On April 25, 2023 the Commission on Accreditation in Physical Therapy Education made the following decision regarding the physical therapy education program at Georgia State University.

**Status:** ACCREDITATION

**Action Taken:** Reaffirm Accreditation

**Effective Date:** April 25, 2023

**Information Used to Make Decisions:**
- Self-study Report
- Visit Report with Institution Response
- Comments from the Program Director
- Comments from the Team Leader
- Additional Materials

**Reason for Decision:** The Commission's decision to reaffirm accreditation status [for a period of ten years] is based on the program's general compliance with the Standards and Required Elements and on the expectation that the program can and will, within the next two years, bring itself into compliance with the following elements noted in the Commission's Findings: **1C5, 1C6, 2A, 2B1, 2B2, 2B3, 2B4, 2B5, 2C, 3F, 3H3, 4A, 4B, 6G, 6H, and 8A.**

That compliance must be appropriately documented in a Compliance Report which will be used by the Commission to determine compliance with the elements noted in the Findings and to monitor compliance with all the required elements.

**Next Activity:** Compliance Report due September 1, 2023
NOTICES

REQUIRED STATEMENT OF ACCREDITATION STATUS
Once a program has been accredited, and for as long as it remains accredited, the program must use the statement provided in §8.20 on all educational and promotional materials, including the institution/program web site, where the program’s accreditation status is disclosed.

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

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

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

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

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

PUBLIC NOTICE OF REASONS FOR DECISIONS
Pursuant to expectations of the Council for Higher Education Accreditation, CAPTE provides public notice of the reasons for its decisions to grant candidacy or grant or reaffirm accreditation. These notices are in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education. The front page of this Summary of Action will be used for this purpose.
ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION
The institution and program must make accurate public disclosure of the accreditation or pre-accreditation status awarded to the program. Further, the United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or pre-accreditation status, contents of reports of on-site reviews, and accreditation or pre-accreditation actions with respect to the institution or program [34 CFR 602.23(d) and 602.23(e)]. If the institution or program chooses to disclose any additional information, beyond the accreditation or pre-accreditation status that is within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency’s street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Accreditation staff finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE the Accreditation staff will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

PUBLIC NOTICE OF DECISIONS BY CAPTE
Following all decisions, including decisions to place a program on warning, probation or show cause, or to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, the Accreditation staff will, within 24 hours of the official notification of the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its web site.

RESPONSIBILITY TO REPORT CHANGE(S)
The institution and program are responsible for notifying CAPTE of all reportable changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Reportable changes, some of which may require pre-approval, are described in Part 9 of CAPTE’s Rules of Practice and Procedure (https://www.capteonline.org/globalassets/capte-docs/capte-rules-practice-procedure.pdf). It is the program’s responsibility to be familiar with these expectations and to provide notification of program changes as required.
Commission’s Findings and Reasons for Decision:

The Commission on Accreditation in Physical Therapy Education judged the program to be in compliance with all of the Standards and Required Elements for Accreditation of Physical Therapist Education Programs except those noted below:

The program was judged to be in NON-COMPLIANCE with the following required elements. Non-compliance means that the program has in place less than a substantial portion of the components necessary to meet all aspects of the elements.

1. 3F Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

INSTITUTION RESPONSE:

The program was judged to be in CONDITIONAL COMPLIANCE with the following required elements. Conditional compliance means that the program has in place a substantial portion, but not all, of the components necessary to meet all aspects of the elements.

1. 1C5 [The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes]. The program graduates meet the expected outcomes as defined by the program.

INSTITUTION RESPONSE:

2. 1C6 [The program meets required student achievement measures and its mission and goals as demonstrated by actual program outcomes]. The program meets expected outcomes related to its mission and goals.

INSTITUTION RESPONSE:

3. 2A The program has documented and implemented on-going, formal, and comprehensive program assessment processes that are designed to determine program effectiveness and used to foster program improvement.

INSTITUTION RESPONSE:
4. 2B1  [For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which]: the admissions process, criteria and prerequisites meet the needs and expectations of the program.

INSTITUTION RESPONSE:

5. 2B2  [For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which]: program enrollment appropriately reflects available resources, program outcomes and workforce needs.

INSTITUTION RESPONSE:

6. 2B3  [For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which]: the collective core, associated and clinical education faculty meet program and curricular needs.

INSTITUTION RESPONSE:

7. 2B4  [For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which]: program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

INSTITUTION RESPONSE:

8. 2B5  [For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which]: program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

INSTITUTION RESPONSE:
9. **2C** The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

**INSTITUTION RESPONSE:**

10. **3H3** Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including: following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;

**INSTITUTION RESPONSE:**

11. **Individual Academic Faculty**

12. **4A** Each core faculty member, including the program director and clinical education coordinator, has doctoral preparation, contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs and who are teaching clinical PT content hold an active, unrestricted PT license in any United States jurisdiction and the state where the program is located if required by that state’s jurisdiction. For CAPTE accredited programs outside the United States, core faculty who are PTs and who are teaching clinical PT content are licensed or regulated in accordance with their country’s regulations. (PROVISO: CAPTE began enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)

**INSTITUTION RESPONSE:**

12. **4B** Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.
INSTITUTION RESPONSE:

13. 6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

INSTITUTION RESPONSE:

14. 6H The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.

INSTITUTION RESPONSE:

15. 8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.

INSTITUTION RESPONSE: