5 Notification.

ABPTRFE will notify the complainant if APTA administratively withdraws the program’s accreditation under Rule 9.6, if ABPTRFE changes an accreditation to a probationary accreditation under Rule 14.5, or if ABPTRFE withdraws accreditation under Rule 14.6.
If ABPTRFE chooses not to take adverse action under Rule 14.5 or Rule 14.6, it will notify the complainant.
Rule 20: Inactive Programs

20.1 Inactive Programs.

If an accredited program does not have an active (physical therapist) participant for a period of three (3) consecutive years then its accreditation shall be administratively withdrawn, and ABPTRFE shall issue a notification to that effect to the program.
APPENDIX A

Outline of Responsibilities during the Accreditation Process

Residency or Fellowship Program
- Submits the non-refundable application fee and five (5) copies of the application. Electronic submission of the application is not permitted.
- Upon receipt of the confirmation letter stating the application and fee have been received, identifies all conflict(s) of interest from list of available ABPTRFE, Accreditation Services Council, and Accreditation Services Committee members.
- Provides additional information as requested by the Board/Council either before, during, and/or after the site visit.
- Informs ABPTRFE of any substantive changes to the program at any time during the application process (i.e. change in program director, name of program, addition of new clinical sites, faculty, etc.)
- Negotiates the site visit date once application has been accepted as complete.
- Arranges for hotel rooms, ground transportation and establishes the site visit schedule for site visit team.
- Evaluates the site visit team.
- Reimburses APTA for site visit team expenses.

APTA Residency/Fellowship Staff
- Logs the application and creates a program electronic file, including one (1) copy of application.
- Maintains communications with the program throughout the accreditation process.
- Provides the list of available ABPTRFE, Accreditation Services Council, and Accreditation Services Committee members for identification of conflict(s) of interest with the program or the Program’s sponsoring organization.
- Assign at least three reviewers to review each application from among Council and Committee members who have not been determined to have a conflict of interest and forwards the application to all.
- Manages all written materials related to the accreditation process.
- Assists in the establishment of a site visit (e.g., scheduling dates, arranging air transportation).

Accreditation Services Council
- Acts as liaison to the program application.
- Participates in application review and may participate in the site visit as requested.
- Reviews and discusses results of application review to determine readiness for the site visit.
  - Determines if the program is ready for a site visit.
  - Identifies information to be provided by the program prior to the site visit.
• May identify areas of concern to be emphasized at the site visit and discusses it with the site reviewers
• Reviews the Program Evaluation Document following the site visit.
  • Determines if the program is ready for the accreditation decision by ABPTRFE
  • Identifies if any information is to be provided by the program following the site visit prior to an accreditation decision by ABPTRFE
  • Determines if a second site visit is required when the first site visit fails to confirm that the program meets the minimum requirements for accreditation

Accreditation Services Committee (up to three members, two of which function as the site visit team)
• Reviews the written application and communicates results to the Council liaison and APTA staff
• Participates in determining a plan for the site visit, based on review of the application
• Team leader communicates with Program Director to finalize agenda and make final travel arrangements
• Visits site to collect additional data and triangulate the written application
• Completes and submits the Program Evaluation Document to the Council
• Participates in conference calls as requested by the Council
• Retains application materials and a copy of the report until action is complete

American Board of Physical Therapy Residency and Fellowship Education
• Makes the accreditation decision
• May request additional information prior to the accreditation decision
• May require a second site visit prior to the accreditation decision
• At times may take part in Program application reviews and site visits
APPENDIX B

Petitioner’s Guide for Establishing a New Area of Clinical Residency/Fellowship Practice

A. Introduction

In accordance with Rule 3.4 of the APTPE Rules of Practice and Procedure, if a clinical program’s focused area of clinical practice is not covered by a DSP or by the DASP, the program may develop its curriculum from an analysis of practice that has been conducted in accordance with accepted sound psychometric standards and that has been approved by ABPTRFE. Before the program establishes its curriculum, it must apply for and obtain ABPTRFE’s approval of an analysis of practice that the program has carried out. The purpose of this document is to outline the process for applying to obtain ABPTRFE’s approval of a new area of residency or fellowship practice.

An analysis of practice is a systematic plan of study of the professional practice behaviors and knowledge that comprise a specialty or subspecialty area of practice. The purpose of the analysis of practice is to collect data that reliably and accurately describes what knowledge and skills are necessary to practice in a given area of specialization/subspecialization.

Any individual or group of individuals may petition ABPTRFE to recognize a specific area of physical therapist practice as a residency or fellowship. However, all individuals listed in Step 2, including an analysis of practice coordinator and project team members, must be involved in the development, review, and interpretation of the analysis of practice. Any individual or group interested in filing a petition with ABPTRFE is encouraged to communicate with all individuals in the proposed area of practice who may have interest in filing a similar petition, to consolidate resources, and to coordinate information so that one comprehensive petition is submitted for a proposed area of practice.

If more than one petition is submitted to ABPTRFE regarding the same specific area of physical therapist practice, ABPTRFE will accept the first complete petition received as the “petition of record” and refer all subsequent petitioners to the originator of the petition of record for support, coordination, and any necessary modification.

B. Steps in the Process of Petitioning ABPTRFE for Approval of a New Area of Clinical Practice

When establishing a new area of practice, the person or group involved in developing the practice shall complete the following steps when conducting an analysis of practice. All costs associated with the development of the petition, including the analysis of practice, as well as filing the petition and conducting public comment forums (if approved) will be borne by the petitioner.

Step 1: Orient to Process

The individual(s) interested in obtaining ABPTRFE approval of a new area of residency or fellowship practice should review the ABPTRFE Rules of Practice and Procedures to obtain the necessary instructions and materials to submit a petition.

Step 2: Declare Intent to Submit

The individual(s) interested in obtaining ABPTRFE approval of a new area of residency or fellowship practice will declare their intent to submit a petition by notifying ABPTRFE in writing. The intent must be submitted electronically in 1 PDF file to APTA staff at resfel@apta.org.
The declaration of intent shall: (i) identify the type of program (residency or fellowship), (ii) provide a title for the proposed area of practice, and (iii) define the proposed area of practice.

In addition, the declaration of intent must identify an analysis of practice coordinator (coordinator). The role of the coordinator may be assumed by a subject matter expert (SME) in the specific area of practice or an individual with expertise in the conduct of an analysis of practice. The coordinator will serve as the project manager who will direct the analysis of practice activities so that it can be completed within the specified time frame.

Please note: APTA residency/fellowship staff can assist in identifying individuals who are qualified and willing to serve as consultants who provide assistance with practice analysis activities.

The coordinator forms a project team, which includes subject matter experts (SMEs). SMEs are individuals who have been identified as having recognized expertise regarding the knowledge, skills, and abilities required for practice in the specialty or subspecialty area. While there is no minimum for the number of members in the SME group, the group must represent the spectrum of the specialty/subspecialty area with diverse origins of practice, practice setting, geographic area, gender, and race. In addition, pursuant to Rule 3.4 of the ABPTRFE Rule of Practice and Procedure, if the focused area of clinical practice falls within an area of practice associated with one or more Sections of the APTA, the applicant must invite the governing body of these Sections to designate an individual to participate in carrying out the analysis of practice.

The project team develops the content of the pilot survey instrument, reviews the data from the pilot survey instrument, develops the analysis of practice survey, and interprets the analysis of practice survey results, as described in the subsequent sections.

The APTA Residency/Fellowship Accreditation Department as well as the APTA Research Department may be of assistance in planning activities related to the formatting of the pilot survey, disseminating the survey, and data analysis. Interpretation of the survey results are the responsibility of the project team.

As might be expected, the need for additional support will vary for each analysis of practice depending on a number of factors, including the expertise of the coordinator and subject matter experts in research and practice analysis.

**Step 3: Conduct an Analysis of Practice**

**A) Develop a Practice Analysis Plan**

The plan must include the following information:

a. A brief statement of the goal of the project. This will become the purpose statement for the pilot survey indicated below.

b. A description of methodology including:

   i. Methods for development of the survey instruments for the pilot and analysis of practice surveys.

   ii. Description of the sample size and composition for the pilot and analysis of practice surveys.

   iii. Description of the methodology for data collection for the pilot and analysis of practice surveys.

   iv. Projected return rate for the pilot and analysis of practice surveys.
v. Description of the proposed methods for data analysis of the pilot and analysis of practice surveys, including the decision rules.

c. A timeline for convening the first meeting of the project team, development of the initial description of practice and the pilot survey instrument, fielding the pilot survey, development of the analysis of practice survey, fielding the analysis of practice survey, and convening of the second meeting of the project team to interpret the data from the practice analysis and prepare the Description of Residency Practice (DRP)/Description of Fellowship Practice (DFP) blueprint.

B) Develop the pilot survey

The pilot survey is the first draft of the analysis of practice survey. The purpose of conducting a pilot survey is to insure clarity of the survey questions prior to distributing the full analysis of practice survey to the entire sample population. In addition, the coordinator and SMEs may use information collected from the pilot survey to determine whether any new competencies should be incorporated into the analysis of practice survey, and whether the survey should be subdivided in order to reduce the time required to complete it.

The pilot survey should be developed considering the following elements:

1. Purpose of the pilot study
2. Sample size and composition for the pilot study
3. Methodology for data collection
4. Plan for achieving the desired survey return rate
5. Methodology for data analysis

The pilot survey instrument must assess existing competencies (knowledge, skills, and abilities) in order to determine if they are important to specialty or subspecialty practice. For residency or fellowship programs, these competencies are the statements developed from the curriculum’s behavioral objectives and describe (i) the practice process, (ii) current best practice knowledge, (iii) skills specific to the specialty or subspecialty practice, (iv) admission criteria/prior knowledge and experience required (fellowships only); (v) required practice settings; and (vi) required patient demographics, including but not limited to, patient sex, age, primary health conditions.

In addition, the pilot survey should contain a method to identify additional competencies not included within pilot survey. New competencies can be identified from the pilot survey respondents by including open-ended questions asking for additional knowledge, skills or abilities than those listed in the survey. These competency statements included within the pilot survey as well as additional competencies identified by survey respondents become the basis for the analysis of practice survey.

The survey must include an assessment of the importance of each competency and an assessment of the frequency with which practitioners perform each activity. An assessment of the criticality of each task/activity must also be included. Standard wording for importance, frequency, and criticality scales have been developed and used by other groups in their pilot and practice analysis surveys (Figure 1). This information can be obtained from APTA residency/fellowship staff.

The language of the survey questions and specialty/subspecialty content should be consistent with the terminology of the Guide to Physical Therapist Practice.
Consideration should be given to developing a survey that could be divided into sections such that the most rapidly changing knowledge, skills and abilities could potentially be revalidated.

The petitioner is encouraged to submit the practice analysis plan and their pilot survey to ABPTRFE for review and comment prior to implementation.

C) Field test the pilot survey.

ABPTRFE requires that the pilot survey be field tested with no fewer than ten (10) individuals from varied geographic and demographic populations.

D) Analyze pilot data.

Data should be analyzed descriptively by computing means, standard deviations, and frequency distributions for the three rating scales (frequency, importance, and level of criticality) for each of the competencies.

The coordinator assists the project team to analyze and interpret the survey results by developing and applying consistent decision rules. The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the specialty or subspecialty curriculum.

E) Revise the survey, if necessary.

Examples of revisions that might be required include changes to improve clarity or the addition of new items based on responses to open-ended questions.

F) Submit the revised survey to ABPTRFE.

ABPTRFE must approve the revised survey prior to fielding.

G) Conduct the analysis of practice survey.

To validate the residency/fellowship curriculum, ABPTRFE requires representative random samples of members from associated APTA Section(s)/Academy(ies) for which the proposed focused area of clinical practice falls within.

Follow-up communication to individuals who have not responded to the survey is required to increase the response rate. Lengthy questionnaires should be subdivided into "stand-alone" portions such that the individual respondents can complete their task within 60 minutes.

H) Analyze analysis survey results from the analysis of practice.

Data should be analyzed descriptively by computing means, standard deviations, and frequency distributions for the three rating scales (frequency, importance, and level of criticality) for each of the competencies for the total sample and any appropriate subgroups (eg, certification status, gender, age, race). Data should be analyzed to determine if there are significant differences between subgroups.

I) Interpret analysis of practice survey results.
The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the program’s curriculum. The justification for inclusion or exclusion of competencies in the curriculum must be documented.

The survey results will be interpreted by applying consistent decision rules to identify the competencies that define specialty/subspecialty practice. The coordinator is responsible for working with the project team to derive the decision rules for defining specialty or subspecialty practice. The coordinator may wish to review the technical reports, DRPs or DFPs of recently conducted analyses of practice for an overview of the development of decision rules.

**Step 4: Submit Petition**

The petition should be submitted electronically to APTA residency/fellowship staff at resfeli@apta.org. The petition must be a single PDF file utilizing the bookmark feature to clearly outline each section of the petition. A non-refundable filing fee of $5,000 must accompany the submission of a petition.

Once received, APTA residency/fellowship staff will conduct a preliminary screening for completeness within 10 business days of receipt of the petition.

The petition shall be organized to address each criterion and its associated guidelines, in the order outlined:

a) Demand (as noted in workforce data and patient demographics)

b) Need (Pursuant to Rule 3.4 of the ABPTRFE Rules of Practice and Procedure, the petition must demonstrate a need for that area of practice by identifying and including at least 5 existing or planned programs in the focused area of clinical practice, each of which must indicate in writing its interest in obtaining accredited status.)

c) Number of current practitioners in the area of practice and percentage of time allocated to the area of practice (%FTE)

d) Admission criteria/prior knowledge level (fellowships only)

e) Specialized knowledge and skills of the program graduate identified in the analysis of practice

f) Appropriate and required practice settings

g) Required patient demographics, including but not limited to, patient sex, age, primary health conditions

h) Curriculum resources that currently exist (e.g., articles, conference, certifications, courses, etc.)

The petition shall clearly demonstrate to ABPTRFE that the proposed specific area of residency or fellowship practice meets all criteria by providing complete documentation within a full technical report. The full technical report must provide a description of every step of the analysis of practice. It represents the permanent record of the analysis of practice, which can be used as a resource for defense of the process, future analyses, etc. The components described below must be included in the technical report:

a) Description of all project team members including names, addresses, credentials, and delineation of their specific involvement;

b) Description of the sampling strategy, groups surveyed, number surveyed, return rate, follow-up procedure for non-respondents, and any demographic data depicting the respondents;

c) A copy of the pilot survey instrument;

d) Description of responses to the pilot survey;

e) Description of changes made to the pilot survey with a rationale for the changes;

f) Copy of the analysis of practice survey instrument, including instructions to the respondents and cover letters;

g) Description of the rationale for the choice of measurement scales (frequency, importance, criticality);
h) A copy of the raw data; including survey response rates
i) Description of data analysis including tables and/or graphs, and any sub-sample analysis (e.g., ratings of certified specialists vs. non-certified specialists);
j) Explanation of how the results of data analysis were used to determine which competencies were included in the curriculum;
k) Conclusions with statements about the committee’s confidence in the analysis of practice process highlighting the strengths of the analysis, problems with any portion of the analysis, and recommendations for future analyses of practice.

All documents related to the implementation of the analysis of practice, including all data collected, will be carefully archived by APTA residency/fellowship staff. This data will serve as the rationale and substance of the residency or fellowship program’s curricular content.

**Step 5: Preliminary Review of Petition**

ABPTRFE will form a work group to review the analysis of practice. Please refer to Rule 3.4 in the ABPTRFE Rules of Practice and Procedure for details about the members of this work group.

**Step 6: Preliminary ABPTRFE Decision**

Following the review and recommendation by the ABPTRFE work group on the proposed area of residency or fellowship practice, ABPTRFE shall make one of the following two decisions:

(i) Preliminarily approve the petition
(ii) Preliminarily deny the petition

If the petition does not receive preliminary approval, ABPTRFE will provide specific feedback to the petitioner about the reason the petition was not approved. The petitioner may resubmit an amended petition within 30 days of receipt of the letter from ABPTRFE indicating that the petition was not approved.

**Step 7: Public Announcement and Hearing**

Within 120 days of preliminary approval, a public announcement will be made concerning the petition, including requesting comments in support of or opposing the petition from currently accredited residency and fellowship programs, the physical therapist profession, other health professions, third-party payers, the public, and other identified stakeholders. Comments will be accepted for a period of 4 weeks following the release of the announcement.

**Step 8: ABPTRFE Final Decision**

ABPTRFE will conduct a final evaluation of the petition during their next regularly scheduled meeting following the requisite public comment period and open hearing. ABPTRFE will make its final decision on the basis of its review of the petition and any additional information gathered during the public comment period and open hearing.

ABPTRFE shall make one of the following two decisions

(i) Approve petition thereby recognizing a new area of residency or fellowship practice applications.
(ii) Deny petition – program can request reconsideration/appeal.

**Petition Approval**
ABPTRFE will approve the petition if the petition and any information gathered during the public comment period and opening hearing warrants the need for the new area of residency or fellowship practice.

If approved, ABPTRFE will begin accepting program accreditation applications in that area of residency or fellowship practice.

Petition Denied
ABPTRFE shall deny a petition if the petition and information gathered during the public comment period and opening hearing does not warrant granting approval status. ABPTRFE’s notification of a decision to deny the petition shall contain a clear statement as to its decision.

**Step 9: Creation of DRP/DFP**

Once ABPTRFE approves the new area of residency or fellowship practice, the petitioner will work with ABPTRFE to create the corresponding DRP/DFP.
APPENDIX C

Guidelines for Preparation for a Site Visit

The following guidelines are provided in preparation for your Program’s site visit:

1. The program is responsible for making arrangements for hotel and ground transportation for the site visitors and providing this information to the site visitors prior to arrival.
2. The program must provide a private area and a simple working lunch on the day of the site visit for the team.
3. All interviews should be held in meeting areas that are private yet accessible to all persons who will be interviewed. Any materials in support of the application should be neatly contained, organized, and accessible.
4. Please provide the site team with a schedule once the site visitors have provided their travel arrival/departure arrangements to the Program. The lead site visitor may request a group meal upon arrival for the site visit consisting of the program director, site visitors, and key persons of the program which allows for an informal opportunity to initiate the site visit. The site visit schedule must include the following with recommended time allocations:
   - Residency/Fellowship Program Director (1 hour)
   - Institution’s Administrator, if available (30 minutes)
   - 2-3 faculty members (30 minutes each) but may be scheduled as a joint interview
   - Current Program Participants (30 minutes collectively) but may be scheduled as a joint interview. Offsite program participants must be included (eg, video or teleconferencing).
   - Program Graduates (if applicable). Offsite graduates must be included (eg, video or teleconferencing).
   - Tour of Facilities
   - Observation of live clinical mentoring session(s) with participant’s patient. The mentoring session observation must be inclusive of observation of the pre-participant mentoring preparation (either written or verbal) and post-session review between the program participant and the mentor (again either written for verbal) (1-1 ½ hours)
     - Please ensure the program has a contingency plan for observation of a live mentoring session should the original patient scheduled for this time during the site visit cancel
   - Overview of site visit findings with Program Director (1 hour)

5. Please also have the following documents available, in an organized format (eg, binder).
   - Updated patient diagnostic category forms for each current program participant
   - Documents describing and/or supporting the program curriculum (eg, Power Point presentations, copies of required readings, course modules, etc.)
   - Copies of administered faculty evaluations.
   - Completed copies of patient reported or performance based measures of body structure and function (impairments) and activity and participation (physical, emotional, social, function, quality of life) used in the program for all current and past program participants.
• Executed (signed) letter of appointment(s) for all current and past program participants.
• Administered and graded examination forms for all current and past program participants.
• Documents and photography demonstrating facility resources for those sites not being visited during the site visit.
• Completed copies of graduate surveys (if applicable)
• Other items as requested within the Site Visit Scheduling Letter by ABPTRFE, Accreditation Services Council, and/or Accreditation Services Committee

6. The information provided by the program must not contain protected health information (PHI) as defined in the privacy regulations under the Health Insurance Portability and Accountability Act of 1996, 42 CFR Part 160.

7. Program is responsible for site visit expenses pursuant to Rule 8.9.

Sample Site Visit Schedule

Day 1:
2:00pm Pickup Site Visitors from Airport
2:45pm Meet with Program Director and Tour University Classroom
3:45pm Check in at Hotel
5:30pm Depart for Dinner
6:00pm Dinner meeting with Program Director and Faculty

Day 2:
7:30am Depart for Outpatient Clinic
7:45-8:30am Site Team Meeting with Orthopedic Residents and Graduates
9:00-10:00am Observe clinical mentoring
10:00-10:15am Drive back to Administrative Offices
10:15-10:45pm Meet with Education Coordinator and Program Assistant
10:45-12:00pm Document Review
12:00-1:00pm Meet with Organization Administration (Executive VP & Senior VP)
1:00-2:00pm Private Working Lunch for Site Team
2:00-3:00pm Site Team Wrap Up with Program Director
3:00pm Depart for airport
MENTORING SESSION OBSERVATION

Observation of a program participant engaged in a clinical mentoring session MUST be observed. This clinical mentoring session observation must include not only the clinical mentoring during patient care, but also observation of the pre-participant mentoring preparation (either written or verbal) and post-session review between the program participant and the mentor (again either written for verbal).

Please read the definition of mentoring within the ABPTRFE Accreditation Handbook as well as the Mentoring Resource Manual.

Expected Mentor Characteristics and Interactions (refer to Mentoring Resource Manual):

**Personal Characteristics:**
- Engages in self-reflection and self-development
- Willingness to learn/teach
- Eager and excited to pursue excellence
- Trusting
- Intellectual humility
- Internal locus of control

**Interactions:**
- Good communicator
- Values partnership and teamwork
- Demonstrates initiative and motivation
- Confident to try new patient management approaches
- Committed to learner engagement
- Identify and provide care related to sensitive generational and cultural differences
- Open to feedback
- Able to handle complex patient, provider, and organizational situations
- Able to function competently in uncertain situations (eg, when limited evidence exists, a therapist must make the most appropriate patient management decisions possible)

**Competency Definitions for Mentors:**
- **Content Knowledge:** The mentor must be able to instruct and evaluate the resident's/fellow's skills within his or her area of practice expertise.
- **Learner Centeredness:** The mentor must demonstrate a commitment to the resident's/fellow's success and well-being as assist him or her in that individual's professional roles.
- **Interpersonal and Communication Skills:** The mentor must be able to tailor his/her teaching and communication to the preferred learning style of the resident/fellow in order to facilitate learning.
- **Professional Integrity:** The mentor must demonstrate best practices and role-model these behaviors for residents/fellows.
- **Practice-based Self-Reflection in and on action:** The mentor must demonstrate continuous self-reflection and lifelong learning in order to ensure his/her effectiveness as a teacher.
- **Systems-based Learning:** The mentor must use all available resources in order to create an optimal teaching/learning environment.
### Questions for site visit PRIOR to mentoring session observation (ALL QUESTIONS MUST BE ASKED AND RESPONDED TO WITHIN THE SITE VISITORS' COMMENTS):

#### LEAD REVIEWER

**Faculty/Mentor:**
- Describe how a mentoring session is completed (e.g., scheduling, execution, follow-up)?
- What if the session does not go well?

**Program Participant/Graduate:**
- Describe how a mentoring session is completed (e.g., scheduling, execution, follow-up)?
- Does the mentor dedicate adequate time to the program?
- How many mentors do you have available to you?
- Describe your mentoring session (who is providing patient care)?
- Does the mentor create an environment that focuses on your achievement or acquisition of knowledge?
- Does the mentor create an environment that makes you feel safe, supported, and respected?
- Does the mentor create an environment that is reciprocal and personal in nature (e.g., a collegial and friendly relationship where both the mentor and program participant derive emotional and tangible benefits)?
- Does the mentor demonstrate the appropriate personal characteristics and interactions during their mentoring:
  - **Personal Characteristics:**
    - Engages in self-reflection and self-development
    - Willingness to learn/teach
    - Eager and excited to pursue excellence
    - Trusting
    - Intellectual humility
    - Internal locus of control
  - **Interactions:**
    - Good communicator
    - Values partnership and teamwork
    - Demonstrates initiative and motivation
    - Confident to try new patient management approaches
    - Committed to learner engagement
    - Identify and provide care related to sensitive generational and cultural differences
    - Open to feedback
    - Able to handle complex patient, provider, and organizational situations
    - Able to function competently in uncertain situations (e.g., when limited evidence exists, a therapist must make the most appropriate patient management decisions possible)

