

**Commission on Accreditation in Physical Therapy Education****American Physical Therapy Association****SUMMARY OF ACTION**

Physical Therapist Assistant Program  
Montgomery County Community College  
340 DeKalb Pike, SC 241  
Blue Bell, PA  
19422

On October 29, 2024, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the Physical Therapist Assistant education program at Montgomery County Community College.

<b>Status:</b>	<b>ACCREDITATION</b>
<b>Action Taken:</b>	Reaffirm Accreditation
<b>Effective Date:</b>	October 29, 2024
<b>Information Used to Make Decisions:</b>	Self-study Report Visit Report with Institution Response Comments from the Program Director Comments from the Team

**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 intent of 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: **4F and 8G**.

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 February 1, 2025

## 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](mailto: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](mailto: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 the intent of all the Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs except those noted below:

**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.) 4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.**

The Commission recognizes that initial evaluations are conducted during the calendar year in which the faculty is hired, with the formative stage occurring in the semester of the faculty hire and summative stage in the following semester. There is no evidence provided that supports regular formal evaluation of the adjunct/associated faculty. The program director indicated that the evaluation process will be discussed in future meetings with the program director, Dean and faculty success department.

In the compliance report provide evidence that regular formal evaluations occur and result in a plan to address identified needs for the program's two lab instructors.

INSTITUTION COMMENTS:

**2.) 8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.**

The Commission recognizes the program is currently missing signed contracts for 7 of 40 clinical agreements. The commission is unclear if a generalized clinical affiliation contract exists for all of Ivy Rehab facilities as two students have been placed at their respective facilities. The evidence provided by the program demonstrates there is no current contract between the two entities.

In a compliance report, provide evidence of current signed clinical affiliation agreements for the 7 facilities identified on the program review report (PRR).

INSTITUTION COMMENTS:

**Consultative Comment:**

The Commission sees there is a process in place. However, the onsite reviewers and program identified mechanisms to improve documentation. The Commission recommends the program

implement identified improvements such as identifying a meeting secretary and using a meeting template to provide detailed meeting minutes (Element 2A).