- Does the mentor display the following responsibilities:
  - Commits to mentoring
  - Provides resources, experts, and source materials in the field
  - Offers guidance and direction regarding professional issues
  - Encourages and acknowledges the program participant’s ideas and professional contributions
  - Provides constructive and useful critique of the program participant’s work and strategies for change
  - Challenges the program participant to expand his/her abilities
  - Provides timely, clear, and comprehensive feedback to the program participant’s performance and development
  - Respects and fosters the program participant’s independence, creativity, and uniqueness
  - Shares success and benefits of the products and activities with the program participant

### Site Visit Comments for Pre-Clinical Mentoring Session Observation:
### MENTORING SESSION OBSERVED

**If a response of “No” is provided, evaluator must provide comments**

1. Describe the patient setting in which the mentoring observation occurred (eg, inpatient, outpatient; patient new evaluation or ongoing treatment session):

Prior to the Mentoring Session:

2. Did the program participant present the case, the patient’s medical history, and their plan for the session to the mentor appropriately? □ Yes □ No
   Comments:

3. Did the mentor ask the program participant appropriate questions regarding the case? □ Yes □ No

   Explain:

4. Was there collegial discussion, problem solving? □ Yes □ No

   Comments:

Mentoring Session:

5. Was the mentoring session set up as a structured learning process? □ Yes □ No

   Comments:

6. Did the mentor demonstrate behaviors that made the patient feel comfortable during the mentoring session while the mentee was treating? □ Yes □ No

   Comments (Describe the overall session observed):

7. Did the mentor demonstrate effective mentoring techniques:

   a. Allow the program participant to be in control of the session □ Yes □ No

   b. Appropriately participate in the session □ Yes □ No

   c. Provide supportive, collegial, and respectful feedback □ Yes □ No

   d. The method used was “mentoring” as opposed to simple teaching, instruction, or supervision □ Yes □ No

   Comments (Describe the overall session observed):

8. Did the mentor display the following 6 mentor competencies (refer to the mentoring resource manual for definitions and behaviors that incorporate these competencies):

   a. Content knowledge □ Yes □ No □ Not observed

   b. Learner-centeredness □ Yes □ No □ Not observed

   c. Interpersonal and communication skills □ Yes □ No □ Not observed

   d. Professional integrity □ Yes □ No □ Not observed

   e. Practice-based self-reflection □ Yes □ No □ Not observed

   f. Systems-based learning □ Yes □ No □ Not observed

   Comments:

After the Mentoring Session:

9. Does post-briefing between the mentor and program participant typically occur in a timely manner? □ Yes □ No

   Comments:

10. Was the program participant guided through the clinical decision making process for this session? □ Yes □ No

    Comments:

11. Was reflection used in clinical decision making and were plans/goals/expectations developed for subsequent sessions? □ Yes □ No

    Comments:

12. Did the mentor correct mistakes appropriately? □ Yes □ No

    Comments:
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<th>Questions for visit POST to mentoring session observation (ALL QUESTIONS MUST BE ASKED AND RESPONDED TO WITHIN THE SITE VISITORS’ COMMENTS):</th>
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| **LEAD REVIEWER**  
  **Faculty/Mentor:**  
  • Is the mentoring session observed today consistent with all of the mentoring sessions you provide? [ ] Yes  [ ] No  
  If no, please elaborate:  
  **Program Participant/Graduate:**  
  • Is the mentoring session observed today consistent with all of the mentoring sessions you have received? [ ] Yes  [ ] No  
  If no, please elaborate:  

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<th>Please address the following ABPTRFE criteria:</th>
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| • Were there any issues observed that indicate there are significant concerns with the program’s mentoring processes?  
  [ ] Yes  [ ] No  |
| • Does the program director demonstrate the ability to identify and problem-solve when problems exist in the mentor mentee relationship?  
  [ ] Yes  [ ] No  |

Additional Site Visit Comments: