



DOCTOR OF PHYSICAL THERAPY
POLICIES AND PROCEDURES
2025-2026

University of Louisiana Monroe



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1A. PRINCIPLES OF PURPOSE CREATION AND RE-CREATION

I. Policy Statement

The program has established achievement measures and program outcomes related to its mission.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 1 and Element 1A.

CAPTE Element 1A: The mission* of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides and with contemporary preparation* of physical therapists.

The policy ensures alignment with the University, College of Health Sciences, and the School of Allied Health mission, vision, and strategic plans.

WARHAWK Flight Path: The ULM DPT mission is depicted graphically as a process model that outlines the developmental progression of individuals as they transform into high-functioning physical therapists who succeed and contribute to society. Throughout this policy and procedure manual, we will emphasize our commitment to our mission by identifying the process model phase(s) relevant to the policy and procedure.

III. Applicability

- A. Doctor of Physical Therapy Program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.
- B. **Principles of Purpose:** The principles define **why** a program exists (**mission**), **what** it stands for (**core values**), **how** it operates to achieve its goals (**guiding principles**), and **where** it aims to be in the future (**vision**). They serve as the foundation for **when** decisions are made, shaping the program's culture, strategy, and long-term impact.
- C. **Mission:** The ULM Doctor of Physical Therapy Program strives to develop diverse, high functioning practitioners and leaders who will partner with community members to produce meaningful and sustainable change with an emphasis on rural and underserved communities.
- D. **Vision:** The ULM Doctor of Physical Therapy Program will serve as a model of excellence for workforce development and scholarship addressing movement-related health disparities.
- E. **Core Values:**
 - 1. **Accountability:** *Demonstrating ownership of one's actions, decisions, and professional responsibilities with transparency and reliability.*



Behavior: We hold ourselves responsible for our actions, decisions, and their consequences, fostering an environment of transparency and trust.

2. **Adaptability:** *The ability to respond constructively to change, uncertainty, or new challenges while maintaining performance and professionalism.*

Behavior: We embrace change and continuously seek ways to evolve and improve in response to shifting needs and circumstances.

3. **Collaboration:** *Engaging in respectful, cooperative partnerships with patients, caregivers, peers, and professionals to achieve shared goals.*

Behavior: We value partnership and teamwork, recognizing that diverse perspectives and collective efforts yield superior outcomes.

4. **Cultural Humility:** *A lifelong commitment to self-evaluation and learning to respectfully understand and honor diverse cultural perspectives and experiences.*

Behavior: We approach our work with humility, respect, and openness, acknowledging and valuing the unique backgrounds and experiences of others.

5. **Inquisitiveness:** *Demonstrating curiosity, critical thinking, and a commitment to inquiry and lifelong learning.*

Behavior: We foster a spirit of curiosity and intellectual exploration, encouraging critical thinking and lifelong learning.

6. **Integrity:** *Upholding ethical principles, honesty, and professionalism in all academic, clinical, and personal actions.*

Behavior: We uphold the highest ethical standards, demonstrating honesty, fairness, and ethical behavior in all endeavors.

7. **Purposefulness:** *Living and working with intention, guided by clear values and a commitment to meaningful contributions in healthcare and society.*

Behavior: We are driven by a sense of purpose and commitment to making a positive impact, aligning our actions with our values and goals.

F. Guiding Principles:

1. **BE COMPASSIONATE:** We prioritize empathy and compassion in our interactions with patients, colleagues, and communities.
2. **BE A MOVEMENT EXPERT:** We strive for excellence in the understanding and application of movement science, positioning ourselves as leaders in physical therapy.



3. **BE PEOPLE DRIVEN:** We prioritize the needs and well-being of individuals, placing human dignity and respect at the forefront of our practice.
4. **BE RESILIENT:** We cultivate resilience in ourselves and others, recognizing challenges as opportunities for growth and adaptation.
5. **EDUCATE AND EDUCATED:** We are committed to both teaching and learning, fostering an environment of mutual enrichment and intellectual growth.
6. **LEAD YOURSELF AND OTHERS:** We lead by example, empowering ourselves and others to enact positive change and drive innovation within the profession.
7. **SERVE AS a catalyst:** We advocate tirelessly for the rights and well-being of our patients, serving as catalysts for social change and health equity.

Adherence to these principles is essential for fulfilling our mission, realizing our vision, and upholding the values that define the ULM DPT program.

V. Policy Procedure

- A. The mission, vision, core values, and guiding principles are collaboratively developed and revised with input from faculty, staff, students, and community stakeholders.
- B. Student feedback is gathered annually each April during student-led program meetings using surveys and town hall-style discussions.
- C. Community Advisory Council input is collected during its annual meeting through similar methods.
- D. The College of Health Sciences and School of Allied Health provide feedback during annual accreditation report reviews and small group interviews.
- E. The mission, vision, core values, and guiding principles are formally reviewed during the summer program debrief retreat. Any changes require a majority faculty and staff vote.
- F. The program mission is assessed for alignment with:
 1. The institutional and college mission statements
 2. The APTA Standards of Practice
 3. The Louisiana Physical Therapy Practice Act
 4. Contemporary expectations for professional practice
- G. The mission is reaffirmed by stating it at all program meetings.
- H. The mission, values, and principles are posted on:
 1. The homepage of each course in the Learning Management System (LMS)
 2. The official ULM DPT program website
- I. Strategic planning activities will explicitly link to the principles of purpose.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Program Director	318-342-1236	Vanhoose@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Institutional mission statement](#)
- B. [College of Health Sciences and School of Allied Health mission statements](#)
- C. [Program Mission Statement](#)
- D. [APTA Standards of Practice](#)
- E. [Louisiana Physical Therapy Practice Act](#)
- F. [ULM DPT Faculty and Staff Handbook](#)
- G. [ULM DPT Student Handbook](#)
- H. [ULM DPT Clinical Education Handbook](#)

Keywords: mission, vision, core value, guiding principles, principles of purpose

XI. Revision History

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1B. GOALS CREATION AND RE-CREATION

I. Policy Statement

The program has established achievement measures and program outcomes related to its goals.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 1 and Element 1B.

CAPTE Element 1B: The program has documented goals* that are based on its mission and that reflect contemporary* physical therapist education, research, and practice.

The policy ensures alignment with the University, College of Health Sciences, and the School of Allied Health mission, vision, and strategic plans.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy Program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.
- B. **Student** goals are specific objectives for students to achieve during their training.
- C. **Graduate Goals:** graduate goals refer to the specific objectives for graduates to achieve after completing their graduate program.
- D. **Faculty Goals:** Faculty goals are specific objectives to achieve professional development, enhance teaching effectiveness, contribute to research, and support institutional goals.
- E. **Program Goals:** Program goals define the desired outcomes and general direction of a program. The goals outline what the program aims to achieve and provide a framework for planning, implementing, and evaluating specific activities or initiatives within the program.
- F. **Social Responsibility:** The duty to act in ways that positively impact society, including shared decision-making and community-directed engagement.
- G. **Service Mindset:** A commitment that prioritizes helping others with compassion, dedication, and a proactive approach to meeting their needs.
- H. **Excellence:** The pursuit of the highest standards, continuous improvement, and accountability in all efforts.



- I. **Inclusivity:** Ensuring all individuals feel valued, respected, and have equitable access to opportunities and resources.
- J. **Goal Themes or Pillars of Practice:** Tangible manifestations of the program's mission.
1. **Social Responsibility**
 - a. The ULM DPT **program** will nurture social responsibility by investing in societal health and wellness needs through outreach, collaboration, and advocacy.
 - b. ULM DPT **student** physical therapists (SPT) will demonstrate a commitment to societal health and wellness as they develop personal values and guiding principles that align with the mission and vision
 - c. ULM DPT **graduates** will demonstrate a commitment to societal health and wellness.
 - d. ULM DPT **faculty and staff** will demonstrate a commitment to societal health and wellness needs.
 2. **Service Mindset**
 - a. The ULM DPT **program** will cultivate a service mindset for faculty, staff, students, and graduates through community engagement and partnerships.
 - b. ULM DPT **student** physical therapists (SPT) will actively serve the community during their DPT training program.
 - c. ULM DPT **graduates** will report participating in physical therapy related or community health and wellness service activities.
 - d. ULM DPT **faculty and staff** will forge community-directed partnerships with local organizations and service providers.
 3. **Excellence**
 - a. The ULM DPT **program** will embody excellence in professional service, practice, and leadership.
 - b. ULM DPT **student** physical therapists (SPTs) will demonstrate excellence in practice.
 - c. ULM DPT **graduates** will demonstrate excellence in practice and leadership.
 - d. ULM DPT **faculty** will elevate the physical therapy profession by modeling a commitment to lifelong learning.
 4. **Inclusivity**
 - a. The ULM DPT **program** will serve as a leading example of inclusive physical therapy education and practice, actively embracing diversity and ensuring equitable care for all individuals.
 - b. ULM DPT **student** physical therapists (SPTs) will provide whole-person care across a range of healthcare settings.
 - c. ULM DPT **graduates** will demonstrate performance of effective, whole-person care.
 - d. ULM DPT **faculty and staff** will exemplify whole-person care in educational, practice, and community settings as evidenced through alignment with ULM DPT Core Values.
- K. **Diverse Representation:** may include but is not limited to visibility of people from a wide range of backgrounds, identities, and experiences within a given context. Diverse representation can include race, ethnicity, gender, sexual orientation, age, ability, faith/belief system and socioeconomic status. The Johns Hopkins Social Identity Wheel is the framework used for representation analysis. The inner portion of the wheel outlines characteristics that may not change as frequently or may be identified by other community members, such as age, race, ethnicity, mental ability, physical ability, sexual orientation, gender identity or expression, gender, and national origin. The outer portion indicates characteristics that commonly change over time, such as educational attainment, political



beliefs, family, organizational role, language skills, communication skills, income, religion, appearance, and work experience.

L. RACI Matrix: A RACI matrix is a tool used in project management to clarify roles and responsibilities for specific tasks or deliverables within a project. RACI stands for:

1. **Responsible:** The person(s) who actually completes the task. They are responsible for doing the work.
2. **Accountable:** The person who is ultimately answerable for the correct and thorough completion of the deliverable or task. This includes delegating work to those responsible.
3. **Consulted:** The people who provide information and support, typically subject matter experts or key stakeholders.
4. **Informed:** The people who need to be kept updated on the progress and completion of the task.

The matrix is typically structured as a table with tasks or deliverables listed along one axis (usually the rows) and team members or roles listed along the other axis (usually the columns). Each cell in the matrix is then filled in with one or more of the RACI letters to indicate the role that each team member or role plays in relation to each task.

Here is a simple example of a RACI matrix:

Task/ Deliverable	Team Member A	Team Member B	Team Member C	Team Member D
Task 1	R	A	C	I
Task 2	R	R	A	I
Task 3	A	R	C	I

This matrix helps to ensure that everyone involved in a project understands their specific roles and responsibilities, reducing confusion and increasing accountability.

V. Policy Procedure

A. Goal Creation

1. **Review the Program Mission and Vision:** Goal setting begins with a clear understanding of the program's foundational purpose.
2. **Use the IDEAL Framework:**
 - a. Identify the problem
 - b. Define an outcome
 - c. Explore strategies
 - d. Act and anticipate outcomes
 - e. Look and learn
3. **Identify Interested Parties:** Identify individuals and groups impacted by or contributing to program success. Analyze their knowledge, skills, and attributes relevant to the goals.
4. **Convene a Community of Creators:** Invite diverse representation of interested parties to collaborate in goal development. Review group composition for inclusivity and relevance.
5. **Define SMART Goals:**
 - a. **Specific:** Clearly define the goal's focus and audience (students, graduates, faculty, or program).
 - b. **Measurable:** Determine quantifiable metrics and subgoals for tracking progress.
 - c. **Achievable:** Ensure feasibility with current resources, personnel, and timelines.



- d. **Relevant:** Align goals with institutional priorities, accreditation standards, and professional relevance.
- e. **Time-Bound:** Assign a completion timeline to maintain urgency and accountability.
6. **Assign RACI Roles:** Each goal and its subcomponents must have a completed RACI matrix to clarify implementation roles.

B. Goal Prioritization and Approval

1. Present proposed goals to interested parties for feedback and prioritization.
2. Collect input through:
 - a. April student-led meetings and surveys
 - b. Annual Community Advisory Council meeting
 - c. Small group interviews with the College of Health Sciences and School of Allied Health during accreditation reviews
3. Select final goals by majority vote of faculty and staff.

C. Goal Communication and Tracking

1. Communicate approved goals and related RACI roles to all involved parties.
2. Record program goals in Weave.
3. Track supporting data in the following platforms:
 - a. **Canvas and Trajecsyst:** Student learning
 - b. **Microsoft Teams and Forms, Trajecsyst:** Faculty development
 - c. **Trajecsyst:** Course outcomes
 - d. **Microsoft Teams and Forms:** Program outcomes

D. Goal Re-Creation

1. **Monitoring and Adjustment:**
 - a. Generate reports using the Weave system.
 - b. Review progress annually during the summer debrief retreat.
 - c. Track status quarterly or at least semi-annually.
 - d. Use the IDEAL and SMART frameworks to revise goals as needed.
 - e. All changes require faculty and staff majority approval.

E. Recognition

1. Acknowledge and celebrate the achievement of subgoals and full goals to reinforce a culture of success and accountability.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Institutional Goals](#)
- B. [2024 Standards and Required Elements](#)
- C. [SACSCOC](#)
- D. [Johns Hopkins Diversity Wheel](#)
- E. [RACI Matrix](#)

Keywords: mission, vision, values

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1C1. GRADUATION RATES ANALYSIS

I. Policy Statement

The program has established achievement measures and program outcomes related to graduation rates.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 1 and Element 1C1.

CAPTE Element 1C1: The program meets required achievement measures: **GRADUATION RATES** are at least 80% averaged over two years.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure.

WARHAWK Flight Path: Keying and Soaring phases

III. Applicability

- A. Doctor of Physical Therapy Program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **1C1 – Graduation Rates** are at least 80% averaged over two years. If the program admits more than one cohort per year, the two-year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.
- B. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Data Collection

1. Graduation data will be collected annually between May and December.
2. Data will include all students who participate in spring and fall graduation ceremonies for the given cohort year.

B. Data Analysis

1. Data analysis will be completed by January each year.
2. Graduation rate is calculated by dividing the number of students who graduate from a cohort by the number of students originally enrolled in the first semester of that cohort.
3. The two-year graduation rate is derived by averaging the rates of the two most recent graduating cohorts.



4. Students who withdraw for non-academic reasons will be excluded from calculations to ensure fair reporting.

C. Reporting

1. Graduation rate data will be reported to CAPTE as part of the Annual Accreditation Report.
2. Data will also be submitted to the institution and posted publicly on the ULM DPT website.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

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IX. Adoption

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X. Appendices, References and Related Materials

- A. [Annual Accreditation Report](#)
- B. [Graduation Report](#)
- C. [CAPTE 2024 Standards and Required Elements](#)
- D. [ULM DPT Student Handbook](#)
- E. [ULM Clinical Education Handbook](#)

KEYWORDS: graduation rate

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1C2. ULTIMATE AND FIRST TIME LICENSURE PASS RATES ANALYSIS

I. Policy Statement

The program has established achievement measures and program outcomes related to ultimate and first-time licensure pass rates.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 1 and Element 1C2.

CAPTE Element 1C2: The program meets required achievement measures: First time and ultimate licensure pass rates are at least 85%, averaged over two years.

WARHAWK Flight Path: Keying and Soaring phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.
- B. **1C2 – Ultimate Licensure Pass Rates** are at least 85%, averaged over two years. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.
- C. **Ultimate Licensure Pass Rate** indicates the overall success of a program in preparing its graduates to pass the NPTE, which is required for licensure as a physical therapist. It measures the percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE), regardless of the number of attempts. Louisiana allows five attempts. The maximum number of attempts allowed by the Federation of State Boards of Physical Therapy is six attempts.
- D. **First Time Licensure Pass Rate** measures the percentage of graduates who take and successfully pass the NPTE on the first attempt.

V. Policy Procedure

A. Data Collection

1. Data will be collected throughout the academic year.
 - a. The examination school report will be requested annually from the Federation of State Boards of Physical Therapy (FSBPT) in August.
 - b. Quarterly updates for each graduating cohort will be retrieved from FSBPT in the months of November, February, and May.

**B. Data Analysis**

1. Data will be analyzed in the month of December annually with quarterly updates in December, March, and June.
 - a. The Federation of State Boards of Physical Therapy (FSBPT) calculates the weighted average ultimate pass rate using the following formula: $((A * X) + (B * Y)) / (X + Y)$. A is the ultimate pass rate for the first year, B is the ultimate pass rate for the second year, X is the number of students who took the NPTE in the first year, and Y is the number of students who took the NPTE in the second year.
 - b. Ultimate and first-time licensure pass rates will be reported to the accrediting body and the institution.
 - c. Ultimate and first-time licensure pass rates will be posted on the website.
 - d. An electronic file of licensure pass rates will be stored in the shared network drive.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

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X. Appendices, References and Related Materials

- A. [Annual Accreditation Report](#)
- B. [Graduation Report](#)
- C. [CAPTE 2024 Standards and Required Elements](#)



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1C3. EMPLOYMENT RATES ANALYSIS

I. Policy Statement

The program has established achievement measures and program outcomes related to employment.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 1 and Element 1C3.

CAPTE Element 1C3: The program meets required achievement measures: **EMPLOYMENT RATES** are at least 90%, averaged over two years.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure.

WARHAWK Flight Path: Soaring phase

III. Applicability

- A. Doctor of Physical Therapy Program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.
- B. **1C3 – Employment Rates** are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two-year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

V. Policy Procedure

A. Data Collection

1. An online survey starting at the end of the eighth semester will be sent to students in the graduating cohort.
2. Graduates will receive a survey at six months, twelve months, and annually to collect ongoing employment data.

B. Data Analysis

1. Data will be analyzed in the month of December annually with quarterly updates in December, March, and June.
2. The analysis is based on the percentage of graduates working as physical therapists within one year of graduation.



3. The program will also assess the percentage of graduates who retain employment beyond the one-year employment mark.
4. Employment rates will be reported to the accrediting body and the institution.
5. Employment rates will be posted on the website.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Annual Accreditation Report](#)
- B. [Graduation Report](#)
- C. [CAPTE 2024 Standards and Required Elements](#)

Keywords: employment, jobs, careers

XI. Revision History

Department	Physical Therapy
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1D. ORGANIZATIONAL STRUCTURE

I. Policy Statement

This policy describes the organizational structure of the program.

II. Purpose of Policy

The Policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 1 by outlining the organizational structure that aids the program in achieving its mission.

WARHAWK Flight Path: All phases involved

III. Applicability

A. Doctor of Physical Therapy Program

IV. Definitions

A. University Mission Statement:

1. (<https://www.ulm.edu/president/progress/vision.html>)
2. The University of Louisiana Monroe (ULM) seeks students who find value in our programs and prepares them to compete, succeed, and contribute in an ever-changing global society through a transformative education.

B. College of Health Sciences Mission Statement:

1. (<https://www.ulm.edu/chs/>)
2. The mission of the ULM College of Health Sciences is to improve the health, healthcare, and well-being of individuals, families, and communities in Northeast Louisiana through education, service, and research.

C. Doctor of Physical Therapy Mission Statement:

1. The ULM Doctor of Physical Therapy program strives to develop diverse, high functioning practitioners and leaders who will partner with community members to produce meaningful and sustainable change with an emphasis on rural and underserved communities.



V. Policy Procedure

- A. Program administrative roles are annual appointments with the option of renewal for the employee based on supervisor approval.
- B. Committee chairperson and coordinator roles are for a three-year term.
- C. The incoming person for chairperson and coordinator roles will serve one year in an elect role for training purposes.

Roles	Responsibilities	Term limits
Program Director	Responsibilities include: Provides leadership and management of the program in collaboration with the Dean and faculty	Not applicable
Associate Program Director	Responsibilities include: Assists the Program Director with the leadership and management of the program in collaboration with the Dean and faculty Coordinates recruitment activities Supervises admission activities	Not applicable
Operations Coordinator	Responsibilities include: Fosters communication among DPT students, administration, student services, and academic departments, as well as supervising the admission process, student statuses, and external coordination to ensure adherence to standards Coordinates orientation and graduation processes, manages clinic inventory, overseeing daily operations, guides post-graduate licensure processes, and maintains order and security of various files Monitors and manages data, assists with accreditation and external funding reports, generates written materials, and updates program resources to ensure accuracy	Not applicable



Director of Clinical Education	Responsibilities include: Develops, monitors, and refines the clinical education component of the curriculum to ensure high-quality learning experiences for students. Ensures the integration of content across courses in preparation of clinical experiences Assesses student progression, evaluates performance, and educates faculty about effective clinical education practices Maximizes resources, provides documented assessments, engages faculty in planning and implementation, and serves as a liaison between the physical therapy program and clinical education sites	Not applicable
Assistant Director of Clinical Education	Responsibilities include: Assists in managing and coordinating clinical education experiences for students Assists with developing clinical site partnerships, ensuring compliance with accreditation standards, and providing support and guidance to both students and clinical instructors Assists with evaluating student performance during clinical rotations and contribute to the continuous improvement of the clinical education curriculum.	Not applicable
Assistant to the Director of Clinical Education	Responsibilities include: Provides administrative and student support by maintaining student files, assists with admissions and post-acceptance tasks, coordinates expenditures, and tracks and maintains clinic inventory	Not applicable



	Assists with clinical education planning to determine clinical readiness and completion of clinical experiences Contributes to fostering an inclusive work environment and supports faculty and the student affairs coordinator with accommodations and compliance reporting to improve student retention	
Admissions Committee Chairperson	Responsibilities include: Leads the committee responsible for evaluating and selecting applicants for admission Coordinates the review of applications, organizes interviews, and ensures the admissions process is fair and aligned with the program's standards and goals Develops and implements strategies to attract a diverse and highly qualified applicant pool	3-year term
Admissions Committee Coordinator	Responsibilities include: Manages the logistics and administrative tasks associated with the admissions process. Coordinates the application reviews, schedules interviews, and maintain communication with applicants. Assists the Admissions Committee Chairperson in implementing strategies to ensure an efficient and equitable admissions process	3-year term staggered with the Chairperson
Curriculum and Instruction Committee Chairperson	Responsibilities include: Leads the development, evaluation, and continuous improvement of the curriculum. Involves coordinating with faculty, students, and administration to ensure the curriculum meets accreditation standards, addresses the needs of	3-year term



	students, and aligns with the program's mission and goals. Facilitates committee meetings, guides discussions on curricular changes, and ensures that any updates or modifications are implemented effectively	
Professional Success Committee Chairperson	Responsibilities include: Oversee initiatives that support both academic achievement and professional development of students. Organize academic support services, professional workshops, and career mentoring programs. Collaborate with faculty and industry professionals to create resources and opportunities that enhance students' educational experiences and career readiness.	3-year term
Professional Success Committee Coordinator	Responsibilities include: Supports the Professional Success Committee in developing, implementing, and managing initiatives designed to enhance students' and graduates' professional development, career readiness, and overall success Involves coordinating activities, managing resources, and collaborating with faculty, students, and external partners to foster an environment that supports professional growth and achievement	3-year term staggered with the Chairperson
Scholarship Committee Chairperson	Responsibilities include: Oversees the scholarship and awards application and selection process Design the program's scholarship agenda and coordinates faculty development related to scholarship	3-year term



	Identify new scholarship opportunities to support the program's scholarship agenda	
Outcomes Committee Chairperson	Responsibilities include: Oversees the assessment and analysis of student learning outcomes, program effectiveness, and overall educational quality. Leads the committee in collecting, analyzing, and reporting data related to student performance, clinical competencies, and graduate outcomes to ensure continuous improvement and compliance with accreditation standards.	3-year term
Community Advisory Council Liaison	Responsibilities include: Serves as a bridge between the Doctor of Physical Therapy (DPT) program and the community it serves. Ensures that the CAC's feedback and recommendations are effectively communicated to the program's leadership and helps to align the program's activities with the needs and expectations of the community Involves facilitating effective communication and collaboration between the program and the Community Advisory Council (CAC), integrates community insights into the program's development, and supports the program's mission of providing high-quality education and care	3-year term
Data Analyst	Responsibilities include: Collects, analyzes, and reports data related to program performance, student outcomes, and clinical education effectiveness Supports the program's efforts to maintain accreditation, drive continuous improvement, and ensure data-driven	2-year term



	decision-making by providing accurate and timely analysis of key metrics	
Student Affairs Coordinator	Responsibilities include: Oversee the committee responsible for addressing student needs and enhancing the overall student experience. Coordinates student support services, addressing student concerns, and promoting student engagement and well-being Works closely with faculty, staff, and students to develop policies and initiatives that foster a positive and supportive educational environment	3-year term
Faculty and Staff Development Coordinator	Responsibilities include: Plans and implements professional development activities for faculty and staff Organizes workshops, seminars, and training sessions to enhance teaching skills, clinical knowledge, and overall professional growth Assesses development needs, encourage continuous education, and foster a collaborative learning environment within the program	3-year term
Supplemental Instructor Coordinator	Responsibilities include: Coordinates the supplemental instruction activities	3-year term
Registered Student Organization (RSO) Advisor	Responsibilities include: Offers mentorship, ensures adherence to university policies, and provides insights into professional development Facilitates connections between students and broader professional network and fosters an environment for learning and growth	3-year term



D. Admissions Committee

1. The Admissions Committee consists of ULM DPT core faculty members who will be responsible for establishing, maintaining, and implementing academic regulations and policies related to the holistic admissions process.

E. Curriculum and Instruction Committee

1. The Curriculum and Instruction Committee consists of three core faculty members and three clinicians who are responsible for reviewing curricular content and delivery for quality improvement needs.

F. Professional Success Committee

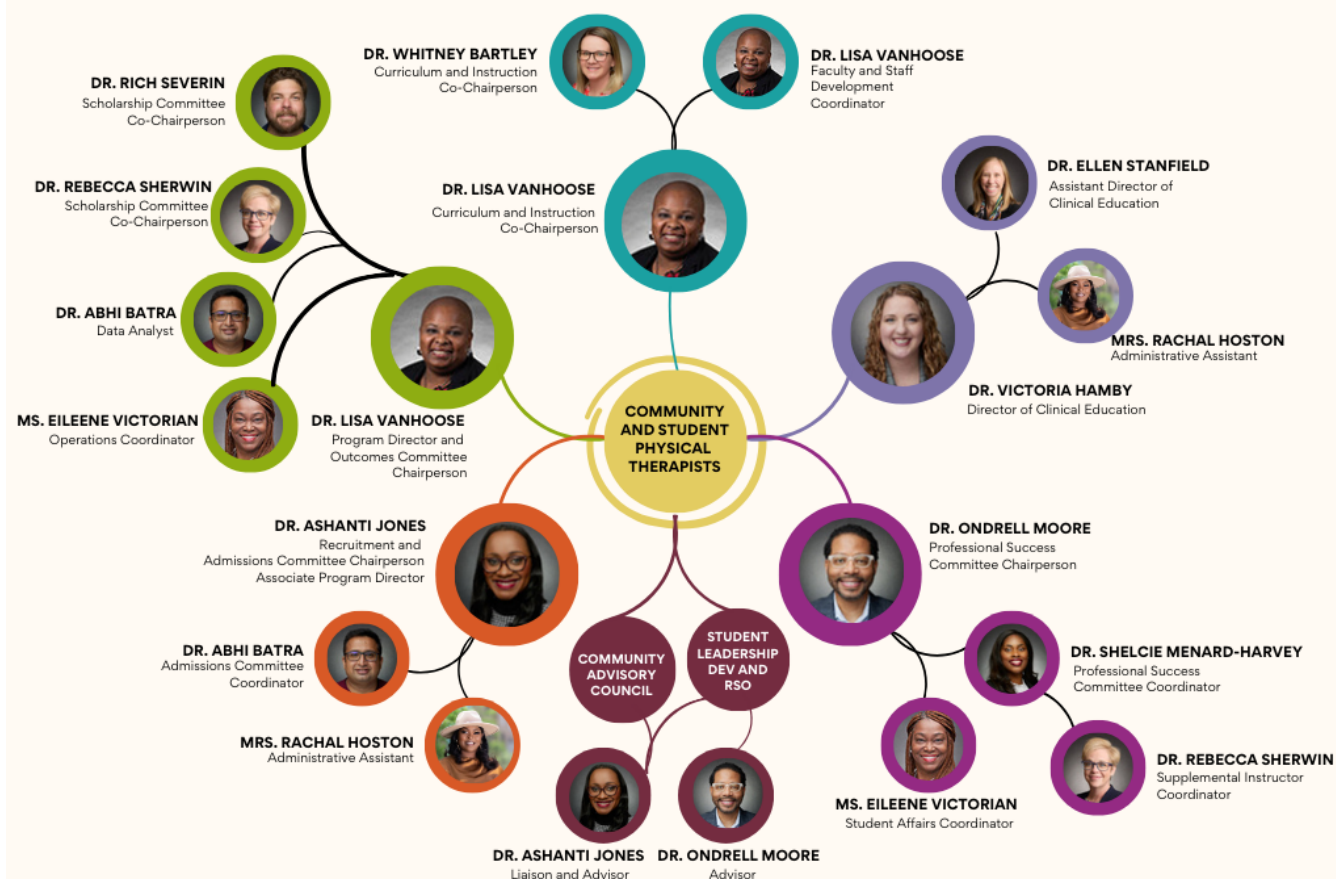
1. The Professional Success Committee (PSC) consists of ULM DPT core faculty members will be responsible for establishing, maintaining, and implementing academic regulations and policies impacting professional student behavior expectations, coordinating the behavioral expectations of students in the professional program, and maintaining consistency with the established guidelines of the University of Louisiana Monroe.

G. Scholarship Committee

1. The Scholarship Committee consists of ULM DPT core faculty members will be responsible for establishing, maintaining, and implementing the programmatic and individual scholarship agendas. The committee will also be responsible for the selection of scholarships and awards for students, faculty, staff, and community members.

H. Outcomes Committee

1. The Outcomes Committee consists of three core faculty members who are responsible for analyzing the data for programmatic operations and outcomes.



**VI. Policy Management**

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	asjones@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Director of Clinical Education	318-342-1967	asjones@ulm.edu
Assistant Director of Clinical Education	318-342-1261	hamby@ulm.edu
	318-342-1334	Stanfield@ulm.edu
Admissions Committee	318-342-1967	asjones@ulm.edu
	318-342-1232	Batra@ulm.edu
Curriculum and Instruction Committee	318-342-1236	Vanhoose@ulm.edu
	318-342-1242	Bartley@ulm.edu
Professional Success Committee	318-342-1229	omoore@ulm.edu
	318-342-1566	Menardharvey@ulm.edu
Scholarship Committee	318-342-1164	Severin@ulm.edu
Outcomes Committee	318-342-1236	Vanhoose@ulm.edu
Community Advisory Council Liaison	318-342-1967	asjones@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Student Affairs Coordinator	318-342-1265	Victorian@ulm.edu
Faculty and Staff Development Coordinator	318-342-1236	Vanhoose@ulm.edu
Supplemental Instructor Coordinator	318-342-1335	Sherwin@ulm.edu
Registered Student Organization (RSO) Advisor	318-342-1967	asjones@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024



IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keywords: organizational chart

XI. Revision History

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2A. STRATEGIC PLAN CREATION AND RE-CREATION

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2A.

CAPTE Element 2A: The program has a written and ongoing strategic plan* that guides its future development. The strategic planning process takes into account program assessment, changes in higher education, the health care environment, and the nature of contemporary physical therapy practice.

The University of Louisiana Monroe Doctor of Physical Therapy (ULM DPT) program demonstrates compliance with CAPTE Element 2A by maintaining a written and ongoing strategic plan that guides its future development.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

SWOT Analysis: A tool to identify strengths, weaknesses, opportunities, and threats.

Strategic Goals: Broad, long-term aims defining desired outcomes.

Performance Metrics: Measurable indicators to assess progress and success.

V. Policy Procedure

A. Institutional Strategic Planning Context

1. ULM's Institutional Effectiveness (IE) Committee oversees institutional-level planning and evaluation. This committee includes a cross-section of faculty and staff who apply research-based methods to promote mission alignment and quality improvement.

B. Strategic Plan Development and Process

1. The strategic planning cycle includes:

Step 1: Assess Business Environment

Conduct SWOT analysis to evaluate the program's current strategy and environment.

**Step 2: Identify Goals and Objectives**

Establish clear, measurable goals aligned with the institutional mission.

Step 3: Develop Strategic Plan

Formulate a written plan including performance metrics for monitoring.

Step 4: Implement and Disseminate Plan

Launch initiatives and communicate the plan to all stakeholders.

Step 5: Evaluate and Revise

Regularly review outcomes and revise the plan as needed.

C. Involvement of Interested Parties

Group	Participation Strategy
Core Faculty and Staff	Required participation in annual fall retreat planning activities.
Students	Input via structured focus groups facilitated by program leadership.
Adjunct & Clinical Faculty	Invited to participate in strategic planning sessions.
Alumni & Employers	Engaged in planning beginning May 2026, following first cohort graduation.

D. Goal Assessment and Updates

1. **Annual Review:** Assess short- and mid-term goals annually for relevance and alignment.
2. **Long-Term Review:** Review strategic goals every 3–5 years.
3. **Approval Process:** All changes must be approved by a majority vote of faculty and staff during the fall retreat.

E. Documentation and Recordkeeping

1. Strategic documents (e.g., SWOT analyses, focus group summaries, meeting minutes) will be maintained in a centralized location accessible to faculty and staff.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Admissions Chair	318-342-1967	Asjones@ulm.edu
Program Director	318-342-1236	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1ST day of July, 2024.



X. Appendices, References and Related Materials

- A. [Institutional Goals](#)
- B. [Institutional mission statement](#)
- C. [College of Health Sciences and School of Allied Health mission statements](#)
- D. [Program Mission Statement](#)
- E. [APTA Standards of Practice](#)
- F. [Louisiana Physical Therapy Practice Act](#)
- G. [ULM DPT Faculty and Staff Handbook](#)

Keywords: mission, vision, core values, strategic planning

XI. Revision History

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2B. CULTURE AND CLIMATE ASSESSMENT

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2B.

CAPTE Element 2B: Element is being revised by CAPTE.

This policy is written based on alignment with the APTA Vision.

The program utilizes a whole-person approach to education, practice, and scholarship. The National Center for Complementary and Integrative Health describes the whole-person approach as considering the individual and the factors that promote health or disease.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Organizational Culture: Patterns of behavior reflecting values, assumptions, and expectations within the program.

Organizational Climate: Perceptions of the learning and working environments.

Diversity (Diverse Representation): Visibility of individuals from a wide range of identities and experiences, including race, ethnicity, gender, sexual orientation, age, ability, belief systems, and socioeconomic status.

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Belonging: The degree to which individuals feel accepted, valued, and included in their environment.

V. Policy Procedure

A. Data Collection

Data are gathered at each phase of the WARHAWK Flight Path:

Phase	Data Collected
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Welcoming Phase	Recruitment activity data, event locations, and target population demographics
Accepting Phase	Applicant demographics and demographics of admitted students
Representing Phase	Cohort demographics disaggregated by race, ethnicity, gender, etc.
Honoring Phase	Instructor evaluations, organizational culture/climate surveys, course evaluations, wellness surveys
Apprenticing Phase	Student progression and retention by demographic group
Why-Finding Phase	Professional development reflections, Grand Rounds participation
Keying Phase	Reflections on whole-person care in clinical education (ICE courses). QR codes are provided to obtain feedback on student care.

B. Data Analysis and Use

1. Data are disaggregated, analyzed, and reviewed annually by the **Outcomes Committee**.
2. The data will be used to:
 - a. Identify disparities or trends in access, inclusion, and equity.
 - b. Inform curricular and organizational changes.
 - c. Report in strategic planning and accreditation documentation.

C. Documentation and Reporting

1. All data maintained in secure, FERPA-compliant systems.
2. Results summarized in the Annual Culture and Climate Evaluation Report.
3. Findings shared with stakeholders during annual retreats or designated forums.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)

Keywords: culture, climate, APTA Vision



XI. Revision History

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2C. COMPREHENSIVE PROGRAM ASSESSMENT

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2C.

CAPTE Element 2C: The program has documented and implemented ongoing, formal, and comprehensive program assessment processes designed to determine program effectiveness and foster program improvements that are aligned with the program mission, goals, and outcomes, and demonstrate contemporary practice.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Assessment Planning

1. Integrate input from applicants, students, faculty, and community members (future inclusion of alumni).
2. Conduct assessments throughout the cohort's progression.
3. Use the **Program Assessment Plan and Matrix** to define variables, responsibilities, and timelines.
4. Aggregate data each May; review during summer and fall faculty retreats.

B. Specific Areas of Assessment

Assessment Area	Responsible Party	Key Activities
Admissions	Admissions Committee	Analyze PTCAS data, reviewer feedback, admitted student outcomes
Enrollment	Program Director	Align faculty/student ratios, facility capacity, workforce trends
Faculty	Program Director (core/assoc.); DCE (clinical)	Evaluate teaching effectiveness, CPI results, pass rates



Student Progression	Outcomes Committee, Faculty Mentors	Monitor academic risk, implement mentorship/coaching
Entry-Level Performance	Director of Clinical Education	Use CPI to assess 18 competencies and guide remediation
Graduate Outcomes	Program Director	Survey graduates to evaluate program goals (social responsibility, service, excellence, inclusivity)
Clinical Education Resources	Director of Clinical Education	Review site evaluations, student/CI feedback, site availability
Facilities	Program Director	Evaluate ADA compliance, space capacity, maintenance
Library & Learning Resources	Program Director	Assess librarian availability, access to academic tools
Financial Resources	Program Director	Review budget allocations, endowments, and fundraising
Administrative Support	Program Director	Assess adequacy of admin/tech staffing
Space Allocation	Program Director	Evaluate academic/research/administrative space use
Equipment	Program Director	Maintain inventory and monitor student-to-equipment ratios
Technology	Program Director	Collect feedback and assess instructional technology and IT support
Policies & Procedures	Program Director	Review for CAPTE/institutional alignment and stakeholder input
Policy Adherence	Program Director	Evaluate policy compliance and identify improvement needs

C. Documentation and Reporting

1. Secure storage of all data
2. Annual comprehensive assessment report
3. Dissemination to faculty and stakeholders at retreats and planning sessions

D. Review and Continuous Improvement

1. Annual SOP review
2. Revisions based on assessment outcomes and stakeholder feedback

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. The Program Assessment Matrix and Program Assessment Plan indicate the variables of interest, responsible or consulted parties, and timelines.
- B. [ULM DPT Faculty and Staff Handbook](#)

Keywords: assessment, resources, program needs

XI. Revision History

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2D1. ADMISSION PROCESS ANALYSIS

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D1.

CAPTE Element 2D1: The admissions process, criteria, and prerequisites meet the needs and expectations of the program.

The ULM Doctor of Physical Therapy (DPT) program aims to recruit and admit candidates who demonstrate the potential to become competent and compassionate physical therapists. The admissions process seeks to ensure a diverse and dynamic environment where students can achieve academic and professional success.

WARHAWK Flight Path: Welcoming, Accepting, and Representing phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Holistic Review: An evaluative process that considers a wide range of factors, including academic achievements, personal experiences, extracurricular activities, and character traits. It aims to assess the overall potential of applicants, selecting individuals who will contribute to the diversity and success of the program, institution, and physical therapy profession.

V. Policy Procedure

A. Admissions Committee Responsibilities

1. The Admissions Committee is responsible for conducting holistic reviews of applicants.
2. This includes evaluating academic metrics, life experiences, and professional potential. Committee members must adhere to the Reviewer Manual and participate in annual training sessions to maintain consistency and fairness.

B. Application Platform Management

1. The program uses the Physical Therapist Centralized Application Service (PTCAS) to manage and standardize application submissions. This ensures uniform access to and evaluation of applicant data such as GPA, transcripts, and supplemental materials.



C. Recruitment Initiatives

1. Recruitment efforts are coordinated with the ULM Office of Admissions and partner institutions.
2. Outreach activities include campus visits, virtual webinars, and external presentations to ensure accessibility to prospective students from diverse geographic and demographic backgrounds.

D. Support Services for Prospective Students

1. Advisors collaborate with program representatives to provide prospective undergraduate students with accurate and timely information.
2. Members of the admissions committee are available to meet with prospective students upon request.

E. Data Collection and Evaluation

1. The program collects and evaluates key metrics including cumulative and prerequisite GPAs, personal statement quality, interview performance, and extracurricular involvement. An in-person component is required for Anatomy and Physiology prerequisite courses only.
2. These data are used to assess the balance of cognitive and non-cognitive strengths and to align the admissions process with program values such as diversity, leadership, and service to underserved populations.

F. Monitoring and Addressing Performance Deficits

1. If student performance indicators—such as NPTE pass rates or graduation rates—fall below expected thresholds, the program conducts root cause analyses using qualitative and quantitative methods.
2. Trends in admissions are reviewed to determine any contributing factors and guide necessary improvements.

G. Applicant Trends and Strategic Adjustments

1. The program conducts annual reviews of applicant trends using PTCAS data. These reviews include assessments of geographic and demographic diversity.
2. Findings inform updates to outreach strategies and admissions criteria to maintain a qualified and inclusive applicant pool.

H. Implementation Timeline

1. Each summer, the program reviews admissions data and metrics. During the fall, any necessary revisions to admissions criteria or processes are implemented.
2. The outcomes of these changes are monitored continuously for a minimum of two years to assess their impact.

I. Documentation and Reporting

1. The program maintains detailed records of admissions decisions, data analyses, and committee meetings.
2. Annual reports are prepared and submitted to the Program Director and relevant oversight committees.

J. Review and Continuous Improvement

1. This standard operating procedure is evaluated annually.
2. Revisions are made as needed to reflect changes in best practices, program priorities, or CAPTE requirements.

**K. Addressing Performance Deficits**

1. The program follows a structured process to address admissions-related issues that may affect student success:
 - a. **Identification of Deficits:** If performance metrics such as first-time licensure pass rates or graduation rates are below benchmarks, the program identifies root causes using data analysis.
 - b. **Admissions Criteria Adjustments:** The program uses student academic and clinical performance data to consider revisions to admissions criteria or prerequisites.
 - c. **Student Support Enhancements:** The program may implement additional support strategies such as mentorship programs, academic advising, or curriculum changes to promote student success.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Admissions Chair	318-342-1967	asjones@ulm.edu
Program Director	318-342-1236	vanhooose@ulm.edu
Operations Coordinator	318-342-1265	victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July 2024.

X. Appendices, References and Related Materials

- A. University Catalog
- B. [ULM DPT Faculty and Staff Handbook](#)

Keywords: admissions, holistic admissions

XI. Revision History

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2D2. PROGRAM ENROLLMENT ASSESSMENT

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D2.

CAPTE Element 2D2: Program enrollment appropriately reflects available resources, program outcomes, and local, regional, and national workforce needs.

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 2D2 by maintaining program enrollment levels that appropriately reflect available resources, program outcomes, and workforce needs at the local, regional, and national levels. The following narrative provides an analysis of data collected, conclusions drawn, and processes used to determine and optimize program enrollment.

WARHAWK Flight Path: Accepting and Representing phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Enrollment Goal

The program maintains a target enrollment of 48 students per cohort, which aligns with available resources and anticipated workforce needs.

B. Resource Assessment

1. **Faculty-to-Student Ratios:** The program maintains a 1:20 ratio for general advising and a 1:12 ratio for laboratory instruction to support personalized mentorship and hands-on learning.
2. **Physical Space:** The program utilizes 21,542 square feet of dedicated instructional and clinical training space, completed in Spring 2025. This space accommodates the simultaneous training of three cohorts.
3. **Clinical Site Availability:** The program maintains agreements with clinical education sites that ensure each student completes an inpatient rotation, an outpatient rotation, and has exposure to rural healthcare settings.



C. Outcome Monitoring

1. The Program Director and Associate Program Director review the following indicators annually:
 - a. Graduation rates are expected to average at least 80% over a two-year period.
 - b. Employment rates are targeted at 90% within six months of licensure.
 - c. Licensure pass rates are monitored to maintain compliance with CAPTE standards.

D. Workforce Needs Assessment

1. **Regional and National Projections:** The program reviews U.S. Bureau of Labor Statistics and APTA workforce reports to ensure that enrollment levels align with projected needs in the physical therapy profession.
2. **Local Needs Analysis:** The program uses healthcare provider shortage data from the Mississippi Delta region to guide enrollment decisions and curricular planning with a focus on rural workforce development.

E. Continuous Improvement and Implementation Timeline

1. **Clinical Education Expansion:** The program establishes new clinical education agreements annually and reassesses clinical site capacity and specialty diversity each year.
2. **Faculty Expansion:** The program increases faculty based on enrollment demands. In 2024, the program expanded from 8 to 10 core faculty, with a projected increase to 11 core faculty (13.97 FTEs) in 2025. All faculty must meet CAPTE requirements for licensure and academic qualifications.

F. Addressing Performance Deficits

1. **Identification and Analysis:** The Outcomes Committee evaluates graduate survey results, NPTE pass rates, and employment data to detect potential deficiencies.
2. **Corrective Actions:** Based on findings, the program may adjust admissions standards, revise the curriculum, enhance student support services, or modify clinical placement strategies.
3. **Timeline:** Identified corrective actions are implemented within one academic year, followed by semi-annual reassessments to ensure resolution.

G. Documentation and Reporting

1. All assessment records are stored in secure, FERPA-compliant systems. The findings are summarized in the program's annual evaluation reports and shared with appropriate stakeholders.

H. Review and Revision

1. This standard operating procedure is reviewed annually during faculty debriefing retreats. Revisions are made based on internal performance data and external accreditation requirements.

I. Addressing Potential Performance Deficits

1. If student achievement or program outcomes fall below CAPTE benchmarks, the program takes the following steps:
 - a. **Assessment Process:** The Outcomes Committee conducts a thorough review of graduate survey data, licensure exam results, and employment rates to identify trends and underlying issues.
 - b. **Actions Taken:** The program may revise admissions criteria, update curricular content, and enhance student support systems such as tutoring, advising, or clinical readiness interventions.
 - c. **Timeline:** All corrective actions are implemented within one academic year. The program conducts reassessments at six-month intervals to monitor improvements.

**VI. Policy Management**

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Program Director	318-342-1236	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

A. [Graduate Catalog](#)

Keywords: enrollment, assessment

XI. Revision History

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2D3. CLINICAL EXPERTISE ASSESSMENT

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D3.

CAPTE Element 2D3: The collective core,* associated,* and clinical education faculty* possess the expertise to meet curricular needs and expected program outcomes.

The University of Louisiana Monroe Doctor of Physical Therapy (ULM DPT) program demonstrates compliance with CAPTE Element 2D3 by ensuring that the collective core, associated, and clinical education faculty is sufficient in number and expertise to meet all program and curricular needs and is aligned with the program outcomes.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Faculty Roles and Responsibilities

1. **Student Advising and Mentorship:** The program maintains a faculty-to-student advising ratio of 1:20 to ensure personalized mentorship. Faculty evaluations include measures of mentorship effectiveness aligned with program goals.
2. **Admissions and Recruitment:** The Admissions Chair leads the admissions process, with core and associated faculty participating in applicant reviews and interviews. Recruitment efforts emphasize whole-person care and the inclusion of underrepresented populations.
3. **Whole-Person Care Integration:** Faculty integrate whole-person care principles throughout admissions, curriculum, and faculty development. Regular training in universal design for learning and holistic care approaches is provided.
4. **Educational Administration:** The Program Director oversees overall program operations with support from the Director of Clinical Education and core faculty. Faculty roles are clearly defined and assessed through annual performance reviews.



B. Curriculum and Instruction

1. **Curriculum Development and Student Assessment:** Faculty demonstrate subject matter expertise in musculoskeletal, neuromuscular, and cardiopulmonary areas. Student learning is assessed through peer reviews, student evaluations, and program-level outcome data.
2. **Instructional Design:** Faculty use evidence-based instructional strategies, including simulations and educational technologies. They also collaborate to deliver interprofessional education consistent with modern physical therapy practice.

C. Associated Faculty

1. Associated faculty contribute less than 50% of contact hours. Their selection is based on demonstrated academic or clinical expertise.
2. Regular evaluations using student and peer feedback ensure that their contributions align with program goals.

D. Clinical Education Faculty

1. The Director of Clinical Education is responsible for ensuring that all clinical faculty meet APTA standards for qualifications and ongoing professional development.
2. Clinical sites are selected and monitored to ensure diversity, educational adequacy, and compliance with CAPTE standards.
3. Annual reviews assess instructor credentials and training needs.

E. Faculty Engagement and Clinical Practice

1. All faculty participate in institutional shared governance through committee work and other initiatives.
2. Core and clinical faculty maintain active clinical practice to ensure the continued relevance of their teaching.

F. Assessment of Faculty Sufficiency and Effectiveness

1. **Evaluation of Student Outcomes:**
 - a. The program uses standardized tools and rubrics to assess student outcomes.
 - b. Trends in this data are used to evaluate faculty effectiveness and ensure alignment with CAPTE requirements.
2. **Program Alignment:**
 - a. Aggregated data from student feedback, peer evaluations, and licensure outcomes is used to confirm that faculty qualifications support the achievement of program objectives.
 - b. Lab experiences are maintained at a maximum of 1:20 faculty-to-student ratio with a preferred ratio of 1:12 to ensure high-quality instruction.
3. **Clinical Education Alignment:**
 - a. Student evaluations consistently reflect high levels of satisfaction with clinical faculty.
 - b. An annual review confirms the adequacy of clinical sites and identifies needs for faculty development.

G. Review and Continuous Improvement

1. An annual review of faculty sufficiency and effectiveness is conducted during the summer faculty retreat.
2. Based on findings, the program may revise faculty hiring plans, enhance development activities, or adjust clinical site affiliations to ensure continued compliance and quality.

**VI. Policy Management**

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Data Analyst	318-342-1232	Batra@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: clinical expertise, faculty, hiring

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2D4. ENTRY-LEVEL CLINICAL PERFORMANCE ANALYSIS

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

The policy exists for compliance with CAPTE Standard 2 and Element 2D4.

CAPTE Element 2D4: Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 2D4 by providing the expected time frames for entry-level performance data collection and analysis.

WARHAWK Flight Path: Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Integrated Clinical Experiences (ICE): structured, hands-on learning opportunities where students apply their classroom knowledge in real-world and simulated clinical settings. These experiences merge all previous and current didactic and clinical application to allow students to develop clinical skills, interact with patients, and gain practical experience under the supervision of licensed physical therapists, all while still completing their academic coursework.

Professional Education: includes a minimum of 1,120 practicum hours or 32 weeks with consideration for the CAPTE minimum requirement of 1,050 practicum hours or 30 weeks (for extenuating circumstances) of full-time clinical education to ensure independent clinical readiness prior to graduation.

Extenuating Circumstances: requires approval by the DCE and program director and is considered on a case-by-case basis. It includes but is not limited to beyond the student's control such as prolonged medical problems, serious accidents, death in the immediate family, etc.

Long Term Clinical Goals: goals created by the DPT student and clinical education faculty to be addressed throughout professional education experiences.

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.



V. Policy Procedure

A. Mechanisms for Determining Entry-Level Performance

1. The program uses the APTA Physical Therapist Clinical Performance Instrument (PT CPI) to assess each student's clinical performance. Students must achieve entry-level performance ratings in all domains by the end of their final clinical rotation.
2. The clinical education sequence is designed to progress from introductory exposure to full-time rotations, systematically building toward independent clinical competence.
3. Clinical instructors (CIs) receive formal training on the use of the CPI and program expectations to ensure consistent evaluation across clinical sites.

B. Feedback and Remediation Procedures

1. Students receive structured formative (midpoint) and summative (final) evaluations during each clinical experience.
2. When performance deficiencies are identified, the program develops an individualized remediation plan, which may include additional clinical hours or targeted skills training. The plan is implemented collaboratively by the CI, DCE, and students, with regular progress monitoring.

C. Monitoring Performance and Addressing Deficits

1. The program collects and analyzes multiple data sources, including CI evaluations, student self-assessments, and midpoint reviews. Trends are evaluated during annual outcomes meetings to ensure alignment with CAPTE performance standards.
2. If a student fails to meet entry-level expectations by the final rotation, a remediation plan is developed. The student may receive an additional clinical placement, and performance is closely reassessed.
3. When patterns of underperformance are observed, the program responds by adjusting the curriculum or increasing faculty support during clinical experiences.

D. Ensuring Graduate Readiness

1. The program monitors graduate outcomes, including first-time NPTE pass rates, employment rates within six months of licensure, and final CPI ratings.
2. If outcome benchmarks are not met, the program conducts a root cause analysis, which may include a review of the admissions process, prerequisite coursework, and student support systems.
3. Feedback is regularly gathered from clinical partners, employers, and alumni to guide adjustments in clinical education structure and content.

E. Implementation and Reassessment

1. The initial implementation of this policy began with the first DPT cohort. Clinical instructors received training, and structured CPI evaluations were introduced throughout clinical experiences.
2. Annual reviews of clinical education outcomes are conducted. When changes are implemented, their effectiveness is evaluated after two years to confirm improved achievement of entry-level competencies.

**VI. Policy Management**

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Data Analyst	318-342-1232	Batra@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: clinical education, ICE, entry-level

XI. Revision History

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2D5. PROGRAM GRADUATE OUTCOMES ANALYSIS

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D5.

CAPTE Element 2D5: Program graduates* (post-degree conferral) meet the expected outcomes as defined by the program.

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 2D5 by implementing a structured and comprehensive approach to ensure that program graduates meet the expected outcomes as defined by the program. This policy and procedure framework is designed to evaluate the achievement of graduate goals, facilitate continuous improvement, and align with the mission and objectives of the program. The four themes of the goals are: social responsibility, service mindset, excellence, and inclusivity, which represent tangible manifestations of the program's mission.

WARHAWK Flight Path: Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Data Collection Timeline

- 1. For the charter cohort:
 - a. A six-month post-graduation survey will be distributed in November 2026.
 - b. A twelve-month post-graduation survey will follow in May 2027.
 - c. Annual follow-up surveys will continue each May thereafter.
- 2. Subsequent cohorts will follow the same 6-, 12-month, and annual survey schedule.

B. Graduate Goals and Outcome Identification

- 1. Graduate goals are documented in Weave and aligned with CAPTE standards and the program mission. Each goal is associated with measurable outcomes and assessment benchmarks:
 - a. **Social Responsibility**
 - i. Outcome: Graduates engage in rural or underserved care.
 - ii. Measure: Percentage of graduates indicating such engagement in surveys.



- iii. Target: 80% or greater.

b. Service Mindset

- i. Outcome: Graduates participate in PT-related or community health service.
- ii. Measure: Percentage of graduates reporting service participation.
- iii. Target: 80% or greater.

c. Excellence

- i. Outcome 1: Graduates report preparedness to practice legally and ethically.
- ii. Outcome 2: Employers affirm graduates' legal and ethical preparedness.
- iii. Measure: Percentage of positive responses from graduates and employers.
- iv. Target: 80% or greater for both outcomes.

d. Inclusivity

- i. Outcome 1: Graduates report readiness for advocacy, service, and partnerships.
- ii. Outcome 2: Employers affirm graduate preparedness in inclusive care.
- iii. Measure: Percentage of positive responses from graduates and employers.
- iv. Target: 80% or greater for both outcomes.

C. Setting and Evaluating Expected Levels of Achievement

1. Benchmarks define the minimum knowledge, skills, and competencies for each outcome. Assessments include:
 - i. Capstone projects
 - ii. Written and practical exams
 - iii. Graduate and employer surveys
 - iv. Performance evaluations
2. These assessments occur at end-of-course, end-of-program, and post-graduation intervals.

D. Data Collection and Analysis

1. Data is collected from graduates and employers via surveys, interviews, and evaluations.
2. Cohort-specific data are stored in Trajecsyst and a shared network drive.
3. Performance is analyzed against benchmarks to identify strengths, trends, and areas for improvement.

E. Addressing Performance Deficits and Trends

1. When performance gaps are identified, the program:
 - a. Compares cohort data to expectations and CAPTE thresholds.
 - b. Develops action plans that may include changes to admissions, prerequisites, curriculum, or student support.
 - c. Assigns responsible parties and deadlines.
 - d. Conducts reassessments each September to evaluate intervention effectiveness.

F. Continuous Improvement and Reporting

1. Graduate outcome findings are discussed during the summer faculty debrief and spring faculty prebrief sessions. An annual report includes:
 - a. Cohort performance vs. benchmarks
 - b. Identified performance gaps and corrective actions
 - c. Recommendations for quality improvement
2. These reports are shared with CAPTE and institutional leadership.

**VI. Policy Management**

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Associate Program Director	318-342-1967	Asjones@ulm.edu
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Data Analyst	318-342-1232	Batra@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Faculty and Staff Handbook](#)

Keywords: graduates, outcomes, goals

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2D6. PROGRAM RESOURCES ASSESSMENT

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D6.

CAPTE Element 2D6: Program resources are meeting, and will continue to meet, current and projected program needs including financial resources, administrative support staff and technology support staff, space, equipment, technology, instruction materials, library and learning resources, and student services.

The University of Louisiana Monroe Doctor of Physical Therapy (ULM DPT) program demonstrates compliance with CAPTE Element 2D6 regarding the continuous assessment of program resources.

WARHAWK Flight Plan: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedures

A. Financial Resources

1. The Program Director conducts monthly budget reviews in collaboration with the Dean and Purchasing Agent.
2. Each fiscal year, faculty input is solicited through meetings and surveys to inform the budget planning process.
3. Budget proposals are compiled and submitted by February for internal review.
4. Approved proposals are submitted to the University of Louisiana System Board of Supervisors (ULS BOS).
5. Final budget approval is completed by August, preceding the July 1 fiscal year start.
6. Any significant financial changes require institutional review and collaborative approval from relevant stakeholders.

B. Administrative Support Staff

1. Requests for additional staff are submitted through the Associate Dean.
2. A response is typically provided within one week of submission.



3. The Program Director conducts an annual evaluation of staff sufficiency based on workload analysis and stakeholder feedback.

C. Space Resources

1. The Program Director leads an annual space assessment, incorporating stakeholder feedback.
2. Recommendations for space modifications or expansions are submitted to the Dean, accompanied by supporting documentation.
3. The institution allocates necessary resources for approved space changes.

D. Equipment and Materials

1. Inventory management is overseen by the Facilities Committee and administrative staff.
2. Equipment is regularly inspected to ensure safety and proper calibration.
3. Equipment needs are identified by the Curriculum and Instruction Committee or from faculty development plans.
4. Approved equipment is prioritized within the purchasing process.

E. Technology

1. Technology resources are evaluated regularly using faculty meetings, discussions and survey data.
2. Identified gaps are addressed collaboratively by the Program Director and Dean through resolution planning.
3. Supported instructional tools currently include Canvas and Zoom.

F. Technology Support Services

1. Technology support is provided by ULM's Office of Information Technology (OIT).
2. OIT manages networking, hardware/software maintenance, and instructional media.
3. The STAP Committee allocates funding annually for new technology initiatives.
4. Stakeholder feedback is collected via surveys and focus groups and reported to the Dean for consideration.

G. Library and Learning Resources

1. Library services include research librarian support, subject guides, tutorials, and customized material requests.
2. An annual review of library holdings ensures alignment with instructional and research needs.
3. Requests for additional library resources are incorporated into the annual planning process with the Dean.

H. Support Services

1. The program utilizes institutional services to support academic, professional, and personal development.
2. Student feedback is obtained through structured sessions and surveys.
3. Faculty input is gathered during regular faculty meetings.
4. The Program Director takes prompt action to address any concerns raised by stakeholders.

I. Continuous Monitoring and Improvement

1. All stakeholders are encouraged to continuously monitor and report resource needs.
2. Identified deficiencies are addressed by the Program Director in consultation with university leadership.



3. An annual comprehensive review of all resource categories is conducted to ensure alignment with CAPTE standards and program goals.

VI. Policy Management

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Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
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VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM Clinical Education Handbook](#)

Keywords: resources, needs, services, student support

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2D7. PROGRAM POLICIES AND PROCEDURES ASSESSMENT

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D7.

CAPTE Element 2D7: 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.

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 2D7 by ensuring that program policies and procedures, as well as relevant institutional policies, effectively meet program needs.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions.

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Oversight and Responsibilities

1. The Program Director is responsible for overall policy compliance and coordination of updates to all handbooks and policies.
2. The Director of Clinical Education (DCE) ensures that the Clinical Education Handbook remains current and aligned with CAPTE standards.
3. The Professional Success Committee (PSC) is tasked with reviewing and approving policy revisions related to faculty governance and student support.
4. The Curriculum and Instruction Committee evaluates and recommends changes relevant to educational delivery.

B. Annual Policy and Handbook Review

1. A formal review of all program handbooks and policies is conducted annually during the academic planning cycle. This includes the following documents:
 - a. Policies and Procedures Manual
 - b. Student Program Handbook



- c. Faculty and Staff Program Handbook
- d. Clinical Education Handbook (reviewed by the DCE)
2. The PSC and core faculty are involved in these reviews.
3. Any major revisions or additions must receive majority approval by faculty vote.

C. Policy Categorization and Documentation

1. Each policy is categorized as either CAPTE-related, institutionally required, or program-specific.
2. All policies are documented within the appropriate handbook and stored in the shared network drive and the Weave system for use in accreditation reporting and internal reference.

D. Communication of Changes

1. Policy revisions are shared with all relevant parties through multiple channels:
 - a. Program-wide email announcements
 - b. Faculty and committee meetings
 - c. Updated versions of program handbooks and onboarding materials

E. Onboarding and Attestation

1. All newly hired full-time and adjunct faculty and staff are required to complete a Policy Attestation Form during onboarding.
2. This process ensures awareness and agreement with all relevant programmatic and institutional policies.

F. Compliance and Evaluation

1. The Program Director is responsible for ensuring operational practices are aligned with the official Policies and Procedures Manual.
2. The DCE ensures clinical education policies remain relevant and compliant.
3. Program committees are responsible for continuously evaluating policy alignment with CAPTE and institutional standards.

G. Review and Continuous Improvement

1. This Standard Operating Procedure (SOP) and associated policies are reviewed annually for relevance and effectiveness.
2. Feedback from faculty, staff, students, and standing committees is collected and integrated into necessary revisions.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

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X. Appendices, References and Related Materials

A. [Business Affairs, Purchasing Office, Contract Process](#)

Keywords: policies, procedures, assessment, planning, operations

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2D8. CLINICAL SITE ANALYSIS

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D8.

CAPTE Element 2D8: The clinical sites available to the Program are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 2D8 ensuring that clinical sites available to the Program are sufficient to provide the quality, quantity, and variety of experiences to prepare students for their roles and responsibilities as physical therapists.

WARHAWK Flight Path: Apprenticing, Why-Finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions.

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Site Selection and Evaluation

1. **Initial Evaluation:** Clinical education sites are assessed to determine their capacity to support clinical education objectives. The Clinical Education Team conducts site visits using standardized tools (e.g., Clinical Education Site Visit Reports) to review facility resources, clinical instructor qualifications, and alignment with program learning outcomes.
2. **Affiliation Agreements:** A signed affiliation agreement is required before placing students at a clinical site. This agreement outlines the roles and responsibilities of both the program and the site and ensures compliance with CAPTE expectations.
3. **Ongoing Evaluation:** Sites are continually evaluated through tools such as the End of Week One Questionnaire, PT Student Assessments of Clinical Experience and Clinical Instructor (midterm and final), and Clinical Site Short Reports. Feedback is documented in Trajecsys and reviewed by the Clinical Education Team for ongoing quality assurance.

**B. Ensuring Sufficient Number and Variety of Sites**

1. **Breadth and Depth of Clinical Experiences:** The program uses a lottery system to ensure equitable site access while giving priority to unmet clinical experience requirements.
2. **Required Clinical Settings:** Each student must complete clinical experiences in three core settings: inpatient, outpatient, and rural or underserved. Rural/underserved status is defined by the U.S. Department of Health and Human Services. Each setting must be at least six weeks in duration.
3. **Optional and Elective Experiences:** After completing the core settings, students may choose electives in areas such as pediatrics, oncology, or cardiopulmonary rehabilitation. Elective terminal experiences are assigned based on student interest and site availability.
4. **Site Capacity and Labeling:** The program maintains more than 2,500 active clinical sites under affiliation agreements. A single site may be labeled with multiple identifiers (e.g., inpatient and rural) to reflect its varied offerings.
5. **Annual Site Slot Requests:** Each year, by March 1st, the Clinical Education Team contacts all sites under active agreements to request placements for the next academic year.

C. Alignment with Program and Course Objectives

1. Each site is evaluated for its capacity to support both the overall goals of the clinical curriculum and specific course objectives. The Director of Clinical Education ensures alignment through:
 - a. Documentation from site visits
 - b. Clinical instructor training
 - c. Analysis of student feedback and performance

D. Continuous Monitoring and Quality Assurance

1. The Clinical Education Team reviews aggregate site and student performance data on an annual basis.
2. Any identified deficiencies or concerning trends in clinical site quality trigger immediate corrective action.
3. Results are presented during faculty retreats and used to guide curriculum improvements.

E. Review and Revision

1. This Standard Operating Procedure is reviewed annually and updated as needed to reflect CAPTE accreditation requirements and evolving program goals.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024



IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keywords: clinical sites, professional education

XI. Revision History

Department	Physical Therapy
Web Link	https://www.ulm.edu/dpt/program
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Last Revision Date	9/25/2025
Next Review Date	7/1/2026



2D9. CLINICAL WRITTEN AGREEMENTS

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D9.

Element 2D9: 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.

WARHAWK Flight Path: Apprenticing, Why-Finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy Program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Provisions of Clinical Education Contracts

1. **Purpose and Objectives:** Each agreement outlines shared goals to support student development through high-quality, curriculum-aligned clinical experiences.
2. **Responsibilities of Parties:** The ULM DPT program agrees to assign students who meet clinical readiness standards, provide clinical instructor orientation and support, and maintain open communication throughout the rotation. The clinical site agrees to supervise and evaluate student performance, maintain responsibility for patient care, and comply with applicable program policies and CAPTE requirements.
3. **Supervision and Evaluation:** Clinical instructors must be licensed physical therapists with a minimum of one year of full-time post-licensure experience. They must provide regular formative feedback and complete summative evaluations.
4. **Review and Termination:** Agreements are reviewed periodically and renewed every five years unless updated earlier. Agreements also include provisions for revision or termination as needed.

B. Maintaining Currency of Agreements

1. **Tracking and Renewal:** All clinical agreements are stored in a data monitoring system that logs expiration dates and triggers automated alerts for renewal. The Director of Clinical Education (DCE) is responsible for ensuring all agreements remain active and current.
2. **Agreement Review:** Agreements are reviewed before student placements or prior to expiration to verify alignment with institutional, program, and CAPTE standards.



C. Initiating New Affiliation Agreements

1. **Request Submission:** Requests for new affiliation agreements may be submitted by CCCEs, CIs, faculty, students, or clinical sites. Requests must be emailed to dptclinical@ulm.edu with the subject line "New Site Request" and must include the clinic's name, address, and contact information.
2. **Formal Request Procedure:** The Assistant Director of Clinical Education contacts the proposed site's PT department to collect required information. All requests must be submitted at least six months before the estimated clinical site lottery date.
3. **Information Provided to Sites:** The following items are shared with prospective clinical partners:
 - a. Clinical Education Handbook
 - b. Clinical Education Philosophy
 - c. Rights and responsibilities of clinical instructors
 - d. Course syllabi (available upon request)
 - e. Course descriptions and sequence
4. **Compatibility and Compliance Evaluation:** Each request is evaluated for its compatibility with ULM's educational philosophy and program needs, compliance with legal and APTA standards, a supportive learning environment, adherence to staffing laws, and the experience level of the clinical instructors.

D. Contract Establishment and Execution

1. **Contract Development:** If the program and the site agree to proceed, a formal contract is created using ULM's universal clinical contract template unless the site requires a different format.
2. **Contract Requirements:** All contracts must include the purpose of the agreement, responsibilities for patient care, supervision and evaluation of students, and procedures for reviewing, revising, and terminating the agreement.
3. **Execution:** Contracts are signed by authorized representatives from both parties. A signed copy is retained by both ULM and the clinical site.

E. Student Placement and Site Use

1. **Assignment Criteria:** Students may only be placed at clinical sites with fully executed agreements. Site approval does not guarantee student placement.
2. **Inclusion in Lottery:** Approved new sites are added to the clinical site selection list and are subject to the established lottery process.

F. Establishing New Clinical Sites by Student Request

1. **Submission:** Students must submit formal requests via email with the subject "New Site Request" and include all necessary clinic details.
2. **Approval:** The DCE and the Clinical Education Team must approve the request before pursuing a contract.
3. **Timeline:** Requests should be submitted at least six months prior to the expected clinical lottery date.
4. **Evaluation Criteria:** New site decisions are based on alignment with program values, legal compliance, instructional quality, staff qualifications, and preference for APTA-credentialed instructors.
5. **Placement Disclaimer:** Approval of a new site does not guarantee a student's placement there. The site must be available through the standard lottery system.

**VI. Policy Management**

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Institutional Strategic Plan](#)
- B. [ULM DPT Clinical Education Handbook](#)

Keywords: clinical education, agreements

XI. Revision History

Department	Physical Therapy
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2E. CURRICULUM ASSESSMENT PLAN

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2E.

CAPTE Element 2E: 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 University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 2E by implementing a structured and comprehensive approach to ensure that curriculum assessment plan is written and addresses the entire curriculum.

WARHAWK Flight Path: Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions
- C. Curriculum Committee

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Curriculum Assessment Scope and Breadth

1. The curriculum assessment process includes evaluation of individual courses, clinical education components, and cross-cutting curricular threads. These threads include:
 - a. Professional Formation
 - b. Pain Science
 - c. Movement Science
 - d. Clinical Reflection, Reasoning, and Judgment
 - e. Evidence-Based Practice
 - f. Business Acumen
 - g. Biomedical Humanities
2. The Curriculum and Instruction Committee evaluates these areas using data from exit surveys, licensing exam results, focus groups, and faculty assessments.

B. Committee Roles and Responsibilities

1. The Curriculum and Instruction Committee, composed of three core faculty and three clinicians, uses the Curriculum Assessment Matrix to identify opportunities for improvement.



2. Faculty meetings held at the end of each semester offer structured opportunities to discuss curricular flow, scaffolding, and student performance.
3. The Program Director and Director of Clinical Education provide insights into changing healthcare trends and evolving professional roles that may affect curriculum needs.

C. Stakeholder Engagement and Feedback Collection

1. The program collects performance data on student achievement, clinical performance, graduation and employment rates, and NPTE pass rates (both first-time and overall).
2. Feedback is solicited through student focus groups, graduate surveys, employer evaluations, and advisory board consultations.

D. Clinical Education Curriculum Assessment

1. Clinical education is evaluated for quality, quantity, and diversity of experiences. Tools used include:
 - a. APTA Clinical Performance Instrument (CPI 3.0)
 - b. Midterm and Final PT Student Assessments of Clinical Instructor
 - c. Midterm and Final PT Student Assessments of Clinical Experience
 - d. Final Student Curricular Preparedness Surveys (completed by both site and CI)
 - e. Employer Surveys (administered six months post-graduation)
2. Program faculty and clinical administrators collaborate regularly to assess alignment of the clinical curriculum with program outcomes.

E. Data-Driven Continuous Improvement

1. Curriculum adjustments are informed by key performance indicators, stakeholder input, and updates to professional and educational standards.
2. Faculty participation in the annual Education Leadership Conference (ACAPT) informs decision-making and integrates national trends into program planning.

F. Oversight and Accountability

1. The Director of Clinical Education is responsible for monitoring the adequacy of clinical site placements and ensuring appropriate exposure to a range of patient populations.
2. The DCE also manages the three-year site visit cycle and collects clinical data at midterm and final evaluation points.
3. Based on population exposure trends, the DCE develops new clinical partnerships to address gaps.
4. An annual report prepared by the DCE summarizes:
 - a. Contract adequacy for current and future placements
 - b. Clinical learning outcomes
 - c. Student readiness and preparedness metrics

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Curriculum Committee Co-Chairs	318-342-1236 318-342-1252	Vanhoose@ulm.edu Wbartley@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)
- D. [ULM DPT Faculty and Staff Handbook](#)

Keywords: curriculum, assessment, clinical education

XI. Revision History

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2G. CONTRACT PROCESS

I. Policy Statement

The program is engaged in effective practices to meet the current and projected needs of the program.

II. Purpose of Policy

A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 2. The policy aligns with the institutional policies and procedures to ensure compliance with state regulations.

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions.

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

- A. Determining Contract Start Date:
 - 1. Calculate 30 business days prior to the contract start date and begin the contract initiation process before that date.
- B. Downloading Contract Template:
 - 1. Download the most current contract template from the Purchasing Office website.
 - 2. Populate the template with all applicable specifications and details.
- C. Additional Documents and Supporting Documents:
 - 1. Complete additional documents required based on the cost of the contract, referring to the Supporting Documents section on the Purchasing Office website.
 - 2. Collect the resume and completed W-9 and indemnification forms from the contractor.
- D. Submission to College of Health Sciences Purchasing Agent:
 - 1. Submit the contractor packet to the College of Health Sciences (COHS) purchasing agent to create a Banner Requisition to initiate the contract review process.
 - 2. Contracts less than \$2,000 for one-time use can be submitted via a Check Request.
- E. Vendor Information Verification:
 - 1. If the contract is with a new vendor, send the vendor's current W9 to Purchasing for verification.
 - 2. Ensure that the information on the W9 matches the vendor's tax record.



- F. Review by Purchasing:
 - 1. Send the draft contract and supporting documents to Purchasing for review before sending the contract to the vendor for signature.
 - 2. After Purchasing review and approval to proceed, obtain the vendor's signature.
- G. Submission to Purchasing:
 - 1. Forward the contract with supporting documents to Purchasing.
- H. Authorized University Signatures and Purchase Order:
 - 1. Purchasing will obtain Authorized University Signatures and issue the Purchase Order.
- I. Signing Authority:
 - 1. Under no circumstances should an unauthorized individual sign a contract or binding document on behalf of the University.
- J. Completion and Evaluation:
 - 1. After the contract is completed, fill out the performance evaluation letter form.
 - 2. Submit the form to the COHS purchasing agent.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Business Affairs, Purchasing Office, Contract Process](#)
- B. [ULM DPT Faculty and Staff Handbook](#)

Keywords: purchasing, contracts



XI. Revision History

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2H. PROFESSIONAL DEVELOPMENT

I. Policy Statement

The program is engaged in effective practices to meet the current and projected needs of the program.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 2. The policy aligns with the institutional policies and procedures to ensure that faculty are qualified for their responsibilities.

WARHAWK Flight Path: All phases are involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Continuing Education Encouragement

1. Faculty members are encouraged to pursue continuing education opportunities that align with their professional development goals as identified in their annual faculty development evaluations.
2. Participation in such events should focus on enhancing competencies in teaching, scholarship, and operational effectiveness within the program.

B. Requirements for Licensed Professionals

1. Faculty members who hold professional licenses, such as licensed physical therapists, must comply with the continuing education requirements set forth by the relevant licensing board, e.g., the Louisiana Physical Therapy Board.

C. Funding Allocation

1. Each full-time or part-time, but not adjunct faculty, faculty member is allocated a specific amount for continuing education each year, which is included under general operating expenses.
2. This allocation is communicated annually by the Budget Office.



3. These funds are designated exclusively for continuing education and may not be used for professional association dues or licensure renewals.

D. Conditions of Funding

1. While funding for continuing education is typically guaranteed, the Program Director, Associate Program Director, College of Health Sciences, or Provost reserves the right to deny access to these funds based on financial constraints affecting the program, college, or university.
 - a. Funds allocated from grants specifically for continuing education are protected and cannot be denied unless in cases of termination of the faculty member's position.

E. Excess Expenditure

1. Any costs exceeding the allotted continuing education budget must be covered by the faculty member unless prior approval for additional funding is granted by the Program Director and the COHS Dean.
2. Approval depends on available resources and the perceived benefit to both the faculty member and the program.

F. Responsibility for Coverage

1. Faculty members are responsible for arranging appropriate coverage for their teaching or clinical duties while attending continuing education events to ensure the continuation of program operations without disruption.

G. Approval Process

1. Requests for additional funding or coverage must be submitted to the Program Director and will be reviewed on a case-by-case basis.
2. Approval will be granted based on the strategic value of the additional education and the availability of program resources.

H. Implementation

1. The Program Director is responsible for the implementation and regular review of this policy to ensure its effectiveness and relevance to the faculty's professional development needs.

I. Compliance

1. Compliance with this policy is mandatory for all faculty members who seek support for continuing education.
2. Non-compliance may affect eligibility for future funding under this policy.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

A. [ULM DPT Faculty and Staff Handbook](#)

Keywords: professional development, continuing education

XI. Revision History

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Next Review Date	7/1/2026



2I. TRAVEL AUTHORIZATION

H. Policy Statement

The program is engaged in effective practices to meet the current and projected needs of the program.

II. Purpose of Policy

A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 2. The policy aligns with the institutional policies and procedures to ensure that travel procedures are in compliance with state regulations.

WARHAWK Flight Path: All phases are involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Continuing Education Travel, Lodging, and Food:

1. The Program will cover travel, lodging, and food (based on per diem) provided the total cost of the course registration, travel (ground transportation, airfare, parking), lodging, and food falls within the annual continuing education allotment.
2. Travel authorization needs to be submitted to the Operations Coordinator at least 30 days before travel starts.
3. The travel authorization must be approved before travel starts.
4. Travelers should review their hotel statement before checkout to make sure that Louisiana state taxes are not included.
5. Any expenses incurred above and beyond the annual allotment are the responsibility of the individual faculty member unless pre-arranged with and approved by the Program Director and COHS Dean.
6. Requests for reimbursement for lodging, food expenses, and other expenditures must be turned into the Operations Coordinator to be submitted to the ULM Administrative Coordinator within 2 weeks of the trip.
7. Expenses without a receipt are not reimbursable.

**B. Student Travel**

- a. All students traveling as a representative of the University of Louisiana Monroe must follow all ULM Student Rules and Policies and abide by all International, Federal, State, and Local laws.
 - b. All students must complete and submit the following documents before travel:
 - i. Student Pre-Travel Trip Form
 1. One form must be signed by all student travelers.
 2. Must be signed by the Program Director.
 3. Form available at: [Student Pre-Travel Form](#).
 - ii. Student Acknowledgement of Rules Form
 1. Must be signed by each student traveling.
 2. Form available at: [Student Acknowledgement of Rules Form](#).
 - iii. Student Contact Information Form
 1. Must be signed by each student traveling.
 2. Form available at: [Student Contact Information Form](#)
 - iv. Student Medical Liability Waiver
 1. Must be signed by each student traveling.
 2. [Student Medical Liability Waiver](#)
 - v. Student Personal Vehicle Waiver
 1. Students who will travel using their own vehicle must submit this form.
 2. [Student Personal Vehicle Waiver](#).
 - c. Travel Authorization
 - i. Must be completed by each student traveling prior to travel even if student will not be reimbursed for any portion of the travel.
 - ii. Must be approved by Program Director and Dean.
 - iii. [Travel Authorization Form](#)
 - d. Travel Expense
 - i. Must be completed by each student traveling at conclusion of travel.
 - ii. Must be approved by Program Director and Dean.
 - iii. [Travel Expense Form](#)
 - e. Attend a mandatory Pre-Trip Orientation Meeting
- C. All faculty, staff, and students must adhere to the Travel Policies and Procedures established by ULM.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

A. [ULM DPT Faculty and Staff Handbook](#)

Keywords: travel, authorization

XI. Revision History

Department	Physical Therapy
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Next Review Date	7/1/2026



2J. PROFESSIONAL MEMBERSHIP

I. Policy Statement

The program is engaged in effective practices to meet the current and projected needs of the program.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with Standard 2. The policy aligns with the institutional policies and procedures to ensure that faculty have the resources needed for their responsibilities.

WARHAWK Flight Path: All phases are involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Membership Requirement

- 1. All employees of the program are required to maintain active membership in at least one professional organization relevant to their field, specialization, or role within the program.

B. Relevance of Membership

- 1. Selected professional organizations must align with each employee's professional responsibilities, career goals, and continuing education needs.

C. Ongoing Membership Status

- 1. Employees are expected to maintain good standing in their chosen organization throughout their employment tenure with the program.

D. Organization Selection Criteria

- 1. Faculty are encouraged to select professional organizations based on relevance to the field, professional reputation, availability of resources, networking potential, and alignment with career advancement goals.

**E. Active Participation**

1. Employees are strongly encouraged to participate in professional organizations through event attendance, resource utilization, committee service, and contribution to organizational activities when feasible.

F. Compliance

1. Failure to maintain active membership in a relevant professional organization without an approved exemption may result in disciplinary action, up to and including termination.

G. Reimbursement

1. The program may reimburse employees for membership dues at the base membership rate. Requests for reimbursement:
 - a. Must be submitted annually in March.
 - b. Are subject to university approval and the current check request policies outlined in Warhawk Way.
 - c. Must be submitted to the Operations Coordinator.
 - d. Will not include optional membership add-ons or upgrades.

H. Reporting

1. Employees must provide documentation verifying active membership when requested.
2. Acceptable documentation includes a membership card, confirmation email, or payment receipt.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keywords: Professional, membership, dues



XI. Revision History

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Last Revision Date	9/25/2025
Next Review Date	7/1/2026



2K. CLINICAL CERTIFICATION AND SPECIALIZATION

I. Policy Statement

The program is engaged in effective practices to meet the current and projected needs of the program.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 2. The policy aligns with the institutional policies and procedures to ensure that faculty are qualified for their responsibilities.

WARHAWK Flight Path: All phases are involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

- A. Funds availability
 - 1. This policy and procedure will be implemented when an overage is available in the professional development budget.
- B. Prioritization
 - 1. Funds will be prioritized based on programmatic needs.
 - 2. Programmatic needs will be determined at the November program meeting.
 - 3. An announcement of programmatic needs and the funding application will be posted by December 1st.
 - 4. Faculty apply for funding by December 15th.
 - 5. The Community Advisory Council will review and make a recommendation based on alignment with programmatic needs by January 31st.
 - 6. The DPT staff will determine the fund allocation based on the recommendations by February 15th.
 - 7. A notification of funding will be sent to applicants no later than the last day of February.

**C. Reimbursement**

1. Reimbursement requests need to be submitted in March.
2. Reimbursement requests will need to be submitted based on the current check request policies at the university. Please refer to Warhawk Way for details.
3. Reimbursement requests will be submitted to the Operations Coordinator.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

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X. Appendices, References and Related Materials

None

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XI. Revision History

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2L. LABORATORY ACCESS

I. Policy Statement

The program is engaged in effective, on-going, formal, and comprehensive assessment and planning, for the purpose of program improvement to meet the current and projected needs of the program

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 2.

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions.

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Restricted Access: Access during regular student access hours; hours are typically published at the beginning of each semester.

V. Policy Procedure

- A. Issuance of Pictured Badges:
 - 1. Pictured badges are issued to all students and personnel associated with the Doctor of Physical Therapy (DPT) program.
- B. Building Access:
 - 1. Buildings and rooms utilized by DPT faculty, staff, and students are equipped with access card readers for both exterior and interior doors, facilitating 24-hour access.
- C. Safety Precautions and Emergency Procedures:
 - 1. General safety precautions and emergency procedures are prominently displayed in each room and building utilized by the DPT program.
- D. Access to Dedicated Laboratory Space:
 - 1. Students are granted unlimited access to dedicated laboratory spaces outside of scheduled class times to practice clinical skills.



2. Access to the laboratory space in Walker Hall is facilitated via card swipe access.
- E. Access to Practice Laboratory Space in Kitty Degree Nursing Building:
1. Students can use practice laboratory space in the Kitty Degree Nursing Building specifically on Fridays and weekends.
 2. A DPT faculty member must be present during practice sessions within the nursing facility.
- F. Access to VCOM Laboratory and Study Spaces:
1. Students are granted restricted access to dedicated laboratory spaces outside of scheduled class times to practice clinical skills.
 2. Access to the laboratory space in Walker Hall is facilitated via card swipe access.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Student Handbook](#)

Keywords: laboratory, access, students, study

XI. Revision History

Department	Physical Therapy
Web Link	https://www.ulm.edu/dpt/program
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Last Revision Date	9/25/2025
Next Review Date	7/1/2026



3A. CONFIRMATION OF SPONSORING INSTITUTION'S AUTHORITY FOR DEGREE CONFERRAL

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 3 and Element 3A.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Institutional Degree-Granting Authority

1. The University of Louisiana Monroe (ULM) is the sole institution responsible for conferring the Doctor of Physical Therapy (DPT) degree.
2. ULM has institutional authority granted by the appropriate jurisdictional agency to offer academic programs and award degrees.
3. The program does not operate in a collaborative arrangement with another institution for the purpose of degree conferral.
4. The Program Director will verify and document the institution's degree-granting authority through official state or system documentation annually.

B. Authorization for Clinical Education Experiences in Other States

1. ULM is a recognized member of the National Council for State Authorization Reciprocity Agreements (NC-SARA).
2. This membership authorizes ULM to provide clinical education experiences in other NC-SARA member states, ensuring regulatory compliance with state-specific requirements where such authorization is necessary.
3. The Director of Clinical Education (DCE) will annually confirm and document NC-SARA participation and ensure that each clinical site's state is included under current NC-SARA reciprocity guidelines.
4. The DCE will also verify whether additional state-specific authorizations are required for clinical placements and will maintain corresponding documentation.

**C. Authorization for Distance Education**

1. As an NC-SARA participant, ULM is authorized to offer distance education and related activities in all NC-SARA member states.
2. This includes any distance-delivered components of the physical therapy program, such as online learning modules, virtual simulations, or telehealth-based training experiences.
3. The Program Director or designee will confirm ULM's NC-SARA authorization status annually and ensure compliance by verifying that distance education activities fall within approved parameters.
4. If distance education is to be provided in a state outside NC-SARA jurisdiction, the Program Director will ensure that appropriate state authorization is obtained and documented prior to implementation.

D. Review and Updates

1. The Program Director will review this SOP annually to ensure compliance with evolving institutional, state, and federal regulations.
2. Any changes in authorization status, collaborative arrangements, or delivery methods will be reflected in an updated version of this SOP.
3. Verification documentation will be maintained in the program's accreditation compliance records and made available upon request.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Assessment and Evaluation	318-342-6917	Althompson@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM Accreditation Webpage](#)
- B. [ULM Board of Regents](#)
- C. [University of Louisiana Board of Supervisors](#)
- D. [NC – Sara](#)



Keywords: degree, conferral, NC-SARA

XI. Revision History

Department	Physical Therapy
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Last Revision Date	9/25/2025
Next Review Date	7/1/2026



3B. CONFIRMATION OF THE SPONSORING INSTITUTION'S ACCREDITATION STATUS

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 3 and Element 3B.

Element 3B: The sponsoring institution(s) is accredited by an agency or association recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Accrediting Agency

1. The University of Louisiana Monroe is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC).
2. SACSCOC is a regional accrediting agency recognized by the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA).
3. Accreditation ensures that ULM meets defined standards for academic quality, institutional integrity, and effectiveness by SACSCOC.

B. Accreditation Timeline

1. ULM received its initial accreditation on January 1, 1941.
2. The most recent reaffirmation of accreditation occurred in 2019.
3. The next Fifth-Year Interim Review was completed in 2025.
4. The next full Reaffirmation of Accreditation is scheduled for 2029 (SACSCOC, 2024).

C. Confirmation and Documentation of Good Standing

1. The Program Director will confirm ULM's accreditation status annually by:



- a. Accessing the SACSCOC website at <https://www.sacscoc.org/> and the Database of Accredited Postsecondary Institutions and Programs (DAPIP) website at <https://ope.ed.gov/dapip/#/home>.
 - b. Verifying that ULM is listed as an accredited institution in good standing.
2. Confirmation will include ensuring:
 - a. There are no sanctions, warnings, or penalties.
 - b. ULM retains its ability to offer graduate-level programs, including the DPT program.
 - c. The Program Director will document accreditation confirmation in the program's accreditation compliance records.

D. Collaborative Arrangements

1. The ULM DPT program does not engage in collaborative degree conferral arrangements with other institutions.
2. Therefore, no additional accreditation confirmations are required for partner institutions.

E. International Accreditation

1. This standard does not apply, as ULM is a U.S.-based institution accredited by a U.S. regional accrediting agency.

F. Review and Updates

1. The Program Director will review this SOP annually.
2. Any changes in accreditation status or relevant institutional arrangements will be updated and documented in accordance with Commission on Accreditation in Physical Therapy Education (CAPTE) reporting requirements.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Assessment and Evaluation	318-342-6917	Althompson@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Program](#)



- B. [Southern Association of Colleges and Schools Commission on Colleges \(SACSCOC\), ULM Status](#)
- C. [Database of Accredited Postsecondary Institutions and Programs; ULM status](#)

Keywords: institution, accreditation, SACSCOC

XI. Revision History

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3C. CONFIRMATION OF FACULTY ACADEMIC FREEDOM

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 3 and Element 3C.

CAPTE Element 3C: Institutional policies related to academic standards support academic and professional judgments of the physical therapist program core faculty. * The core faculty determine student progression through all stages of the program.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Academic Freedom: Per the American Association of University Professors, “academic freedom is the freedom of a teacher or researcher in higher education to investigate and discuss the issues in his or her academic field, and to teach or publish findings without interference from political figures, boards of trustees, donors, or other entities. Academic freedom also protects the right of a faculty member to speak freely when participating in institutional governance, as well as to speak freely as a citizen.”

V. Policy Procedure

A. Institutional Policies Supporting Academic Freedom

1. ULM upholds the principles of academic freedom as defined by the American Association of University Professors (AAUP).
2. Faculty have the right to teach, research, and publish without undue interference, in accordance with their areas of expertise.
3. The university’s policies on academic freedom are documented in Section 7.2.2 of the ULM Faculty Handbook (page XX) and address four domains:
 - a. Teaching
 - i. Teaching refers to the activities undertaken by faculty to facilitate student learning, including course instruction, mentoring, curriculum development, and the creation of learning materials. It encompasses both in-person and online



modalities and is evaluated based on effectiveness, innovation, and student outcomes.

- b. **Scholarship**
 - i. Scholarship is the systematic pursuit of knowledge through research, scholarly inquiry, and creative activity. In higher education, it involves contributions to the academic discipline through publications, presentations, grant-funded projects, or other forms of peer-reviewed intellectual work that advance the field.
- c. **Intramural speech**
 - i. Intramural speech refers to communication by faculty members within the institution, such as participation in faculty governance, committee work, or discourse on academic policies and practices. It is protected as part of academic freedom and supports institutional decision-making and collaboration.
- d. **Extramural speech**
 - i. Extramural speech includes public commentary by faculty on topics within their area of expertise or related to broader societal issues. This may occur through media interviews, public lectures, opinion pieces, or professional association activities. While extramural speech is protected under academic freedom, it should align with institutional values and professional standards.

B. Program Support for Faculty Professional Judgment

- 1. Core faculty exercise professional judgment in the following areas:
 - a. Curriculum development and delivery
 - b. Student advising and mentorship
 - c. Establishing and enforcing academic and professional behavior standards
 - d. Assessing student progression and readiness for clinical and professional practice
- 2. Faculty are empowered to make decisions aligned with program and institutional policies to uphold high academic standards and professional expectations.
- 3. Examples of professional judgment in practice include:
 - a. Clinical education policy changes are reviewed and approved by core faculty through a majority vote.
 - b. Faculty workloads are developed by the Program Director in consultation with faculty members, respecting individual areas of expertise and institutional workload policy.
 - c. Decisions about student progressions are determined by a majority vote of the parties included in the decision-making process.

C. Responsibilities of Faculty Types

- 1. **Core Faculty**
 - a. Responsible for all academic and professional decision-making in the program.
 - b. Serve on committees that shape curriculum, admissions, and student progression.
- 2. **Associated (Adjunct) Faculty**
 - a. Responsible for teaching in the classroom or academic labs.
 - b. Expected to engage in professional development to demonstrate contemporary expertise in their teaching area.
- 3. **Clinical Faculty**
 - a. Provide clinical instruction and mentorship at affiliated sites.
 - b. Report to the Director of Clinical Education.

**D. Oversight and Compliance**

1. The Program Director ensures that policies supporting academic freedom and professional judgment are followed consistently.
2. Faculty decisions are documented through meeting minutes and aligned with CAPTE accreditation requirements.
3. Annual program reviews include a reaffirmation of academic freedom principles and evaluation of faculty decision-making structures.

E. Review and Revisions

1. This SOP is reviewed annually by the Program Director in consultation with the core faculty.
2. Revisions are approved by majority vote of core faculty and recorded in program governance documents.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM Faculty Handbook](#)
- B. [American Association of University Professors](#)

Keywords: faculty, academic freedom, governance

XI. Revision History

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3D. EQUAL OPPORTUNITY AND NONDISCRIMINATION

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 3 and Element 3D.

CAPTE Element 3D: Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff, prospective and enrolled students, and the public (i.e., vendors, standardized patients, other visitors).

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Element 3D through adherence to institutional policies and procedures that ensure equal opportunity and nondiscrimination. The institution is committed to fostering an equitable and inclusive environment, in accordance with federal, state, and institutional regulations.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Institutional Nondiscrimination Statement: The University of Louisiana at Monroe recognizes that members of the university community represent different groups according to sex, color, creed, national origin, and physical or mental disability. The university further recognizes that, in a pluralistic society such as ours, these differences must be recognized and respected by all who intend to be a part of the ULM community.

It is not the intent of the university to dictate feelings or to mandate how individuals should personally interact with others. It is, however, the intent of the university that awareness of individual and group rights according to sex, race, color, creed, national origin, and physical or mental disability be regarded as important to the education of its students. Our ability to work in a pluralistic society demands no less.

It is with this in mind that the university does not permit any actions, including verbal or written statements, that discriminate against an individual or group on the basis of sex, race, color, creed, national origin, or physical or mental disability. Any such action is a violation of the Student Code of Conduct. Complaints of discrimination should be made orally and in writing to the appropriate university administrator.



Institutional Title IX and Power Based Violence Statement: ULM does not discriminate, or tolerate discrimination, against any member of its community on the basis of sex (including pregnancy, sexual orientation, or gender identity) in matters of admissions, employment, or in any aspect of the educational programs or activities it offers. As a recipient of federal financial assistance for education activities, ULM is required by Title IX of the Education Amendments of 1972 to ensure that all of its education programs and activities do not discriminate on the basis of sex.

Sexual harassment, sexual assault, dating and domestic violence, and stalking are forms of sex discrimination, which are prohibited under Title IX. Furthermore, ULM's Sexual Misconduct and Power Based Violence Policy prohibits all types of sexual misconduct, including sexual exploitation and power-based violence. This policy also prohibits retaliation against any person opposing sex discrimination, sexual misconduct and power-based violence or participating in any sex discrimination, sexual misconduct and power-based violence investigation or complaint process internally or externally.

V. Policy Procedure

A. Equal Opportunity and Nondiscrimination Statement

1. ULM recognizes and respects the differences among individuals, including sex, color, creed, national origin, and physical or mental disability.
2. The university affirms its commitment to a pluralistic and inclusive academic community by upholding policies that prohibit discrimination based on race, sex, religion, disability, sexual orientation, citizenship, veteran status, and other federally protected attributes.
3. The university's policy aligns with federal regulations including the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, and the Americans with Disabilities Act.
4. Any verbal or written statements that discriminate on these grounds are violations of the Student Code of Conduct and will be addressed accordingly.

B. Title IX and Power-based Violence Policy

1. ULM does not discriminate, or tolerate discrimination, against any member of its community on the basis of sex (including pregnancy, sexual orientation, or gender identity) in matters of admissions, employment, or education.
2. ULM is a recipient of federal financial assistance and is required under Title IX to ensure its programs and activities are free from sex discrimination.
3. Sexual harassment, sexual assault, dating and domestic violence, stalking, and sexual exploitation are forms of sex discrimination prohibited by Title IX and the ULM Sexual Misconduct and Power-Based Violence Policy.
4. Retaliation against any person opposing discrimination or participating in investigations is also prohibited.
5. Members of the ULM community who encounter sex or gender-based discrimination, sexual misconduct, or power-based violence are encouraged to contact the Title IX Coordinator at 318-342-1004 or file a complaint online via the Sex Discrimination and Sexual Misconduct/Power-Based Violence Report Form.
6. All ULM DPT program members are expected to complete annual power-based violence training.

C. Accessibility and Availability of Policy

1. The nondiscrimination statement is accessible via:
 - a. The ULM and DPT program websites
 - b. Student handbooks and institutional catalogs



- c. Faculty and staff manuals and onboarding materials
- d. Public notices and high-traffic campus locations
- e. Program-specific documents such as syllabi and clinical education manuals
- f. Contracts and agreements for vendors and visitors

D. Mechanisms for Reporting and Addressing Concerns

1. Complaints of discrimination should be made orally or in writing to:
 - a. The Equal Employment Officer
 - b. The Title IX Coordinator (318-342-1004)
 - c. The online reporting system: Sex Discrimination and Sexual Misconduct/Power-Based Violence Report Form
2. ULM is committed to immediate and thorough review of all complaints, ensuring accountability and corrective action when necessary
3. Additional reporting avenues include:
 - a. The Equal Employment Opportunity Commission (EEOC), Louisiana Office, 1555 Poydras Street, Suite 1900, New Orleans, LA 70112
 - b. Louisiana Commission on Human Rights, 1001 N. 23rd St., Suite 268, Baton Rouge, LA 70802

E. Continuous Compliance

1. This policy is reviewed annually by the Program Director and appropriate university committees to ensure compliance with CAPTE standards and federal regulations.
2. Updates are communicated through faculty meetings and digital correspondence to ensure awareness and adherence.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Civil Rights Act of 1964



- B. Title IX of the Education Amendments Act of 1972
- C. Americans with Disabilities Act
- D. [ULM DPT Faculty and Staff Handbook](#)
- E. [ULM DPT Student Handbook](#)
- F. [ULM DPT Clinical Education Handbook](#)
- G. ULM Sexual Misconduct and Power-Based Violence Policy
- H. Equal Employment Opportunity Commission (EEOC)
- I. Louisiana Commission on Human Rights

Keywords: equal opportunity, non-discrimination, Title IX

XI. Revision History

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3E. CONFIRMATION OF CONSISTENT AND EQUITABLE USE OF INSTITUTIONAL POLICIES, PROCEDURES, AND PRACTICES

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 3 and Element 3E.

CAPTE Element 3E: Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Institutional Policies

- 1. ULM maintains policies on equal employment opportunities, anti-harassment, workplace safety, confidentiality, and grievance procedures, which are publicly accessible on the ULM Policies and Procedures webpage.
- 2. These policies align with federal and state labor and education laws, ensuring protection of faculty and staff rights and dignity.

B. Program-specific Practices

- 1. The DPT program implements tailored procedures for faculty and staff consistent with ULM policies, outlined in the College of Health Sciences (CHS) Procedural Manual and the DPT Faculty Handbook.
- 2. Faculty, staff, and students are required to review and acknowledge these policies annually through an attestation form.

C. Safety and Privacy

- 1. Access-controlled buildings and classrooms protect physical safety and secure entry.
- 2. Emergency protocols are established and reviewed annually in faculty meetings.



3. Personnel records are stored securely and managed in compliance with institutional confidentiality policies.

D. Dissemination of Policies

1. Institutional and CHS-specific policies are available on the respective websites:
 - a. ULM Policy and Procedures Webpage
 - b. CHS Webpage and Procedural Manual download
2. Orientation sessions and mandatory annual attestations ensure understanding and acknowledgment of policy expectations.
3. Policy updates are communicated via institutional email announcements and reinforced through department meetings.

G. CAPTE Requested Policies

1. Due process (Policy 3E)
2. Academic regulation and governance (Policy 4N)
3. Program planning (Policies 1B, 2A)
4. Fiscal planning and allocation of resources (Policies 4H, 4I)
5. Associated faculty (Policies 4D, 4F)
6. Clinical education faculty (Policies 4K, 4L, 4P)
7. Staff (Policy 1D)
8. Patients and human subjects (Policy 5F)
9. Workload (Policies 3C, 4C, Workload Addendum)
 - a. Core faculty workload assignments comply with ULM institutional guidelines, which define Full-Time Equivalent (FTE) allocations.
 - b. Program-specific responsibilities include:
 - i. Teaching and lab instruction
 - ii. Student advising and mentorship
 - iii. Clinical education oversight
 - iv. Research and scholarly activities
 - v. Committee and service commitments
 - c. The DPT workload policy ensures fair distribution of duties across faculty.
 - d. The Faculty Workload document provides documentation of 1.0 FTE allocations across core faculty.
 - e. Annual reviews conducted by the Program Director and CHS leadership confirm:
 - i. Adherence to workload guidelines
 - ii. Equitable task assignments
 - iii. Alignment with teaching and programmatic goals
 - f. Workload data are corroborated through:
 - i. Faculty schedules
 - ii. Annual workload reports
 - iii. Performance evaluations

I. Oversight

1. The Program Director, in collaboration with CHS administration, ensures ongoing monitoring and adjustment of faculty and staff workloads as needed.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
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Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [University of Louisiana Monroe](#)
- B. [College of Health Sciences](#)
- C. [U.S. Department of Labor](#)
- D. [ULM DPT Faculty and Staff Handbook](#)
- E. [ULM DPT Student Handbook](#)
- F. [ULM DPT Clinical Education Handbook](#)

Keyword: policies, procedures, practices, institutional

XI. Revision History

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3F. CONFIRMATION OF ALIGNMENT BETWEEN PROGRAM AND INSTITUTIONAL POLICIES AND PROCEDURES

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 3 and Element 3F.

CAPTE Element 3F: Program specific policies and procedures are compatible with institutional policies and with applicable law.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Compliance With Federal And State Laws

1. Federal Regulations:

- a. Compliance with the Americans with Disabilities Act (ADA) for accessibility and accommodations.
- b. Adherence to Title IX protections against sex-based discrimination.
- c. FERPA compliance for safeguarding student educational records.

2. State Regulations:

- a. Alignment with the Louisiana Physical Therapy Practice Act and Rules.
- b. Conformance with Louisiana employment laws covering workplace safety, anti-discrimination, and fair labor practices.

3. Institutional Oversight:

- a. All policies are subject to institutional legal review to ensure compliance with applicable laws.

B. Program-specific Policies And Procedures

1. Admissions Procedures:

- a. Requires prerequisite coursework and clinical observation hours not mandated by general admissions policies.



- b. Requires an in-person component for Anatomy and Physiology prerequisite courses only.
- c. Includes holistic review elements based on lived experiences and attributes.
- 2. Grading Policies:**
 - a. Enforces a minimum passing grade of 75% (C) in midterm and final examinations, exceeding institutional grading thresholds.
- 3. Progression Policies:**
 - a. Mandates clinical benchmarks and competency assessments for student progression.
- 4. Clinical Education Policies:**
 - a. Maintains specific site selection, placement, and safety procedures aligned with CAPTE standards.
- 5. Faculty Workload Policies:**
 - a. Adjusted workload model includes clinical coordination, lab instruction, and research, which differ from institutional faculty models.
- 6. Safety Reporting Procedure:**
 - a. Completion of DA 2000 or DA3000 form and distribution to Operations Coordinator.
 - b. Notification to Program Director, College Dean, and School Director.
 - c. Upload and documentation in electronic portfolios.
 - d. Required meeting with injured party for corrective action and modifications.

C. Procedure of Creating Differential Policies and Procedures

1. Identification of Program-Specific Needs

- a. The Program Director or faculty member proposes a policy or procedure based on the unique educational, clinical, accreditation, or professional standards required of the DPT program.
- b. Justification may include compliance with CAPTE standards, alignment with professional expectations (e.g., APTA), or the need to support student safety, competency, or progression.

2. Comparison to Institutional Policy

- a. The Program Director or designee reviews the corresponding institutional or college-wide policy.
- b. Differences are documented using a Policy Comparison Template that includes:
 - i. Institutional policy language
 - ii. DPT program policy language
 - iii. Rationale for deviation
 - iv. Relevant accreditation, regulatory, or practice-based citation

D. Institutional Approval for Program Policies

1. Development and Review

- a. The proposed difference is presented at a faculty meeting with supporting documentation.
- b. Core faculty review the justification and vote on the proposed policy. A majority vote is required for advancement.
- c. If the policy differs from university or college policy, it is submitted to the College of Health Sciences Governance Committee.

2. Approval Process:

- a. Submitted to CHS Governance Committee and, when required, the Academic Policy Committee for final approval.

3. Documentation and Dissemination:

- a. Published in the program handbook.
- b. Changes are communicated to all faculty, staff, and students via:



- i. Email notification
- ii. Program handbook update
- iii. Orientation sessions
- iv. DPT program webpage

E. Review and Updates

1. All differing policies are reviewed annually during the summer retreat or designated policy review cycle to ensure continued relevance and legal alignment.
2. Updates are initiated as needed, following the same procedure.
3. In May, an adhoc workgroup will review the policies and procedures manual to ensure alignment with institutional policy and procedures. The Program Director will be responsible for reviewing the report from the workgroup.
4. The Operations Coordinator chairs the adhoc workgroup of the Outcomes Committee.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Americans with Disabilities Act, 1990
- B. Title IX of the Education Amendments of 1972
- C. Family Educational Rights and Privacy Act (FERPA), 1974
- D. Louisiana Physical Therapy Practice Act and Rules
- E. ULM College of Health Sciences and Academic Affairs Policies
- F. [ULM DPT Faculty and Staff Handbook](#)
- G. [ULM DPT Student Handbook](#)
- H. [ULM DPT Clinical Education Handbook](#)

Keywords: alignment, policy, program, institution



XI. Revision History

Department	Physical Therapy
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Next Review Date	7/1/2026



3G. DUE PROCESS AND COMPLAINT PROCESS

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 3 and Element 3G.

CAPTE Element 3G: Policies, procedures, and practices exist for handling complaints, including a prohibition of retaliation following submission of a complaint. 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.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Institutional and Program Policies

1. ULM prohibits retaliation against any individual filing a complaint.
2. All complaints are addressed equitably and confidentially, ensuring protection of all parties' dignity and privacy.

B. Informal Complaints

1. Students are encouraged to resolve concerns informally with the involved party.
2. If uncertain, students may seek guidance from the Office of Student Services (Student Center 239).

C. Formal Complaint Process

1. Formal complaints are submitted via the Complaint Tracking Form (Microsoft Forms link).
2. The form is stored in a secure OneDrive folder with access limited to the Program Director and Administrative Assistant.
3. The Program Chair reviews complaints within 5-7 business days.
4. An ad-hoc committee of at least three members may be formed.
5. A decision is issued within 72 business hours.
6. Appeals must be submitted in writing within 72 business hours of the decision.

**D. External Complaint Filing**

1. Complaints may be escalated to the Dean of the College of Health Sciences and, if necessary, to the Vice-President of Academic Affairs.
2. Complaints can also be filed with:
 - i. CAPTE, 1111 N. Fairfax Street, Alexandria VA 22314
 - ii. Louisiana Board of Regents Complaint Form (via Board of Regents website)
 - iii. U.S. Department of Education, Family Policy Compliance Office

E. Alternative Reporting Options

1. Stakeholders may also use ULM's centralized "Report It" platform: <https://ulm.edu/report-it>

F. Report It Options Include:

1. Student Complaint Form
2. Title IX Report Form
3. Incident Reporting Form
4. Hazing Report Form
5. CARE Team Referral
6. Welfare Concern Report
7. UPD Silent Witness
8. Complaints received by the program will be reported through the "Report It" platform when applicable.

G. Dissemination

1. Complaint policies are available on the institutional "Report It" webpage.
2. Procedures are included in:
 - i. DPT Program Handbook (distributed at orientation)
 - ii. Faculty and staff handbooks
 - iii. Institutional policies website

H. Record Maintenance

1. Records are stored securely in OneDrive and maintained for five years.
2. Records include the complaint, actions taken, resolution, and any appeal.
3. Annual aggregate reports are generated for internal program review and quality improvement.

I. Commitment to Fairness and Non-Retaliation

1. All parties involved in the complaint process are treated fairly.
2. Retaliation against complainants or participants in the complaint process is strictly prohibited and subject.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu



Operations Coordinator	318-342-1265	Victorian@ulm.edu
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VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. <https://ulm.edu/report-it>
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: due process, complaints, reporting

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3H. CONFIDENTIALITY OF STUDENT RECORDS AND INFORMATION

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 3 and Element 3E.

CAPTE Element 3E: Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.

This policy ensures that students have control over their education records and personal information, with mechanisms in place to review, amend, and consent to disclosure, as well as recourse in the event of non-compliance with FERPA regulations.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

- A. The program will follow the FERPA Guidelines for faculty, staff, and students.
 - 1. **Right to Inspect and Review Records:**
 - a. Students have the right to inspect and review their education records within 45 days of the day the University receives a request for access.
 - b. Students should submit a written request to the registrar, dean, head of the academic department, or other appropriate official, identifying the record(s) they wish to inspect.
 - 2. **Right to Request Amendment of Records:**
 - a. Students have the right to request the amendment of their education records if they believe the records are inaccurate, misleading, or in violation of their privacy rights under FERPA.



- b. Students should write to the school official responsible for the record, clearly identifying the part of the record they want changed and specifying the reason.
 - c. If the school decides not to amend the record as requested, the student will be notified in writing of the decision and their right to a hearing regarding the request for amendment.
3. **Right to Provide Consent for Disclosure:**
 - a. Students have the right to provide written consent before the University discloses personally identifiable information (PII) from their education records, except as authorized by FERPA.
 - b. Disclosure without consent is permitted to school officials with legitimate educational interests or to officials of another school where the student seeks or intends to enroll.
4. **Right to File a Complaint:**
 - a. Students have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.
5. **Contact Information for FERPA Office:**
 - a. The ULM Office that is responsible for FERPA Compliance is the Office of the Registrar, <https://www.ulm.edu/registrar/ferpa.html>
 - b. Students can submit a FERPA Waiver through the FERPA Waiver Form.
 - i. <https://webservices.ulm.edu/apps/ferpa>
 - ii. The National Office that administers FERPA is the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.



X. Appendices, References and Related Materials

- A. <https://ulm.edu/report-it>
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: student, records, confidentiality, FERPA, complaint

XI. Revision History

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3J. RECORDS MANAGEMENT

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3. The policy aligns with the institutional and state policies and procedures to ensure compliance with state regulations. The policy establishes standardized procedures for the creation, maintenance, retention, and disposition of records within the ULM DPT Program

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Record Creation and Maintenance

1. Student Records

- a. **Academic Records:** Grades, transcripts, and evaluations are maintained in the university's secure student information system.
- b. **Clinical Education Records:** Documentation related to clinical placements, evaluations, and communications are stored securely, with access limited to authorized personnel.
- c. **Complaint Records:** Documentation of complaints falling outside due process is retained for a period of five years in the PD's office.

2. Faculty and Staff Records

- a. **Personnel Files:** Include employment contracts, evaluations, licensure documentation, and other relevant materials. These are stored in locked cabinets with access restricted to authorized individuals.

3. Administrative Records

- a. **Meeting Minutes and Reports:** Documented and stored electronically with appropriate backup.
- b. **Policy and Procedure Documents:** Regularly reviewed, updated, and archived as necessary.

**B. Record Retention and Disposition**

All records are retained and disposed of in accordance with the ULM Records Retention Schedule and Louisiana state laws.

1. Retention Periods

- a. **Student Academic Records:** Permanently retained.
- b. **Clinical Education Records:** Retained for a minimum of five years post-graduation.
- c. **Faculty and Staff Records:** Retained for five years after separation from the university.
- d. **Administrative Records:** Retention periods vary; refer to the ULM Records Retention Schedule.

2. Disposition Procedures

- a. **Destruction:** Records approved for destruction are to be shredded or otherwise rendered unreadable.
- b. **Archiving:** Records of historical significance are transferred to the ULM Special Collections & Archives.
- c. **Documentation:** All dispositions are documented using the official Louisiana Secretary of State Records Management forms.

C. Access and Confidentiality

1. **Access Control:** Only authorized personnel may access sensitive records.
2. **Confidentiality:** All records containing personal or sensitive information are handled in compliance with FERPA and HIPAA regulations.
3. **Training:** Faculty and staff receive regular training on records confidentiality and security protocols.

D. Records Management Procedures**1. Record Identification**

- a. All records are categorized and labeled according to their type and retention requirements.

2. Storage

- a. **Physical Records:** Stored in secure, access-controlled environments.
- b. **Electronic Records:** Stored on secure servers with regular backups and access controls.

E. Review and Audit

1. Periodic audits are conducted to ensure compliance with records management policies.

F. Compliance and Enforcement

1. Non-compliance with this SOP may result in disciplinary action in accordance with university policies.
2. Regular reviews of records management practices are conducted to ensure ongoing compliance with applicable laws and regulations.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu



Operations Coordinator	318-342-1265	Victorian@ulm.edu
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VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. ULM Records Management Policy
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. ULM Special Collections & Archives
- D. Louisiana Revised Statute 44:410
- E. FERPA
- F. CAPTE Accreditation Standards

Keywords: records, archive, storage

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3K. SAFETY REGULATIONS AND EMERGENCY PROCEDURES

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institutional, programmatic, and CAPTE), with demonstrated focus on quality assurance and improvement.

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) Program is committed to maintaining a safe educational, laboratory, and clinical environment for students, faculty, and staff. The program implements procedures designed to prevent exposure to bloodborne pathogens (BBP) and other potentially infectious materials (OPIM) during academic instruction, laboratory activities, clinical education, and other program-related activities.

This policy establishes procedures for training, prevention, reporting, and management of exposure incidents involving bloodborne pathogens and aligns with the **Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030)**.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

This policy establishes procedures to:

- Protect DPT students, faculty, and staff from exposure to bloodborne pathogens.
- Ensure compliance with OSHA Bloodborne Pathogens Standards.
- Provide training and information regarding infection control practices.
- Outline procedures for reporting and managing exposure incidents.
- Ensure appropriate medical evaluation and follow-up after potential exposure.

This policy supports the ULM DPT program in demonstrating compliance with **CAPTE Standard 3** and institutional safety requirements.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program students, faculty, and staff
- B. Clinical instructors and affiliated clinical education sites
- C. Community members and other interested parties involved in the decision-making process or impacted by program decisions
- D. Other individuals participating in DPT program activities where exposure risk may exist
- E. Individuals participating in educational, research, laboratory, simulation, or clinical activities where contact with blood or potentially infectious materials may occur.

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.



Bloodborne Pathogens (BBP)

Microorganisms present in human blood that can cause disease, including but not limited to:

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV)

Occupational Exposure

Reasonably anticipated contact with blood or other potentially infectious materials that may occur during academic, research, or clinical activities.

Other Potentially Infectious Materials (OPIM)

Includes certain body fluids, tissues, or materials capable of transmitting bloodborne pathogens.

Personal Protective Equipment (PPE)

Specialized clothing or equipment worn to protect individuals from exposure to hazards, including gloves, masks, gowns, eye protection, or face shields.

Exposure Incident

Specific contact with blood or OPIM through:

- Needle sticks or sharps injuries
- Contact with mucous membranes
- Contact with non-intact skin

V. Policy Procedure

A. Exposure Control Plan (ECP):

1. The DPT Program maintains an Exposure Control Plan in accordance with the OSHA Bloodborne Pathogens Standard.
2. The Exposure Control Plan includes:
 - a. Identification of tasks and procedures where occupational exposure may occur.
 - b. Implementation of engineering controls, such as:
 1. Sharps disposal containers
 2. Safety-engineered needles
 - c. Implementation of work practice controls, including:
 1. No recapping of needles
 2. Proper hand hygiene
 3. Safe handling and disposal of contaminated materials
3. Use of appropriate personal protective equipment (PPE)
4. Housekeeping and decontamination procedures
5. Procedures for reporting and responding to exposure incidents.
6. The plan establishes schedules and methods for implementing OSHA Bloodborne Pathogens Standard requirements.

B. Standard Precautions

1. All students, faculty, and staff must follow **standard precautions** during laboratory, clinical, or patient-related activities.
2. These precautions include:
 - a. Treating all blood and bodily fluids as potentially infectious
 - b. Wearing appropriate PPE when exposure risk exists



- c. Performing proper hand hygiene
- d. Properly disposing of sharps and contaminated materials
- e. Following institutional infection control procedures

C. Hepatitis B Vaccination

- 1. Students, faculty, and staff with potential exposure risk must receive the Hepatitis B vaccination series prior to participating in activities involving potential exposure.
- 2. Individuals who decline the vaccination must sign a Hepatitis B vaccination declination form acknowledging their understanding of the associated risks.
- 3. Declining vaccination may affect participation in certain clinical placements if required by affiliated clinical sites.

D. Training and Information Dissemination:

- 1. Individuals whose responsibilities place them at risk for occupational exposure must receive education and training regarding bloodborne pathogens.
- 2. Training includes:
 - a. Explanation of the Exposure Control Plan (ECP)
 - b. Infection control procedures
 - c. Proper use of personal protective equipment
 - d. Sharps safety
 - e. Post-exposure procedures
- 3. Employees in positions affected by the bloodborne pathogens standard receive an explanation of the ECP during their **initial training session** and during the **required annual refresher training sessions**.
- 4. Students receive bloodborne pathogen training prior to participation in laboratory or clinical education experiences and must complete annual refresher training.
- 5. Training records include:
 - a. Name of participant
 - b. Date of training
 - c. Instructor information
- 6. Records are maintained according to institutional record retention policies.

E. Access to the Exposure Control Plan:

- 1. Students, faculty, and staff may review the Exposure Control Plan at any time during scheduled program hours.
- 2. Access may be obtained by contacting:
 - a. The department safety coordinator
 - b. The Program Director
 - c. The ULM Environmental Health and Safety Officer
- 3. Upon request, the Environmental Health and Safety Department will provide a copy of the plan free of charge within fifteen days.

F. Exposure Incident Procedures

If an exposure incident occurs, the following procedures must be followed immediately.

- 1. Immediate First Aid
 - a. Wash the affected area with soap and water
 - b. Flush exposed mucous membranes with clean water or saline
- 2. Reporting
 - a. Immediately notify:
 - 1. Clinical instructor or supervisor
 - 2. Course instructor
 - 3. Program Director or Clinical Education Coordinator



- b. Individuals at clinical education sites must also follow the exposure control procedures of the clinical site.

3. Medical Evaluation

- a. Medical evaluation should occur within two hours of exposure at the nearest emergency department or designated healthcare facility.

4. Documentation

- a. Required documentation includes:
 - 1. DA-3000 Incident Report Form (Students)
 - 2. DA-2000 Form (Employees, if applicable)
 - 3. Consent and release forms if required
- b. Incident reports must be submitted to:
 - 1. Program Director
 - 2. Clinical Education Coordinator
 - 3. ULM Environmental Health and Safety Officer

5. Follow-Up Care

- a. Post-exposure follow-up may include:
 - 1. Laboratory testing
 - 2. Counseling
 - 3. Medical monitoring
- b. Additional follow-up testing may occur at:
 - 1. 12 weeks
 - 2. 6 months
 - 3. if recommended by the healthcare provider.

G. Confidentiality

- 1. All exposure records, medical evaluations, and follow-up documentation will be maintained confidentially in accordance with applicable privacy and health information laws.

H. Compliance

- 1. Failure to follow BBP safety procedures or reporting requirements may result in disciplinary action including:
 - a. Removal from clinical education activities
 - b. Academic or employment disciplinary action
 - c. Program dismissal in cases of serious or repeated violations

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Facilities Management and Environmental Health & Safety, <https://www.ulm.edu/safety/>
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: safety, emergency, exposure

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3L. EMERGENCY BUILDING EVACUATION

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure. This policy outlines emergency building evacuation procedures.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Fire Alarm Activation:

1. If the fire alarm has not sounded, pull the fire alarm to alert everyone to evacuate the building.
2. If the fire alarm has sounded, evacuation begins immediately.

B. Evacuation Process:

1. Exit the building through the nearest available exit. If the nearest exit is blocked, use the next safest exit.
2. The last occupant of each room should shut the door to prevent fire and smoke damage.

C. Assembly Area:

1. Proceed to the designated assembly area for your building if it is safe to do so. Some buildings may have multiple assembly areas.

D. Accountability:

1. Department heads, directors, and supervisors must account for all employees after evacuation.



2. If someone is missing, inform emergency personnel promptly, providing the missing person's name and probable location in the building.

E. Re-entry Protocol:

1. No one is permitted to re-enter the building until qualified personnel confirm it is safe.

F. Post-Evacuation Procedure:

1. Once evacuation is complete, the Building Safety Coordinator must complete and submit the fire drill/building evacuation report.

G. Special Circumstances:

1. During fire alarm system maintenance or testing, an announcement will be made indicating that evacuation is not necessary.

In addition, during emergencies such as tornadoes, fires, or pandemics, campus operations may be disrupted. In such cases, temporary remote instruction (TRI) will be implemented, with classes conducted virtually. The DPT Program Director will coordinate with the College of Health Sciences administrative team to determine the best course of action, ensuring students have necessary equipment and access for remote instruction. If needed, classes may be temporarily relocated to an approved alternative location until the university reopens.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Facilities Management and Environmental Health & Safety, <https://www.ulm.edu/safety/>
- B. [ULM DPT Student Handbook](#)

Keywords: emergency, evacuation, fire



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3M. SAFETY INSPECTION

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure. This policy ensures regular inspections of buildings and equipment to identify and address safety hazards promptly, promoting a safe working and learning environment for all occupants.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Frequency of Inspections:

1. Quarterly building inspections, including all equipment within the building, are conducted by the College of Health Sciences Business and Facilities Manager (CHSB FM).
2. The DPT program administrative assistant assists with these inspections.

B. Reporting of Issues:

1. Issues and problems identified during inspections must be reported to the Facilities Management and Environmental Health and Safety Department using the required quarterly building inspection form mandated by the state's risk management program.
2. Specific items are listed on the form.

C. Use of Inspection Form:

1. The quarterly building inspection form assists in identifying hazards in the building.
2. If an item listed on the form is not applicable to the building, "N/A" should be marked.



3. For applicable items, the inspector should carefully check and mark "YES" or "NO" as appropriate.
4. The comments section should be used to specify identified problems, including the location and a detailed description.
5. If a work order has been issued to address a problem, the work order number should be noted in the comments section.

D. Specific Information on Form Categories:

1. Fire Safety and Emergency Equipment
2. Building and Office Safety
3. Electrical Safety and Storage Methods
4. Other Building Safety Issues & Concerns

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Facilities Management and Environmental Health & Safety, <https://www.ulm.edu/safety/>
- B. [ULM DPT Student Handbook](#)

Keywords: safety, inspection, fire, storage

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Next Review Date	7/1/2026



3N. CAPTE REPORTING

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure. This policy ensures communication with CAPTE in a timely manner.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

- A. The Program Director is the primary responsible party for following all policies and procedures and ensuring that all DPT program stakeholders comply with CAPTE regulations as outlined in the CAPTE Rules of Practice and Procedures. CAPTE Rules and Regulations relevant to the operations are discussed at each program and committee meeting.
- B. The Director of Clinical Education has responsibility under the direction of the Program Director to follow clinical education policies and procedures.
- C. Core faculty have responsibilities based on CAPTE standards and elements and manifested through teaching, research, and service activities.
- D. The Annual Accreditation Report will be completed by the Program Director with feedback from the faculty, staff, students, and community members. The report is due in December annually.
- E. The Program Director is responsible for the timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education as outlined in the CAPTE Handbook. Email notifications or portal submission of substantive changes will be sent to CAPTE and followed with mandated documentation and fees if needed.

**VI. Policy Management**

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keywords: CAPTE, reporting

XI. Revision History

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Next Review Date	7/1/2026



30. ACCIDENT AND INJURY PREVENTION, REPORTING, AND INVESTIGATION

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure. This policy ensures timely reporting of accidents and injuries.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3.

WARHAWK Flight Path: All phases included

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Prevention

1. Every effort should be made to keep learning environment clean, clutter removed, and equipment in good working condition.

B. Reporting

1. The ULM DPT employee will fill out the DA 3000 form.
2. The ULM DPT employee will email the form to the Operations Coordinator.
3. The Operations Coordinator will notify the ULM DPT Program Director.
4. The Operations Coordinator will upload a copy into student's electronic portfolio.
5. The Operations Coordinator will email the form to EHS and copy the College of Health Sciences Dean and the School of Allied Health Director.

C. Investigation

1. A faculty member or administrator will meet with the injured party to discuss corrective actions including necessary modifications to the learning environment.



2. The faculty member or administrator will email the necessary modifications to the Program Director.
3. The Program Director will upload modifications as a comment in the DA3000 form upload in the electronic portfolio.
4. The Operations Coordinator will update the person's health form regarding PMHx if needed and the recent injury.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

A. Facilities Management and Environmental Health & Safety, <https://www.ulm.edu/safety/>

XI. Revision History

Department	Physical Therapy
Web Link	https://www.ulm.edu/dpt/program
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3P. STORAGE AND USE OF HAZARDOUS MATERIAL

I. Policy Statement

The institution and program operate with integrity. Integrity is the consistent and equitable implementation of policies and procedures (institution program, and CAPTE), with demonstrated focus on quality assurance and improvement.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure. This policy ensures that the university effectively informs its employees about chemical hazards, provides proper training and equipment, and complies with relevant regulations to maintain a safe working environment.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 3.

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Regulatory Compliance:

1. The university complies with the Right-to-Know legislation and regulations prescribed by the Environmental Protection Agency (EPA) and the Louisiana Department of Environmental Quality regarding hazardous materials.

B. Establishment of Programs:

1. The Hazardous Communication Program (29 CFR 1910.1200) and OSHA Laboratory Standard (29 CFR 1910.1450- Chemical Hygiene Plan) are established to provide knowledge of proper safety practices to students, faculty, visitors, and employees working in areas where exposure to hazardous chemicals is a safety concern.

C. Purpose:

1. The hazard communication program aims to inform university employees of potential or existing chemical hazards effectively.
2. Methods used for informing employees include Safety Data Sheets (SDS), container labeling, and other warning forms, and employee education and training.

**D. Handling, Storage, and Disposal Requirements:**

1. Proper handling, storage, and disposal requirements are outlined in the Chemical Hygiene Plan in the ULM Environmental, Health, and Safety Manual.
2. Personal Protective Equipment for Hazard Communication is also provided.

E. Determining Chemical Hazards:

1. Foremen, supervisors, lab managers, or their representatives are responsible for maintaining an up-to-date list of all hazardous materials in their area of responsibility.
2. This list is provided to the Environmental Health and Safety Office annually.
3. All hazardous materials must be properly labeled, and safety instructions covering handling, health considerations, storage, emergency response, and disposition of hazardous material must be provided to employees/students.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Student Handbook](#)
- B. [ULM DPT Clinical Education Handbook](#)

Keywords: hazardous, safety, storage, handling

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4A. CORE FACULTY MEMBER QUALIFICATIONS

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4A.

CAPTE Element 4A: Each core faculty* member has doctoral preparation,* contemporary expertise* in assigned teaching areas, and demonstrated effectiveness in teaching and evaluation of student learning. In addition, core faculty* who are physical therapists hold an active, unencumbered PT license in any United States jurisdiction and are in compliance with the state practice act in the jurisdiction where the program is located.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

RELEVANT STATUTORY REFERENCE:

1. Under **Section 325: Exemptions** of the Louisiana Practice Act, a physical therapist or physical therapist assistant may be exempt from licensure in Louisiana under the following conditions:

“A physical therapist or physical therapist assistant licensed in another jurisdiction of the United States or credentialed in another country performing physical therapy incidental to teaching, demonstrating or providing physical therapy services in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year, provided such physical therapist or physical therapist assistant is licensed in good standing in another jurisdiction or credentials are in good standing in another country, or holds an appointment on the faculty of a school approved for training physical therapists or physical therapist assistants.”

V. Policy Procedure

A. Documentation Of Doctoral Preparation

1. Each core faculty member must submit an updated CV annually using the ULM DPT format.



2. The Program Director verifies doctoral preparation and ensures it is documented in the faculty database.
3. All doctoral degrees must be from a regionally accredited institution.

B. Teaching Effectiveness And Evaluation Of Student Learning

1. Teaching effectiveness will be evaluated each semester through:
 - a. Student course evaluations (administered by the ULM Office of Institutional Research)
 - b. Peer evaluations arranged by the Faculty Affairs Committee
2. Results are reviewed by the Program Director and integrated into faculty annual performance reviews.

C. Verification Of Pt Licensure

1. All core faculty who are physical therapists must provide:
 - a. A copy of their current physical therapist license
 - b. Confirmation that the license is active and unencumbered
2. Verification occurs annually and is logged in the faculty credentialing system.
3. Louisiana Practice Act Compliance
 - a. Per Section 325 of the Louisiana Physical Therapy Practice Act and Rules, exemptions from Louisiana licensure apply for:
 - a. Faculty performing physical therapy incidental to teaching, demonstration, or educational seminars for no more than 60 days annually
 - b. Individuals holding faculty appointments at an approved physical therapy program
 - c. PTs/PTAs licensed in good standing in another U.S. jurisdiction or credentialed in good standing in another country
 - b. The Program Director attests that all core faculty who are PTs are in compliance with the jurisdictional requirements for practice, and the license jurisdiction is listed in the Core Faculty Detail Table.

D. Teaching Assignments And Roles

1. Each faculty member completes a “Teaching Assignment Form” annually including:
 - a. Course prefix, number, and title
 - b. Teaching content (e.g., differential diagnosis, neurorehabilitation)
 - c. Instructional role (e.g., primary instructor, lab lead, co-instructor)

E. Evidence Of Contemporary Expertise

1. Each faculty member must submit an annual dossier containing at least two forms of the following documentation to demonstrate contemporary expertise aligned with teaching responsibilities:
 - a. **Educational Background**
 - a. Post-professional academic coursework
 - b. Residency or fellowship training
 - c. Continuing education unit (CEU) certificates
 - b. **Clinical Expertise**
 - a. Board certification (e.g., ABPTS)
 - b. Clinical experience within the teaching domain
 - c. **Consultation and Service**
 - a. Documentation of expert consultation
 - b. Participation in professional service activities directly related to teaching content
 - d. **Course Materials Review**



- a. Updated syllabi and course materials that reflect evidence-based content
- b. Learning activities aligned with contemporary practice expectations
- e. Scholarship**
 - a. Peer-reviewed publications, professional presentations, or funded grants in the content area
 - b. Citations or abstracts must be included
- f. External Content Review**
 - a. Independent review of course materials by a content expert
 - b. Documentation includes the reviewer's name, credentials, and feedback
- g. Independent Study**
 - a. Structured review of current literature or guidelines
 - b. Documentation of time spent (minimum 10 hours), resources used, and key insights gained
- h. Formal Mentorship**
 - a. Evidence of mentorship in the assigned area
 - b. Summary includes mentor qualifications, duration, and learning outcomes

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keywords: core faculty, qualifications

XI. Revision History

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4B. CORE FACULTY SCHOLARLY ACTIVITIES

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4B.

CAPTE Element 4B: Each core faculty member has a well-defined, ongoing scholarly agenda* that reflects contributions to the profession and is aligned with the mission of the institution.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Scholarly Alignment with Institutional Mission

1. Each faculty member's scholarship is reviewed to ensure relevance to ULM's mission in areas such as:
 - a. Health equity and access
 - b. Community engagement and service
 - c. Interprofessional collaboration and education
 - d. Innovative clinical practice
 - e. Transformative and inclusive education
2. Faculty research agendas are expected to reflect one or more of these institutional priorities.
3. Faculty scholarly activities should result in peer-reviewed products, presentations, grants, or other forms of dissemination that advance educational excellence and societal impact.

B. Monitoring And Reporting

1. The Program Director conducts an annual review of each core faculty member's scholarly output as part of the formal performance evaluation process.
2. Core faculty members who have not yet met the requirement of two scholarly products within four years must:
 - a. Submit written confirmation of an assigned research mentor.
 - b. Provide a detailed timeline and list of planned scholarly activities aimed at achieving compliance with Element 4B.



3. The program maintains comprehensive documentation for:
 - a. Mentor assignments for non-compliant faculty.
 - b. Faculty progress updates toward the required scholarly output.
 - c. Final outcomes including published or presented work.
4. The Program Director and research mentors are jointly responsible for tracking progress and providing support to ensure timely completion of scholarly requirements.
5. Documentation is reviewed annually and used for internal reporting, accreditation, self-study preparation, and continuous quality improvement.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)

Keywords: faculty, scholarship, scholarly activity

XI. Revision History

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Next Review Date	7/1/2026



4C. CORE FACULTY SERVICE ACTIVITIES

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4C.

CAPTE Element 4C: Each core faculty member has a record of institutional and/or professional service* that is consistent with the institution's mission and expectations and with the program's mission and goals.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Institutional Mission And Faculty Service Expectations

1. Faculty are expected to actively engage in service at the department, college, university, professional, and community levels.
2. Service responsibilities may include, but are not limited to:
 - a. Committee participation and leadership
 - b. Student advising and mentoring
 - c. Involvement in recruitment and retention activities
 - d. Participation in professional organizations and community outreach
 - e. Contributions to institutional initiatives and shared governance
3. Faculty are expected to demonstrate collegiality, citizenship, and professional conduct in their service roles.
4. Faculty service performance is reviewed annually as part of the overall evaluation process, as outlined in the 2024–2025 Institutional Faculty Handbook (pp. 19–21, 30–31).

B. Program Mission And Faculty Service Goals

1. Faculty service is an essential part of fulfilling the program's mission and contributes to:
 - a. Promoting health equity and social responsibility
 - b. Strengthening student learning and development
 - c. Building strategic community and professional partnerships
 - d. Supporting diversity, equity, inclusion, and justice (DEIJ) in healthcare education



2. Per the ULM DPT Workload Policy, each faculty member is required to dedicate a minimum of 5% of their time, equivalent to two hours per week, to service endeavors.
3. Faculty service contributions are expected to be meaningful, sustained, and aligned with both institutional and programmatic objectives.

C. Monitoring And Reporting

1. Faculty service contributions are documented annually through the faculty evaluation process and faculty workload reporting.
2. The Program Director reviews each faculty member's service activity to ensure alignment with ULM's and the DPT program's missions.
3. Faculty must provide evidence of service activities, including committee assignments, event participation, and external service contributions.
4. Documentation is maintained for accreditation purposes and continuous quality improvement.
5. Faculty are encouraged to reflect on service impact and engage in ongoing opportunities that support institutional and program goals.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)

Keywords: core faculty, service

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4D. ASSOCIATED FACULTY QUALIFICATIONS

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4D.

CAPTE Element 4D: Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness both in teaching and in evaluation of student learning.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Associated faculty are classified into two categories for reporting purposes:

- a. Faculty involved in **less than 50%** of total course or lab contact hours.
- b. Faculty involved in **50% or more** of total course or lab contact hours.

V. Policy Procedure

A. Associated faculty involved in less than 50% of course contact hours

1. For each associated faculty member in this category, the following information must be documented:
 - a. **Name and Credentials** – Full name with relevant academic/professional designations (e.g., PT, DPT, PhD).
 - b. **Content Taught** – Brief description of the topic or module.
 - c. **Applicable Course Number(s) and Title(s)** – Include both course code and full title.
 - d. **Total Contact Hours** – Actual hours taught.
 - e. **Source(s) of Contemporary Expertise** – Describe qualifications directly related to assigned content (e.g., recent clinical experience, certifications, publications, presentations).

B. Associated faculty involved in 50% or more of course contact hours

1. For associated faculty members responsible for **50% or more** of lecture or lab contact hours, including lab assistants with significant student interaction.

**C. Monitoring and documentation process**

1. The Program Director, in collaboration with course coordinators, monitors the distribution of contact hours across all associated faculty each semester.
2. Faculty workload data are reviewed to ensure appropriate classification and reporting
3. Documentation is reviewed annually and updated as needed to support accreditation compliance and continuous program improvement.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related MaterialsA. [ULM DPT Faculty and Staff Handbook](#)

Keywords: associated faculty, credentials

XI. Revision History

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4E. CORE FACULTY EVALUATION AND DEVELOPMENT

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4E.

CAPTE Element 4E: Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Evaluation Process And Criteria

Faculty are evaluated across four primary domains: teaching, scholarship, service, and additional responsibilities.

1. Teaching

- a. Faculty performance is evaluated through student course evaluations, supervisor observations, and instructional quality.
- b. Specific indicators include course organization, effective use of technology, timely and fair grading, student engagement, and alignment with program standards.
- c. Online instruction is assessed using the Quality Matters rubric.
- d. Ratings are assigned on a 0–4 scale (0 = Unsatisfactory to 4 = Excellent).

2. Scholarship

- a. Faculty scholarship is assessed through peer-reviewed publications, conference presentations, grant writing, curriculum development, and student mentorship.
- b. Points are awarded on a 0.00–1.00 scale per scholarly product, reflecting completion status.
- c. Faculty are expected to maintain licensure, complete CEUs, and pursue interdisciplinary collaborations.

**3. Service**

- a. Faculty are evaluated on service to the program, college, university, profession, and community.
- b. Contributions may include committee participation, community engagement, student advising, accreditation efforts, and initiatives.
- c. Service activities are documented and weighted as part of the overall evaluation.

4. Additional Responsibilities

- a. Administrative roles, special assignments, and program-level responsibilities are included in the evaluation when applicable.
- b. These may involve course coordination, clinical education assignments, or leadership in strategic projects.

5. Scoring and Outcome

- a. Domain-specific scores are weighted based on individual workload distributions.
- b. A final composite rating is calculated and accompanied by narrative feedback from the Program Director.
- c. Faculty sign to acknowledge the evaluation and may submit a written response if they disagree.
- d. The evaluation process supports decisions related to tenure, promotion, and individualized development plans.

B. Faculty Development Activities

1. Faculty development is guided directly by the evaluation process.
2. Development activities are selected based on:
 - a. Needs identified through faculty self-assessment and Program Director feedback
 - b. Program improvement goals aligned with accreditation standards
3. Institutional strategic priorities in teaching, research, and service
 - a. Development opportunities may include:
 - Workshops and seminars on pedagogy, assessment, andragogy
 - Continuing education in clinical or research areas
 - Grant-writing support or curriculum innovation training
 - Interprofessional or community engagement initiatives

C. Documentation And Continuous Improvement

1. Evaluation results and faculty development plans are documented annually and stored in faculty personnel files.
2. The Program Director reviews the evaluations to identify patterns and opportunities for program-wide improvement.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)

Keywords: core faculty, evaluation, development, plans

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Next Review Date	7/1/2026



4F. ASSOCIATED FACULTY EVALUATION

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4F.

CAPTE Element 4F: Evaluation of associated faculty occurs and results in a plan to address identified needs.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Individual Assessment Of Needs

1. Self-Reflection

a. Adjunct faculty complete a structured self-reflection at the beginning of each academic year. This document highlights:

- Teaching strengths
- Instructional challenges
- Areas of interest for professional growth

2. Performance Review Data

a. Core faculty review the following data sources to guide individualized development suggestions:

- Student course evaluations
- Direct student feedback
- Peer observations and reviews

3. Individual Consultations

a. Course coordinators conduct one-on-one meetings with adjunct faculty to:

- Review teaching performance data
- Provide constructive feedback
- Identify specific support or training needs



B. Collective Assessment Of Needs

1. Data Aggregation and Analysis

- a. Program leadership and core faculty review aggregated data from:
 - Student course evaluations
 - NPTE content area performance
 - Post-course faculty debriefings

2. Core Faculty Input

- a. Regular input is solicited from core faculty members who collaborate closely with adjuncts to detect shared challenges and common developmental themes.

3. External and Institutional Inputs

- a. Faculty development priorities are also informed by:
 - Accreditation reports and recommendations
 - Curriculum revisions
 - Emerging national trends in physical therapy education (e.g., simulation use, interprofessional education, diversity and inclusion initiatives)

E. Development Implementation And Support

1. Orientation and Onboarding

- a. Tailored orientation sessions are provided to introduce adjuncts to program expectations and instructional tools.

2. Ongoing Professional Development Opportunities

- a. Adjuncts have access to:
 - Asynchronous development modules via Canvas
 - Invitations to program-sponsored workshops and calibration meetings
 - Content-specific training sessions, aligned with identified needs

F. Monitoring And Evaluation

1. Participation Tracking

- a. Participation in all faculty development activities is documented and maintained by program administration.

2. Impact Assessment

- a. Development outcomes are evaluated through:
 - Follow-up teaching observations
 - Student learning outcome trends
 - Reflective feedback from adjunct faculty

3. Continuous Improvement

- a. Ongoing feedback from adjuncts is used to refine development offerings, ensuring they remain relevant, accessible, and impactful.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
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Program Director	318-342-1326	Vanhoose@ulm.edu
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VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)
- D. ULM Faculty Handbook

Keywords: associated faculty, adjunct

XI. Revision History

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4G. PROGRAM DIRECTOR QUALIFICATIONS

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4G.

CAPTE Element 4G: The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:

- Is a physical therapist who holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located. For CAPTE-accredited programs outside the United States, the program director is licensed or regulated as a PT in accordance with their country's regulations.
- Has earned an academic doctoral degree or previous CAPTE-granted exemption.
- Holds the rank of associate professor, professor, clinical associate professor, or clinical professor.
- Has a minimum of six years of full-time* higher education experience, with a minimum of three years of full-time experience as a core faculty member in a CAPTE-accredited entry-level physical therapist education program.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Licensure Requirement

1. The Program Director must hold an active, unencumbered physical therapist license in a United States jurisdiction.
2. The license must be in full compliance with the state practice act of the state in which the program is located.

Verification: A current copy of the license and official verification of good standing are maintained in the personnel file.



B. Doctoral Degree Qualification

1. The Program Director must possess an earned academic doctoral degree (e.g., PhD, EdD, DSc).
2. Alternatively, a CAPTE-granted exemption may substitute for the academic doctoral degree.

Verification: Official academic transcripts or documentation of CAPTE exemption are filed with HR.

C. Faculty Rank Requirement

1. The Program Director must hold the rank of associate professor, professor, clinical associate professor, or clinical professor.

Verification: Faculty appointment documentation is provided by the institution and included in the personnel record.

D. Experience In Higher Education And Core Faculty

1. A minimum of six years of full-time experience in higher education is required.
2. A minimum of three of those years must be as a full-time core faculty member in a CAPTE-accredited entry-level physical therapist education program.

Verification: Curriculum vitae (CV) and official HR records must confirm employment dates and roles.

E. Administrative, Management, And Leadership Experience

1. The Program Director must have documented experience, professional development, or education in administration, management, and leadership.
2. Clinical leadership experience is acceptable to meet this requirement.

Verification: Relevant job descriptions, CV entries, leadership roles, and certificates are reviewed and filed.

F. Education In Pedagogy And Assessment

1. The Program Director must demonstrate professional development and/or formal education in:

- Educational theory and methodology
- Instructional design
- Student evaluation
- Outcome assessment

Verification: Certificates of completion, transcripts, or training records must be documented and filed.

G. Fiscal Management Experience

1. The Program Director must have experience in fiscal planning and budget oversight.
2. Clinical budgetary experience is acceptable.

Verification: Documentation of fiscal responsibilities in current or past roles (e.g., budget reports, supervisory references) must be included in the personnel file.

H. Program Evaluation And Curriculum Development Experience

1. The Program Director must have experience or formal training in:

- Program evaluation
- Assessment strategies



- Curriculum development

Verification: Participation in academic committees or documented leadership in curricular revisions should be included in the CV or institutional records.

I. Accreditation And Regulatory Agency Experience

1. The Program Director must be familiar with CAPTE accreditation processes.
2. Experience with other accrediting or regulatory agencies, including clinical roles, is acceptable.

Verification: Documentation of involvement in self-studies, site visits, or regulatory compliance is required.

J. Institutional Engagement

1. The Program Director must demonstrate prior engagement at the academic institutional level (e.g., faculty senate, university-wide committees).

Verification: Evidence includes appointment letters, committee rosters, or meeting minutes showing active participation.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

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X. Appendices, References and Related Materials

None

Keywords: program director, qualifications

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4H. PROGRAM DIRECTOR EVALUATION

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4H.

CAPTE Element 4H: The program director provides effective leadership for the program, including responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation/professional development.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Communication With Internal Stakeholders

1. The Program Director communicates regularly with program faculty through scheduled faculty meetings, weekly update emails, one-on-one check-ins, and committee participation.
2. Communication with internal departments (e.g., admissions, registrar, financial aid, library, academic support services) occurs through standing interdepartmental meetings, campus communications, and shared information systems.

Effectiveness: Communication is timely, documented, and facilitates collaboration across academic and administrative units.

B. Communication With External Stakeholders

1. The Program Director maintains consistent communication with external stakeholders including the advisory board, clinical education partners, and community leaders.
2. Mechanisms include quarterly advisory board meetings, site visits, newsletters, and feedback loops during clinical debriefings.

Effectiveness: Stakeholder input informs curriculum and program planning; strong partnerships have led to increased site availability and community engagement.

C. Role In Assessment And Planning



1. The Program Director oversees academic and operational planning, coordinates assessment strategies, and ensures alignment with program and institutional goals.
2. Responsibilities include leading faculty in analyzing student outcomes, guiding program review, and coordinating accreditation activities.

Effectiveness: Assessment data is used systematically for program improvements, curriculum revision, and strategic decision-making.

D. Allocation Of Administrative Time

1. The Program Director's workload includes a dedicated percentage of time for administrative duties, outlined in their faculty workload agreement.
2. Responsibilities include scheduling, budget management, accreditation, reporting, and faculty development.

Effectiveness: Protected time ensures focused leadership and operational efficiency.

E. Role In Fiscal Planning And Resource Allocation

1. The Program Director is responsible for annual budget development, monitoring expenditures, and long-term financial planning.
2. Collaboration with institutional finance ensures alignment with program needs and strategic growth.

Effectiveness: Budget priorities reflect program goals and support sustainable resource allocation.

F. Faculty Evaluation And Professional Development

1. The Program Director conducts regular faculty performance evaluations using institutional procedures and rubrics.
2. Individual development plans are created, and support is offered for scholarship, teaching improvement, and leadership growth.

Effectiveness: Evaluations are timely, promote reflective teaching, and are linked to professional advancement opportunities.

G. Alignment To The APTA Vision

1. The Program Director actively fosters a commitment the APTA vision and Universal Design for Learning through strategic planning, faculty workshops, curriculum review, and community engagement.
2. Initiatives include inclusive pedagogy training, whole-person-focused curriculum content, and targeted student support services.

Effectiveness: Evidence includes increased student and faculty engagement in whole-person activities and incorporation of inclusive content across courses.

H. Assessment Of Program Director Effectiveness

1. The Program Director is evaluated annually by the Dean or Department Chair through institutional review processes.
2. Evaluation includes faculty feedback, administrative outcomes, leadership effectiveness, and alignment with strategic goals.



Effectiveness: Results are used to inform leadership development and ongoing performance improvement.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. ULM Faculty Handbook

Keywords: program director, effectiveness

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4I. PROGRAM DIRECTOR DECISION MAKING AUTHORITY

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4I. Element 4I: The program director has appropriate decision-making authority over the financial/budgetary resources to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Shared Decision-making And Institutional Collaboration

1. The Program Director participates in regular meetings with the Dean of the College of Health Sciences and other university administrators.
2. The Program Director collaborates with the Office of Sponsored Programs and Research and the Office of Academic Affairs to ensure alignment of the program with institutional goals.
3. The Program Director's input is directly solicited on matters such as budget planning, enrollment strategy, and resource distribution through both standing and ad hoc meetings.

Effectiveness: This collaborative structure guarantees that program-specific needs are effectively communicated and incorporated into institutional-level decisions.

B. Institutional Feedback Mechanisms

1. Formal feedback is provided to the Program Director through annual evaluations conducted by the Dean of the College of Health Sciences.
2. Additional performance review is conducted by the Provost's Office, encompassing budget management, strategic leadership, and program outcomes.
3. These evaluations provide actionable insight that informs ongoing refinement of the Program Director's strategy and priorities.

Effectiveness: This process strengthens leadership accountability and fosters continuous improvement of program operations and decision-making.

**C. Fiscal Planning And Long-term Resource Allocation**

1. The Program Director is responsible for the development and oversight of the DPT program's annual and long-term budget.
2. The Program Director collaborates closely with the Dean and institutional finance offices to ensure financial sustainability and alignment with strategic growth plans.
3. Strategic planning includes forecasting enrollment, identifying facility and staffing needs, and prioritizing resource allocation based on outcome data and accreditation requirements.

Effectiveness: The Program Director's leadership in this area is demonstrated by successful program development, external funding acquisition, and alignment with institutional mission.

D. Program Director's Roles In Financial Management

1. **Tuition and Fee Structures:** The Program Director collaborates with university leadership to assess and recommend tuition and fee structures that balance quality, competitiveness, and financial viability.
2. **Financial Aid Processes:** While not directly managing financial aid, the Program Director supports scholarship development and facilitates connections with workforce development funding and external aid opportunities.
3. **Personnel Expenses:** The Program Director provides input on faculty and staff hiring, workload distribution, and compensation strategies to ensure budget adherence and compliance with accreditation standards.
4. **Non-Personnel Expenses:** The Program Director allocates funds for equipment, instructional materials, lab enhancements, and simulation resources based on programmatic goals.
5. **Cohort Size and Capacity Planning:** The Program Director makes recommendations regarding cohort size and potential expansion in consultation with institutional leadership and in accordance with CAPTE standards.
6. **Advocacy for Resources:** The Program Director actively advocates for internal and external resources, successfully securing grant funding and building partnerships to support clinical education and reduce operational costs.

Effectiveness: These financial management activities ensure that program operations are data-driven, mission-aligned, and fiscally responsible.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024



IX. Adoption

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X. Appendices, References and Related Materials

A. [ULM DPT Faculty and Staff Handbook](#)

Keywords: decision making, resources, collaboration

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4J. PROGRAM DIRECTOR COMPLIANCE WITH ACCREDITATION

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4J.

Element 4J: The program director is responsible for compliance with accreditation policies and procedures. Program policies, procedures, and practices provide for compliance with the accreditation policies and procedures including:

- 4J1 Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement), and current student achievement measures.
- 4J2 Timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates.
- 4J3 Following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure.
- 4J4 Timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education.
- 4J5 Coming into compliance with accreditation Standards and Required Elements within two years of being determined to be out of compliance.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

Compliance Responsibilities Under Element 4J

A. Public Reporting of Accreditation Status and Student Outcomes (4J1)

1. The DPT program's website is regularly reviewed and updated to include the CAPTE logo, accreditation statement, and student outcomes such as graduation rates, licensure pass rates, and employment statistics.



2. This process is overseen by the Program Director in collaboration with ULM's Office of Marketing and Communications.

B. Timely Submission of Fees and Documentation (4J2)

1. All required CAPTE-related documentation and fees are submitted according to CAPTE deadlines.
2. Responsibilities include submission of annual accreditation fees, outcome reports, and required program data.
3. A master compliance calendar is used to monitor deadlines and coordinate with university administration.

C. Adherence to CAPTE Rules of Practice and Procedure (4J3)

1. The Program Director ensures that all program operations align with CAPTE's Rules of Practice and Procedure.
2. This includes oversight of curriculum design, faculty qualifications, and student assessment.
3. Program documentation supporting continuous improvement is reviewed and updated in accordance with CAPTE expectations.

D. Notification of Substantive Changes (4J4)

1. The Program Director monitors and reports all substantive changes to CAPTE, including changes in leadership, faculty, curriculum, instructional delivery, institutional status, or legal authority.
2. Coordination with ULM's Office of Academic Affairs and Institutional Effectiveness ensures accurate and timely notification.

E. Corrective Action for Compliance Issues (4J5)

1. In cases of non-compliance, the Program Director is responsible for developing and implementing a corrective action plan.
2. This includes conducting a root cause analysis, coordinating with faculty and stakeholders, and submitting all necessary documentation to CAPTE within the required timeline.

F. Documentation And Monitoring

1. All CAPTE-related communications, submissions, and compliance efforts are documented and stored securely within the program's accreditation records.
2. Any future delegation of responsibilities will be formally documented in this SOP and reflected in accreditation correspondence.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Program](#)
- B. [ULM DPT Faculty and Staff Handbook](#)

Keywords: accreditation, program director

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4K. DIRECTOR OF CLINICAL EDUCATION QUALIFICATIONS

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4K to identify the individual(s) serving as the Director of Clinical Education (DCE) within the Doctor of Physical Therapy (DPT) program and to define the qualifications and responsibilities required for this role in alignment with CAPTE standards.

Element 4K: The director of clinical education is a physical therapist who holds an active, unencumbered PT license in any United States jurisdiction and is in compliance with the practice act in the jurisdiction where the program is located and has a minimum of three years of full-time post licensure clinical practice. Two years of clinical practice experience must include experience as a site coordinator of clinical education or clinical instructor in physical therapy, or a minimum of two years of experience in teaching, curriculum development, and administration in a physical therapist education program.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Director of Clinical Education (DCE): a core faculty member who holds the official title of Director of Clinical Education. This title is consistent with CAPTE terminology and institutional designation. Currently, only one core faculty member serves this role.

The Director of Clinical Education is responsible for planning, coordination, oversight, and assessment of the clinical education component of the curriculum. Specific responsibilities include:

- Developing and maintaining relationships with clinical education partners.
- Coordinating placement of students in clinical experiences.
- Ensuring compliance with CAPTE standards related to clinical education.
- Supporting students, Clinical Instructors (CIs), and Site Coordinators of Clinical Education (SCCEs) throughout clinical placements.
- Collaborating with academic faculty to ensure the integration of clinical and didactic content.
- Participating in curriculum development and continuous quality improvement of the clinical education program.



- Managing clinical site evaluations, affiliation agreements, and student performance assessments.

If, in the future, more than one faculty member is assigned to the DCE role (e.g., Co-DCEs or an Assistant DCE), responsibilities will be clearly divided by function (e.g., clinical site coordination vs. student progress monitoring) and described accordingly in program documentation.

V. Policy Procedure

A. Qualifications of the DCE

1. Doctoral Preparation

- The DCE holds an earned doctoral degree (e.g., DPT, EdD, PhD), in accordance with institutional and accreditation expectations.

Verification: Official transcripts and credential evaluations are maintained in the faculty file.

2. Active PT Licensure

- The DCE holds an active, unencumbered physical therapist license in a U.S. jurisdiction.
- The DCE complies with the state practice act governing physical therapy in Louisiana.

Verification: A current copy of the license and verification of standing is maintained on file.

3. Clinical Experience

- The DCE has a minimum of three years of full-time (or equivalent) post-licensure clinical practice experience.

Verification: CV and employment verification confirm the DCE's clinical background.

4. Clinical Education or Academic Experience

- The DCE has at least two years of experience in one or more of the following:
 - Serving as a Site Coordinator of Clinical Education (SCCE) or Clinical Instructor (CI), **OR**
 - Teaching, curriculum development, or administrative experience within a physical therapy education program.

Verification: CV, institutional records, or clinical site documentation confirm required experience.

B. Responsibilities of the DCE

- Develops and maintains clinical education sites and affiliation agreements.
- Coordinates student placements and monitors compliance with clinical readiness standards.
- Communicates regularly with CIs and SCCEs to support student progress and site quality.
- Ensures the clinical education component aligns with CAPTE standards and program learning outcomes.
- Assists in developing and evaluating the clinical education curriculum and participating in program assessment.
- Provides orientation and training to students and clinical faculty regarding expectations, assessment tools, and policies.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education		



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keyword: clinical education, DCE

XI. Revision History

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4L. DIRECTOR OF CLINICAL EDUCATION: RESPONSIBILITIES AND EFFECTIVENESS

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4L.

Element 4L: The director(s) of clinical education is effective in clinical teaching and mentoring, and in developing, conducting, and coordinating the clinical education program.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Effectiveness Of The DCE In Program Coordination

1. The DCE demonstrates strong organizational skills by maintaining clinical site databases, placement schedules, compliance documentation, and site evaluations.
2. The DCE exhibits interpersonal, counseling, and problem-solving skills through regular communication with students and clinical education faculty, resolving challenges as they arise.
3. Site visits, check-in emails, and student feedback are utilized to assess DCE effectiveness and responsiveness during placements.

B. Support For Diverse Student Learning Needs

1. The DCE works collaboratively with SCCEs and CIs to accommodate diverse learning styles, cultural backgrounds, and academic preparedness levels.
2. Resources and tools (e.g., learning contracts, accessibility plans) are shared with clinical education faculty to support individualized learning.

C. Promotion Of Alignment To The APTA Vision

1. The DCE actively fosters a culture of inclusivity in the clinical environment through faculty training, site selection, and student support.
2. Partnerships with inclusive clinical sites are prioritized, and concerns about discrimination are addressed promptly through institutional procedures.

D. Nondiscrimination Policy Communication And Monitoring



1. All students and clinical education faculty receive written and verbal communication on ULM's nondiscrimination policies during orientation and prior to placement.
2. The DCE monitors adherence through mid-term check-ins, clinical site feedback forms, and anonymous student surveys.

E. Clinical Education Communication Mechanisms

1. Communication with Stakeholders

The DCE communicates regularly with core faculty, clinical sites, and students through:

- Monthly clinical education newsletters
- Scheduled site visits and virtual check-ins
- Online platforms (e.g., Exxat, email updates)

F. Clinical Education Faculty Responsibilities

1. The responsibilities of SCCEs and CIs are clearly communicated through:

- Clinical faculty manuals
- Orientation sessions
- CI training modules and evaluation rubrics

G. Upholding Academic Regulations

1. The DCE monitors clinical sites for compliance with program expectations by:

- Reviewing mid-term and final CPI (Clinical Performance Instrument) data
- Conducting site visits or calls
- Collecting site evaluations from students and faculty

H. Student Assignment Process

1. Students are assigned to clinical sites based on:

- Educational needs and progression
- Availability of qualified CIs
- Student preferences (when possible)
- Accessibility and housing considerations

I. Monitoring Supervision and Feedback

1. The DCE ensures appropriate feedback and supervision by:

- Reviewing CI qualifications
- Monitoring CPI evaluations
- Gathering student input via mid-term surveys

J. Adjustments to Supervision

1. When a change in supervision level is needed, the DCE:

- Consults with CI/SCCE and student
- Documents the rationale and plan of support
- Follows up at regular intervals during the placement

K. CI Teaching and Mentorship Support

1. The DCE provides teaching resources and mentorship to clinical faculty through:



- CI development modules
- Access to webinars, CEU courses, and CAPTE-aligned materials
- Annual recognition and feedback opportunities

L RELEASE TIME AND WORKLOAD

The DCE's faculty workload includes designated administrative release time proportional to the responsibilities of site management, student supervision, and clinical curriculum development.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1264	Hamby@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- [ULM DPT Faculty and Staff Handbook](#)
- [ULM DPT Clinical Education Handbook](#)

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4M. CORE FACULTY ACADEMIC QUALIFICATION AND CLINICAL SPECIALIZATION EFFECTIVENESS

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4M.

CAPTE Element 4M: The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with an academic doctoral degree) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations, and assigned program responsibilities.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Evaluating Core Faculty Qualifications and Composition

1. Determine Academic Doctoral Degree Status of Core Faculty

- a. Calculate and report the percentage of core faculty who currently hold an academic doctoral degree (e.g., PhD, EdD).
- b. Use up-to-date credential records and faculty CVs to confirm qualifications.

2. Identify Core Faculty Enrolled in Academic Doctoral Programs

- a. Indicate whether any core faculty members are actively enrolled in an academic doctoral degree program.
- b. For each enrolled faculty member, provide the following details:
 - i. Full name
 - ii. Name of the institution where they are enrolled
 - iii. Expected date of degree completion

3. Describe Clinical Specialization Distribution

- a. Provide a summary of the clinical specializations represented among the core and associated faculty.



- b. Include areas of expertise such as orthopedics, neurology, pediatrics, geriatrics, etc.

4. Evaluate the Effectiveness of the Faculty Blend

- a. Analyze how the current blend of academic preparation and clinical specialization supports the program's goals.
- b. Assess alignment with the program's mission and institutional expectations in the areas of:
 - i. Assigned teaching responsibilities
 - ii. Scholarly productivity
 - iii. Service contributions

I. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

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IX. Adoption

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4N. ACADEMIC REGULATIONS AND CURRICULUM DEVELOPMENT

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4N.

CAPTE Element 4N: The collective core faculty hold primary responsibility (in collaboration with appropriate communities of interest) for initiating, adopting, evaluating, and upholding academic regulations specific to the program and compatible with institutional policies, procedures, and practices.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

1. Development and Adoption of Academic Regulations

- a. Core faculty initiate the development of academic regulations based on accreditation standards, institutional policies, and programmatic needs.
- b. Proposed regulations are drafted by the Curriculum Committee or a designated faculty workgroup.
- c. The draft is presented at a scheduled core faculty meeting for discussion and input.
- d. Following revisions based on faculty feedback, the regulation is brought to a formal vote for adoption.
- e. Once adopted, the regulation is documented in the Program Handbook and communicated to stakeholders (students, administrators, etc.).
- f. Academic regulations are reviewed annually or as needed based on accreditation changes or institutional updates.

2. Curriculum Development, Review, and Revision

- a. Core faculty hold primary responsibility for the development, review, and revision of the curriculum plan.
- b. Curriculum discussions occur at regularly scheduled faculty meetings and as part of annual program assessments.



- c. Revisions are guided by outcome data, student and faculty feedback, accreditation standards, and input from communities of interest.
- d. Final approval of curriculum changes is determined by majority vote of the core faculty, following institutional curriculum committee review when applicable.

3. Community of Interest Involvement

- a. Core faculty actively engage communities of interest (e.g., clinical partners, alumni, employers) in curriculum evaluation and development through formal and informal methods.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1ST day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. ULM Faculty Handbook

Keywords: academic, curriculum, regulations

XI. Revision History

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40. STUDENT READINESS AND SAFETY FOR CLINICAL EDUCATION POLICY

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4O.

CAPTE Element 4O: The collective core faculty are responsible for ensuring that students are professional, competent, safe, and ready to progress to clinical education.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Processes and Criteria for Determining Student Readiness for Clinical Education

1. The ULM DPT program monitors student academic and professional progress using a structured, multi-tiered approach. To engage in clinical experiences, students must:
 - a. Be in good academic and professional standing
 - b. Complete all prerequisite coursework
 - c. Demonstrate safe, competent, and professional behavior in laboratory-based coursework
2. In each lab-based course, core faculty identify essential psychomotor skills students must master. These skills are communicated via syllabi, lab manuals, and weekly instructional plans. Student development is tracked through:
 - a. Self-assessments
 - b. Peer reviews
 - c. Instructor evaluations
3. Summative assessments, including Competency Skills Checks (CSCs) and Physical Therapy Practical Exams (PTPEs), evaluate proficiency. Scoring rubrics for these assessments clearly indicate grading criteria and critical safety components.

B. Identification of Critical Safety Elements in Competency Testing

1. To ensure safe clinical practice, the DPT program has established two levels of **Academic Intervention (AI)** based on performance:



a. Level I Academic Intervention

Activated when a student:

- i. Scores <75% on any summative exam, CSC, PTPE, or Comprehensive Exam
- ii. Fails a critical safety element on any competency assessment
- iii. Does not meet minimum performance expectations on clinical performance evaluations

b. Intervention includes:

- i. Written communication from the course coordinator/instructor
- ii. Notification to the faculty mentor-coach (MC) and Professional Success Committee (PSC)
- iii. Development of an Individualized Professional Development Plan (IPDP)
- iv. Required remediation activities, such as case analysis and oral exams
- v. Limited retake attempts based on semester progression (e.g., 3 attempts in semesters 1–2)

c. Level II Academic Intervention

Triggered when a student receives a final grade of C or lower in a course. Requirements include:

- i. Completion of a course-specific IPDP
- ii. Additional assignments as directed by the Program Director (PD)
- iii. Intervention completed within six weeks of grade posting
- iv. Failure to remediate may result in dismissal from the program

2. All remediation for failed safety components must be completed during the assessment period, and students must achieve a minimum score of 75% on retakes.

C. Procedures for Students Deemed Unsafe or Unready for Clinical Education

1. If any core faculty identifies concerns regarding a student's clinical readiness or safety, the issue is addressed during weekly program meetings. The DCE gathers feedback, and if concerns are validated:
 - a. The student will not progress to clinical education
 - b. A formal Action Plan is developed collaboratively by the core faculty, PD, MC, DCE, and clinical advisor
 - c. The plan outlines required competencies, behaviors, and timelines for remediation
 - d. Student progress is closely monitored before clinical placement is approved
2. This process ensures students meet standards while maintaining patient safety and clinical site integrity.

D. Communication of Competency Requirements

1. To Students:

- a. Required skills and safety expectations are clearly communicated through:
 - i. Course syllabi and lab manuals
 - ii. Weekly lab instructions and assessment rubrics
 - iii. Pre-assessment briefings and checklists
- b. Students are reminded regularly of clinical readiness expectations and safety elements

2. To Clinical Education Faculty:

- a. Competency expectations are communicated through:
 - i. The Clinical Education Handbook (Handbook_Clinical_Education.pdf, page XX)
 - ii. Direct correspondence and site-specific updates from the DCE
 - iii. Pre-clinical briefings and ongoing communication during clinical placements



- b. These communication channels ensure all stakeholders understand the student's required skill level, enabling consistent evaluation and support in the clinical environment.

E. Documentation and Records

1. All assessments, IPDPs, and Action Plans are documented and stored in the student's academic file.
2. Communication between the DCE, faculty, and clinical sites is logged in the program's secure data system.
3. Retake attempts and remediation outcomes are tracked to ensure accountability and CAPTE compliance.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)

Keywords: readiness, clinical education, students, academic intervention

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4P. CLINICAL INSTRUCTOR EXPECTATIONS, MONITORING, AND EVALUATION TOOL USAGE

I. Policy Statement

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 4 and Element 4P.

CAPTE Element 4P: Clinical education faculty are licensed physical therapists, with a minimum of one year of full-time (or equivalent) post-licensure clinical experience and are effective role models and clinical teachers.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Clinical Competence Expectations for Clinical Instructors

The ULM DPT program determines that CIs are clinically competent through the following mechanisms:

1. During the establishment of affiliation agreements, the clinical education team communicates CI requirements.
2. Clinical sites are provided the ULM DPT Clinical Education Handbook which outlines program expectations, educational philosophy, and CI qualifications.
3. Expectations include:
 - a. A minimum of one year of full-time post-licensure clinical experience
 - b. A demonstrated willingness to engage in student teaching
 - c. Encouragement (but not requirement) to obtain APTA CI credentialing

During initial and follow-up site visits, clinical competence of CIs is reviewed and documented using the [Clinical Education Site Visit Form.pdf](#).

B. Clinical Teaching Effectiveness

Clinical teaching effectiveness is assessed through multiple strategies:

1. **Initial site visits** include review of the CI's teaching preparation, communication style, and alignment with ULM's clinical education philosophy.
2. **Student evaluations** are completed at midterm and final using the following tools:



- a. PT Student Assessment of Clinical Experience
 - b. PT Student Assessment of Clinical Instructor
3. Midterm and final site visits conducted by the DCE/ADCE include verbal student feedback and documentation on the Professional Education Visit Form. Key areas include:
 - a. Quality of communication
 - b. Learning environment
 - c. CI's effectiveness as a role model and educator
 - d. Overall preparedness of the CI

C. Dissemination of Expectations

Clinical instructors are informed of their roles and responsibilities through structured training and documentation:

1. All CIs complete ULM DPT Clinical Instructor Training, which includes:
 - a. Overview of ULM's Clinical Education Philosophy and Program
 - b. Clinical Education Policies and Procedures
 - c. CPI Training Overview
 - d. Trajecsys Orientation
2. At the beginning of each clinical placement, CIs are asked to complete and/or review:
 - a. A CI Attestation Form
 - b. The Course Syllabus
 - c. The End-of-Week 1 Questionnaire
3. These steps confirm CI understanding of student learning objectives and performance expectations.

D. Assessment Tools and CI Training

The ULM DPT program uses the APTA Clinical Performance Instrument (CPI) as the primary assessment tool during clinical education. CIs are trained in CPI use through the following methods:

1. Completion of the APTA 3.0 CPI Online Training module. Documentation of completion is verified through:
 - a. The CPI online portal, or
 - b. Submission of a training certificate directly to the Clinical Education Team if technical issues arise
2. ULM's internal CI training also includes a CPI-focused module to ensure clarity on performance standards, rating scales, and student progression.

E. Verification of CPI Completion and Accuracy

To ensure the CPI is completed correctly and consistently:

1. The DCE or ADCE reviews CPI scoring with the CI during midterm and final visits.
2. Discussions confirm:
 - a. Completion of all required CPI sections
 - b. Accurate alignment between student performance and CPI rating scales
 - c. Narrative comments that support the assigned scores
3. If discrepancies or omissions are noted, immediate clarification is requested and corrections are made before final submission.

F. Documentation and Recordkeeping

1. Completed CPI assessments, site visit forms, and CI training records are maintained in the clinical education database.



2. Student surveys and site evaluations are filed in the respective clinical education files for future reference and quality assurance.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)
- D. Policy Location Chart
- E. Clinical Education Site Visit Form
- F. Survey Form – Student and CI Evaluations

Keywords: clinical education, clinical instructor, professional education, CPI

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5A. STUDENT RECRUITMENT AND ADMISSIONS

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 5 and Element 5A. This policy ensures a fair and transparent recruitment and admission process for prospective Doctor of Physical Therapy students at the University of Louisiana Monroe.

CAPTE Element 5A: The program has written policies, procedures, and practices that are related to student recruitment and admission and are based on appropriate and equitable criteria and applicable law and meet the needs of the program.

WARHAWK Flight Path: Welcoming and Accepting phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Holistic Admissions Review: An admissions process that considers a broad range of factors beyond academic metrics, including personal experiences, attributes, leadership, service, and alignment with the program's mission to assess an applicant's potential for success and contribution to the field.

Pathway Program: A structured initiative or partnership designed to prepare and support students, particularly those from underrepresented or disadvantaged backgrounds, through academic enrichment, mentorship, and exposure to physical therapy as a career path.

V. Policy Procedure

A. Doctor of Physical Therapy (DPT) Program Recruitment Policy

All recruitment efforts must promote awareness of the DPT program among diverse prospective student populations; attract academically prepared applicants who align with the program's mission and values.

1. Recruitment Strategies:

- a. Targeted Outreach
 - i. Engage with high schools, colleges, and universities with pre-health and/or kinesiology programs.



- ii. Develop partnerships with Minority Serving Institutions (MSIs), Historically Black Colleges and Universities (HBCUs), and community colleges.
 - iii. Attend local, regional, and national recruitment fairs and conferences (e.g., APTA events, graduate school expos).
 - b. Marketing & Communication
 - i. Maintain a dynamic, user-friendly program website with up-to-date admissions information.
 - ii. Use social media, newsletters, and the program website to highlight student success stories, faculty expertise, and program outcomes.
 - iii. Feature content that emphasizes the program's commitment to its mission and community impact.
 - c. Pathway & Enrichment Programs
 - i. Collaborate with undergraduate advisors and career centers to guide students toward PT as a career path.
 - d. Alumni & Student Involvement
 - i. Encourage current students and alumni to serve as program ambassadors.
 - ii. Host informational panels and open house events featuring diverse voices and experiences to promote the ULM DPT Program.
 - iii. Support prospective students through transparent communication and resources throughout the admissions process.
- 2. **Recruitment Responsibilities**
 - a. Admissions Committee: Oversees recruitment strategies and aligns them with admissions goals and data.
 - b. Admissions Chair: Coordinates recruitment events, tracks outreach efforts, and evaluates impact.
 - c. Faculty and Staff: Participate in recruitment activities and serve as advocates for the program.
 - d. Student Ambassadors: Assist with tours, information sessions, and peer-to-peer engagement.

B. Doctor of Physical Therapy (DPT) Program Admission Policy

1. **Application Process:** All applicants seeking admission to the Doctor of Physical Therapy (DPT) professional program must apply through the Physical Therapist Centralized Application Service (PTCAS), administered by Liaison International. Applicants are required to submit all necessary admission materials as instructed by PTCAS and specified on the PTCAS application.
2. **International Applicant Information:** The ULM Doctor of Physical Therapy (DPT) Program is unable to accept international students who require an F-1 student visa. ULM has submitted changes to its Form I-17 with the Student and Exchange Visitor Program (SEVP) to include the DPT Program; however, approval is still pending. Until the DPT Program is included on ULM's approved Form I-17, the University is unable to issue Form I-20 documentation for enrollment in the DPT Program. International applicants who require an I-20 to obtain or maintain F-1 student status are therefore not eligible for admission to the ULM DPT Program at this time.



3. **Required Documentation:** Applicants must provide the following documents as part of their application:
 - a. Official transcripts of all college-level coursework.
 - b. Two letters of recommendation, including one from a licensed physical therapist and one from a college-level faculty member or other approved evaluator listed on the PTCAS website.
4. **Initial Review and Personal Interviews:** All applications are initially reviewed by the DPT Admissions Committee. Well-qualified applicants who meet the admission criteria established by the Physical Therapy Program are invited for a personal interview between January and March of each year, based on their initial applicant rank. During this process, applicants have the opportunity to meet with DPT faculty, staff, and other ULM faculty either on-site or virtually.
5. **Holistic Admissions Process:** The DPT program utilizes a holistic admissions process, considering various factors including prerequisite GPA, cumulative GPA, personal statement, community service, healthcare experience, letters of recommendation, and interview performance in the selection process. An in-person component is required for Anatomy and Physiology prerequisite courses only.
6. **Admission Decision and Class Selection:** Due to a limited number of available slots (48), the admissions committee selects a diverse and qualified candidate group from the interviewed applicant pool. Admission decisions are not solely based on final applicant rank. Historical admissions data is utilized to optimize and manage the number of candidate interview invitations and initial admissions offers made. Alternates on a designated list may be offered admission should additional offers be necessary.
7. **Equitable Admission Procedures:** Admissions personnel are trained and monitored to ensure consistent and equitable application of admission procedures. All applicants who meet the minimum admission criteria are given consideration for initial faculty interview selection and are ranked based on specified criteria.
8. **Transfer Credit Policy:** Transfer credit from other health professions education programs, including other DPT programs, may be considered upon individual student request. Courses eligible for transfer must be graduate-level and taken within the past three years in a ground-based format. Evaluation of course syllabi for equivalency of content and rigor is conducted by designated faculty or dean from the ULM DPT Program. Only credit hours earned with grades of "B-" or better are transferable, with a maximum of 12 semester hours accepted. Quality points are not transferred, and the student's GPA is determined solely by work completed at ULM.
9. **Data Collection and Evaluation**
 - a. Collect and analyze applicant demographics, geographic data, and enrollment trends annually.
 - b. Assess recruitment effectiveness through surveys, event feedback, and matriculation outcomes.
 - a. Adjust recruitment plans based on data and in alignment with accreditation standards (CAPTE) and institutional directives.



Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1261	hamby@ulm.edu
Clinical Education Administrative Assistant	318-342-1262	cking@ulm.edu
Professional Success Committee Chair	318-342-1229	omoore@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)

Keywords: student, recruitment, admissions

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5B. CONFIRMATION OF INFORMATION FOR PROSPECTIVE AND ENROLLED STUDENTS

I. Policy Statement

The program provides prospective and enrolled students with comprehensive, current, and accessible information regarding all aspects of the program. This includes academic expectations, financial obligations, program outcomes, and support services using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 5 and Element 5B. The purpose of this policy is to confirm the process by which accurate and timely information is provided to prospective and enrolled students in the Doctor of Physical Therapy (DPT) program. The policy ensures transparency, supports informed decision-making, and complies with accreditation standards set by the Commission on Accreditation in Physical Therapy Education (CAPTE).

CAPTE Element 5B: Prospective and enrolled students are provided with relevant information about the institution and program. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Prospective Student: An individual who has expressed interest in the Doctor of Physical Therapy (DPT) program and is seeking information related to admissions, curriculum, or enrollment but has not yet been officially admitted to the program.

Enrolled Student: An individual who has been accepted into the DPT program, has completed the necessary enrollment procedures, and is actively participating in academic coursework.

Student Outcomes: Quantitative data that reflects the performance and success of students in the DPT program, including but not limited to graduation rates, employment rates, and first-time and ultimate pass rates on the National Physical Therapy Examination (NPTE).



V. Policy Procedure

A. Provision of Information

1. Catalogs
 - a. When/How Provided: The university catalog is updated annually prior to ULM DPT orientation and available on the institution's website. Prospective and enrolled students are referred to the catalog during recruitment, orientation, and advising sessions.
2. Recruitment and Admissions Information
 - a. When/How Provided: Admissions criteria, application deadlines, transfer credit policies, and special considerations (e.g., holistic review) are published on the DPT program website, admissions brochures, and university catalog. Information is reviewed during recruitment events and open houses.
3. Academic Calendars
 - a. When/How Provided: Academic calendars are published on the institution's registrar webpage and linked from the DPT program site. Students are directed to review the calendar during orientation and at the start of each semester.
4. Grading Policies
 - a. When/How Provided: Grading policies specific to the DPT program are included in the student handbook, university catalog, and course syllabi. These policies are reviewed during program orientation and are accessible throughout enrollment.
5. Technical Standards / Essential Functions
 - a. When/How Provided: Technical standards are provided during the application process and must be reviewed and signed upon admission. They are also included on the program's website, in the program's admissions packet, and student handbook.
6. Acceptance and Matriculation Rates
 - a. When/How Provided: Updated annually and published on the DPT program webpage in accordance with CAPTE requirements.
7. Student Outcomes (Graduation, Employment, Licensure Pass Rates)
 - a. When/How Provided: Most current two-year data is posted on the DPT program website and reviewed with prospective students during information sessions. Updated annually.
8. Program Costs
 - a. When/How Provided: Detailed breakdowns of tuition, institutional fees, course/clinical fees, and refund policies are published on the program's website, financial aid page, and admissions materials. Reviewed during recruiting events and orientation.
9. Student Financial Fact Sheet
 - a. When/How Provided: Provided to all admitted students prior to matriculation and reviewed during financial aid counseling sessions. Also available on the program's website.
10. Student Debt Information
 - a. When/How Provided: Resources related to debt management are provided on the financial aid office website and during orientation.
11. Availability of Financial Aid
 - a. When/How Provided: Information on federal, state, and institutional aid is available on the financial aid website and discussed during open houses and orientation sessions.
12. Process for Filing a Complaint with CAPTE



- a. When/How Provided: Instructions for submitting a complaint to CAPTE are included in the student handbook and posted publicly on the program website.
- 13. Job/Career Opportunities
 - a. When/How Provided: Career services, job boards, and alumni networks are introduced during orientation and promoted throughout the program. Faculty advisors also provide individualized guidance.
- 14. Student Services
 - a. When/How Provided: An overview of academic support, counseling, disability services, and career services is provided during orientation and published on the student services webpage, and the program syllabi.
- 15. Health and Professional Liability Insurance Requirements
 - a. When/How Provided: Requirements are detailed on the program's website in the student handbook, clinical education handbook, and onboarding materials prior to clinical placements.
- 16. Curriculum Information
 - a. When/How Provided: A full curriculum map and course descriptions are posted on the program website and catalog. Discussed during recruitment, interviews, and orientation.
- 17. Clinical Education Requirements and Travel Expectations
 - a. When/How Provided: Requirements and travel expectations are outlined in the clinical education handbook (found on the program website), reviewed in orientation, and discussed in advance of each clinical placement.
- 18. Required Health Information
 - a. When/How Provided: Immunization records, physical exams, and other health documentation requirements are provided in admission packet, upon admission and reviewed during clinical onboarding.
- 19. Additional Clinical Requirements (Drug Testing, Background Checks)
 - a. When/How Provided: Information is shared post-admission and required prior to clinical education. Details are in the clinical education handbook and communicated through clinical onboarding emails.
- 20. Emergency Services Costs During Off-Campus Experiences
 - a. When/How Provided: Students are informed of their responsibility for emergency services during off-campus rotations in the clinical handbook and discussed during pre-clinical orientation meetings.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)
- D. [Graduate Catalog](#)
- E. [Academic Calendar](#)
- F. <https://www.ulm.edu/dpt/program/2024-financial-fact-sheet-ulm.pdf>
- G. <https://www.ulm.edu/financialaid/costofattend.html>
- H. <https://ulm.edu/financialaid/money.html>

Keywords: information, prospective, enrolled, students

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5C. CONFIRMATION OF STUDENTS' RIGHTS

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 5 and Element 5C. This policy outlines the rights of students under the Family Educational Rights and Privacy Act (FERPA) and the procedures for exercising these rights at the University of Louisiana at Monroe (ULM).

This policy applies to all eligible students at ULM, which includes any student who is 18 years of age or older or who attends a postsecondary institution. This policy ensures that ULM upholds the rights of students under FERPA and maintains the confidentiality and integrity of student education records.

CAPTE Element 5C: The program has written policies, procedures, and practices that address the rights, responsibilities, safety, privacy, and dignity of program students and are applied consistently and equitably as students progress through the program.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Rights under FERPA:

1. FERPA affords eligible students certain rights regarding their education records. These rights begin when a student is accepted to ULM and pays their first enrollment deposit (if applicable).

B. Right to Inspect and Review:

1. Students have the right to inspect and review their education records within 45 days of submitting a request for access.
2. Requests should be made in writing to the registrar, dean, head of the academic department, or other appropriate university official.
3. The appropriate official will arrange access and notify the student of the time and place for record inspection.



4. If the requested records are not maintained by the initial official, the student will be directed to the correct official.

C. Right to Request Amendment:

1. Students may request the amendment of records they believe are inaccurate, misleading, or violate their privacy rights under FERPA.
2. Requests must be made in writing to the responsible school official, clearly identifying the part of the record to be changed and why it should be changed.
3. If ULM decides not to amend the record, the student will be notified in writing of the decision and their right to a hearing. Details about the hearing procedures will be provided at that time.

D. Right to Consent to Disclosures:

1. Students have the right to consent to disclosures of personally identifiable information (PII) in their education records, except where FERPA allows disclosure without consent.
2. ULM may disclose education records without consent to school officials with legitimate educational interests. School officials include administrative, supervisory, academic, research, or support staff; trustees; and students serving on official committees. Volunteers or contractors performing institutional services under the school's control may also be considered school officials.
3. A legitimate educational interest exists if the official needs to review an education record to fulfill professional responsibilities.
4. ULM may also disclose education records without consent to officials of another school where the student seeks or intends to enroll.

E. Right to File a Complaint:

1. Students have the right to file a complaint with the U.S. Department of Education regarding ULM's compliance with FERPA requirements.
2. Complaints can be filed with the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

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7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.



X. Appendices, References and Related Materials

A. For further details on FERPA rights and confidentiality, refer to the ULM Catalog or contact:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

A. [ULM DPT Student Handbook](#)

B. [ULM DPT Clinical Education Handbook](#)

Keywords: student, rights, FERPA

XI. Revision History

Department	Physical Therapy
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5D. STUDENT REMEDIATION AND DISMISSAL

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 5 and Element 5D. This policy aims to ensure academic integrity, professional development, and successful progression of students in the DPT program at ULM. All processes and criteria are outlined in the Program Student Handbook and comply with university regulations.

CAPTE Element 5D: The program has written policies, procedures, and practices that address remediation and dismissal while optimizing student success and retention. Remediation, retention, and dismissal policies, procedures, and practices are based on appropriate and equitable criteria and applicable law.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Academic Performance: Specific academic expectations required for student progression, including successful completion of all coursework, maintaining the minimum cumulative GPA, and passing comprehensive written and practical exams.

Non-Academic Performance: Demonstration of student growth and development in the classroom and clinic through the evolution of professional behaviors, ethics, communication and interpersonal skills, time management, professionalism, cultural competence, and adaptability essential for safe and effective entry-level practice, including upholding the mission, core values, and guiding principles of the Program and adherence to the Code of Student Conduct.

Academic intervention: Structured, targeted support strategies implemented to assist college or university students who are at risk of academic failure or underperformance. These interventions are designed to promote student success, retention, and timely degree completion.

Faculty Remediation: Targeted instructional support designed to help learners address specific deficiencies or gaps in knowledge or skills. Re-engages learners by restoring confidence and reconstructing foundational understanding through inventive, student-centered approaches. Remediation is a reclaiming process.



Faculty Acceleration: Instructional strategies aimed at advancing learners more quickly through content or curriculum based on readiness or aptitude. Catalyzes learners by stretching their boundaries and innovating the pace and depth of learning, often driven by curiosity and capacity. Acceleration is a reinvention process.

Return to Intervention Framework (RTI): This perspective frames educational supports not as deficit-focused, but as opportunities to reclaim purpose, reimagine learning, and reinvent trajectories, whether through catching up (remediation) or moving forward faster (acceleration).

Student Remediation: Targeted, structured process designed to address and improve specific academic, clinical, or professional deficiencies identified in a student's performance.

V. Policy Procedure

A. Student Retention:

1. Upon entry into the DPT program at ULM, each student will be assigned a faculty mentor-coach (MC) to monitor their overall performance.
2. Students will meet with their MC teams at least once per semester and have one-on-one meetings with their MC as needed to address any performance concerns, including professional and ethical behaviors.
3. Student performance will be discussed during scheduled faculty and/or Professional Success Committee meetings. If any faculty or committee member reports performance concerns, the assigned MC will meet with the student to discuss their performance and develop a plan that includes strategies for improvement. If the concern involves non-academic factors, the student affairs coordinator will be notified and will assist in developing the plan of action.
4. The developed academic plan will be reported at subsequent faculty/committee meetings, and additional strategies for student success will be considered. Details of this process are available in the Program Student Handbook under the Professional Success Committee section.

B. Student Progression:

1. Academic progress is continually monitored throughout the program.
2. Any performance concerns will be communicated to the Program Director and Associate Program Director, include the Director of Clinical Education for clinical-related concerns. Final decisions will be made by the Program Director.
3. Written and practical examinations must align with the CAPTE Elements or Physical Therapist Clinical Performance Instrument (CPI) for the Assessment of Clinical Skills items.
4. Students failing to meet course expectations will be reported to the faculty advisor (mentor coach), Program Director, Associate Program Director, and Director of Clinical Education.
5. Specific academic expectations for progression to full-time clinical experiences include successful passing of clinical competency practical exams and maintaining a minimum cumulative 3.0 GPA.
6. Students failing to meet expectations will develop an Individualized Professional Development Plan (IPDP) with their faculty advisor (mentor coach) and course coordinator for remediation. This process is managed by the Professional Success Committee Chair and Coordinator.
7. Completion of course remediation must occur before the end of the ensuing semester following receipt of a course grade below expectations.



8. Failure to successfully remediate may result in academic suspension from the program.

C. Student Remediation:

1. Remediation is activated upon receiving a grade below 75% on comprehensive exams or failing to meet minimum performance expectations.
2. Students failing to remediate satisfactorily may face academic suspension or dismissal from the program.

D. Program Dismissals:

1. Students may be dismissed for various reasons related to professional identity formation, including substandard academic and/or non-academic performance.
2. Dismissal criteria include failure to maintain GPA requirements, repeated failure to meet course expectations, and violations of the Code of Student Conduct.
3. Students may appeal dismissals according to the ULM Appeal Process outlined in the DPT Student Program Handbook.

E. University Dismissals:

1. University-specific dismissal criteria are outlined in the University Graduate Catalog and the University Student Handbook.
2. Dismissal may result from academic or conduct-related issues as per university policies.

F. Petition for Readmission:

1. Readmission may include conditions of remediation or development as determined by the Academic Standards Committee.
2. The Committee will review appeals for readmission and consider relevant documentation before making decisions.

G. Requests for accommodations

- a. Refer to Policy 5G.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1261	hamby@ulm.edu
Professional Success Committee Chair	318-342-1229	omoore@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024



IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Graduate Catalog](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)

Keywords: student, remediation, academic intervention, dismissal

XI. Revision History

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5E. ENROLLMENT AGREEMENT

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 5 and Element 5E. This policy ensures a fair and transparent recruitment and admission process for prospective Doctor of Physical Therapy students at the University of Louisiana Monroe.

CAPTE Element 5E: Enrollment agreements,* if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

WARHAWK Flight Path: Welcoming and Accepting phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

The University of Louisiana Monroe Doctor of Physical Therapy program does not have enrollment agreements.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhooose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

None

Keywords: enrollment agreements

XI. Revision History

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5F. SAFETY OF STUDENTS IN THE ROLES OF SUBJECTS OR PATIENT-SIMULATORS

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 3 and Element 3E.

CAPTE Element 3E: Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.

To ensure the safety and confidentiality of patients and patient simulators involved in didactic or laboratory activities within the academic setting of the Doctor of Physical Therapy (DPT) Program. The safety and confidentiality of patients and patient simulators are paramount in all activities conducted within the DPT Program. Students must adhere to consent procedures and maintain the highest standards of confidentiality to uphold the trust and integrity of the program.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standards 3 and 5.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Consent Requirement:

1. Patients or patient simulators participating in activities within the DPT Program must sign a consent form.
2. The consent form confirms their voluntary participation in these educational activities.

B. Confidentiality:

1. Students in the DPT Program are required to abide by the Health Insurance Portability and Accountability Act (HIPAA) guidelines.
2. All health information obtained from patients or patient simulators is confidential.



3. Students must ensure the confidentiality of patient information at all times.
4. Discussions regarding patient information should only occur in private venues with program faculty members.

C. Compliance:

1. Compliance with HIPAA regulations is mandatory for all students in the DPT Program.
2. Any breaches of confidentiality will be subject to disciplinary action.

D. Training and Education:

1. Students will receive training on HIPAA regulations and confidentiality protocols before participating in activities involving patients or patient simulators.
2. Regular updates and refresher training sessions will be provided to ensure ongoing compliance.

E. Monitoring and Oversight:

1. The DPT Program faculty will monitor and oversee all activities involving patients or patient simulators.
2. Faculty members will ensure that students adhere to consent procedures and maintain patient confidentiality.

F. Enforcement:

1. Any violations of this policy will be investigated promptly.
2. Disciplinary action may be taken against students found to be in breach of consent or confidentiality requirements.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

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X. Appendices, References and Related Materials

None



XI. Revision History

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5G. DISABILITY SERVICES

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program demonstrates compliance with CAPTE Standard 5 and Element 5D.

The policy aligns with the institutional policies and procedures to ensure compliance with state and federal regulations.

The University of Louisiana at Monroe (ULM) is committed to providing equal opportunities and access to education for all students, including those with disabilities. Our Disability Services program ensures compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) by offering necessary accommodations and support to students with disabilities. The Disability Services program at ULM is committed to working collaboratively with students to eliminate barriers and facilitate their educational success.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Request Process:

- a. Students with physical or learning disabilities must submit a Request for Special Needs Accommodations Form to the Self-Development, Counseling, and Special Accommodations Center (SDCA).
- b. Accommodation requests must be supported by relevant disability documentation.
- c. Students must participate in an intake interview with a SDCA staff member.

B. Early Submission: While requests for disability services may be made at any time, students are strongly encouraged to submit necessary documents to the SDCA as early as possible. This facilitates the timely provision of approved accommodations.



- C. **Contact Information:** Students may schedule an appointment with the SDCA by calling (318) 342-5220. For additional information and resources, students are directed to the Special Needs section of the SDCA website: <http://www.ulm.edu/counselingcenter/special.html>.
- D. **Services Offered:**
- Provision of academic accommodation tailored to individual student needs.
 - Support for students with permanent or temporary disabilities.
 - Individual counseling services to address personal and academic concerns.
- E. **Housing and Parking Accommodations:** Housing accommodations and designated parking for students with disabilities are coordinated by other departments on campus to ensure accessibility and convenience.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Special Accommodations Coordinator	318-342-5220	storm@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Self-Development, Counseling, and Special Accommodations Center](#)
 B. [ULM DPT Student Handbook](#)

Keywords: modification, reasonable, disclosure, accommodations, disability

XI. Revision History

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Last Revision Date	9/25/2025
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5H. HEALTH INSURANCE

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure. This policy ensures all students enrolled in the Physical Therapy program at the University of Louisiana at Monroe (ULM) have current health insurance coverage for the duration of their program.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 5.

WARHAWK Flight Path: All phases involved

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Requirement for Health Insurance:

1. All students must maintain current health insurance coverage throughout their enrollment in the Physical Therapy program.

B. Documentation:

1. Students are required to provide evidence of their health insurance coverage, including the policy name, number, and effective date.
2. This documentation must cover the entire duration of the program.

C. Submission of Documentation:

1. Students must submit the required health insurance documentation to the Department by the end of the first week of their first semester.
2. Any changes in health insurance coverage must be reported to the Department immediately, and updated documentation must be provided.

**D. Verification:**

1. The Department will verify health insurance coverage at the beginning of each semester to ensure compliance.
2. Students who fail to provide proof of current health insurance coverage may be subject to disciplinary action, including suspension from the program until compliance is achieved.

E. Responsibility:

1. It is the student's responsibility to ensure their health insurance coverage remains active and to promptly address any issues related to coverage.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1261	hamby@ulm.edu
Clinical Education Administrative Assistant	318-342-1262	cking@ulm.edu
Professional Success Committee Chair	318-342-1229	omoore@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials**A. [ULM DPT Student Handbook](#)**

Keywords: health, insurance

XI. Revision History

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5I. ACKNOWLEDGEMENT OF POTENTIAL HEALTH RISKS AND STANDARD PRECAUTIONS

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

This policy informs students about potential health risks associated with their role as student physical therapists and ensures they understand and adhere to standard precautions to minimize these risks. This policy ensures that students are educated about potential health risks associated with their roles and are equipped with the knowledge to implement standard precautions effectively. By adhering to these guidelines, students can mitigate health risks and create a safer learning environment for themselves and others.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 5.

WARHAWK Flight Path: Welcoming and Accepting phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Health Risks:

1. Students in the physical therapy program may be exposed to various health risks, including:
2. Exposure to infectious diseases
3. Exposure to toxic substances
4. Strains, sprains, and trauma from slips, trips, and falls

B. Educational Initiatives:



1. During student onboarding and annually thereafter, students must review the "Hospital e-Tool: Physical Therapy Module" created by the Occupational Safety and Health Administration (OSHA).
2. Students must provide documentation to the Department indicating their review and understanding of health risks and precautions by the end of the first week of the first fall semester.

C. Information Provision:

1. Faculty members are responsible for providing students with information regarding potential health risks associated with their respective courses.
2. Information includes:
 - a. Potential health risks
 - b. Policies and procedures for standard precautions
 - c. Storage and use of hazardous materials
 - d. Safety regulations and emergency procedures
3. Faculty teaching courses involving community activities must also provide students with this information.

D. Reporting Injuries:

1. Students must report any injuries sustained during course activities to the course instructor.
2. Injuries sustained on campus or during department-sponsored activities must be reported to the Program Director.
3. Injuries sustained during Professional Education I-IV must be reported to the Clinical Instructor (CI) and the Director of Clinical Education/Assistant Director of Clinical Education (DCE/ADCE) immediately.
4. Injuries sustained off-campus during non-school-related activities or illnesses acquired must be reported to course instructors and the Program Director if they affect the student's ability to meet course requirements.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Director of Clinical Education	318-342-1261	hamby@ulm.edu
Clinical Education Administrative Assistant	318-342-1262	cking@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024



IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

A. [ULM DPT Clinical Education Handbook](#)

Keywords: health, risks, reporting, injuries

XI. Revision History

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5J. COUNSELING AND HEALTH SERVICES

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 2 and Element 2D6.

CAPTE Element 2D6: Program resources are meeting, and will continue to meet, current and projected program needs including financial resources, administrative support staff and technology support staff, space, equipment, technology, instruction materials, library and learning resources, and student services.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standards 2 and 5. The policy aligns with the institutional policies and procedures to ensure compliance.

The Self-Development, Counseling & Special Accommodations Center at the University of Louisiana at Monroe (ULM) is committed to providing comprehensive and confidential services to support the personal, academic, and professional development of all students. Through counseling, outreach, and special accommodations, we aim to foster a campus environment conducive to student success and well-being.

WARHAWK Flight Path: Honoring, Apprenticing, Why-Finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

- A. Counseling Services:
 - 1. The Center offers individual, couples, and group counseling sessions, addressing a wide range of personal, academic, and social concerns.
 - 2. Substance abuse prevention, education, intervention, counseling, and referral services are available.
 - 3. Crisis intervention services are provided for students facing immediate psychological or emotional distress.

**B. Outreach Programs:**

1. Counselors conduct outreach workshops and programs to educate students on personal growth, mental health, and academic success.
2. Presentations are available to student classes, groups, organizations, and residence halls upon request.

C. Health Services

1. ULM has partnered with Ochsner LSU Health System to provide our entire campus community with exceptional healthcare right here on the bayou.
2. Ochsner LSU Health Shreveport is a partnership between the nationally recognized health system Ochsner Health and the academic and research center LSU Health Shreveport.
3. Staffed by Board-Certified Nurse Practitioners, the Hawk Health Clinic provides comprehensive services including, but not limited to:
 - a. Annual physical exams
 - b. Wellness check ups
 - c. Immunizations
 - d. Screenings for chronic conditions
 - e. Screenings and management of sexually transmitted diseases
 - f. Management of conditions such as diabetes and hypertension
 - g. Monitoring and adjustment of medications
 - h. Treatment of minor illnesses and injuries
 - i. Laboratory services
 - j. Coordination of care with Ochsner LSU Health Monroe specialists (e.g., cardiologists, neurologists, gastroenterologists)

Operating Hours: The Center operates Monday through Friday from 7:30 a.m. to 4:30 p.m.

Appointments can be scheduled by calling 342-1651. For emergency care outside regular hours, students can contact the University Police Department at (318) 342-5350.

Immunization Requirements: New students must submit Proof of Immunization Compliance Form to the Admissions Office to fulfill immunization requirements.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Special Accommodations Coordinator	318-342-5220	storm@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024



IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [Self-Development, Counseling & Special Accommodations Center](#)
- B. [Hawk Health Clinic](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: counseling, health, services

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5K. STUDENT FEES

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 5. The policy aligns with the institutional policies and procedures to ensure compliance.

The policy provides clear, step-by-step guide to locate and understand their student fee statements and account billing information.

WARHAWK Flight Path: Apprenticing phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Log into the ULM banner self-service portal

1. Go to <https://banner.Ulm.Edu>.
2. Enter your campus-wide id (cwid) and password to log in.
3. Select "student services" from the main menu.
4. Click "account summary" to view balances, charges, and payments.

B. Review your fee statement

1. Identify tuition, mandatory fees, course-specific fees, housing, meal plans, and financial aid credits.
2. For detailed descriptions, access the "fee descriptions" document on the student account services page: https://www.Ulm.Edu/controller/sas_billing.Html.

C. Access semester-specific tuition and fee schedules

1. Visit the student account services website.



2. Download the pdf for the appropriate term (e.g., Fall 2024, spring 2025).
3. Review the cost per credit hour and any additional fees.

D. Use the tuition estimator tool

1. Go to https://www.Ulm.Edu/controller/sas_billing.Html.
2. Select the tuition estimator.
3. Enter your residency status and credit hours to estimate costs.

E. Utilize instructional videos

1. Watch “how to check my bill” at <https://www.Ulm.Edu/howto/checkbill.Html>.
2. Watch “how to pay my bill” at <https://www.Ulm.Edu/howto/billpay.Html>.

F. Contact student account services for assistance

1. Phone: (318) 342-5124
2. EMAIL: sas@ulm.edu
3. Location: Coenen Hall, Room 103
4. Hours: Monday–Thursday 7:30 am–5:00 pm; Friday 7:30 am–11:30 am

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM Student Account Services](#)
- B. [ULM How-To Videos](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: student, fees, account, tuition



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5L. SEMESTER ENROLLMENT AND WITHDRAWAL

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 5. The policy aligns with the institutional policies and procedures to ensure compliance.

This policy aims to ensure that students understand enrollment practices and the implications of resignation or withdrawal on their academic and financial standing at the University. It also provides guidance on the proper procedures to follow when considering such actions.

WARHAWK Flight Path: Apprenticing phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Enrollment Procedures:

1. Prior to the enrollment period opening, the Operations Coordinator will send a document with the courses and assigned sections for enrollment for the semester.
2. The student must enroll in Banner before the last day of enrollment period.

B. Resignation/Withdrawal Procedures:

Students considering resignation or withdrawal from classes must adhere to the following procedures:

1. Financial Aid Considerations:

- a. Dropping all classes may result in a review of financial aid packages, potentially requiring a return of a portion of disbursed funds.
- b. Students failing to pass or attend all classes may also have their financial aid reviewed. Professors may be contacted to verify attendance dates.
- c. Depending on class type, drop date, and credit hours dropped, returning all or part of financial aid may be necessary if class requirements are not fulfilled.



- d. A Letter of Intent may be required for certain class types or drop times.

2. **Resignation Process:**

- a. Students intending to resign from a class or school must first contact the Financial Aid office to understand the implications on financial aid.
- b. Proper withdrawal/resignation procedures must be followed through the Registrar's Office.

3. **Steps for Resignation:**

- a. Consult the Financial Aid office to understand the impact of dropping classes on financial aid.
- b. Notify the Residential Life Office to cancel Room and Meal Contracts, if applicable, as refunds may not be guaranteed. Refer to Residential Life policy for guidance.
- c. Seek guidance from the Academic Advisor to explore options for withdrawing from enrolled classes.

4. **Module Class Attendance:**

- a. Students attending module classes risk losing applied aid based on the drop period within the term. Contact the financial aid office before dropping for clarification.

5. **Formal Resignation Requirement:**

- a. Merely discontinuing class attendance does not constitute formal resignation from the University.
- b. Students failing to follow established resignation procedures will be responsible for all tuition and fees.

VI. **Policy Management**

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu

VII. **Exclusions**

Persons or units not included in the Applicability section.

VIII. **Effective Date**

7/1/2024

IX. **Adoption**

This policy is hereby adopted on this 1st day of July, 2024.

X. **Appendices, References and Related Materials**

- A. ULM Resignation/Withdrawal Policy
- B. [Graduate Catalog](#)

Keywords: enrollment, withdrawal, financial aid



XI. Revision History

Department	Physical Therapy
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Next Review Date	7/1/2026



5M. MENTORING AND COACHING

I. Policy Statement

The program recruits, admits, and graduates students using equitable program policies, procedures, and practices.

II. Purpose of Policy

The policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

It is the policy of the University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program to facilitate proactive engagement between mentor-coaches and students to ensure their successful return to the program. This policy establishes guidelines for mentor-coaches to contact students via phone calls, emails, and surveys and outlines procedures for accessing student progress reports.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standard 5.

WARHAWK Flight Path: Welcoming and Accepting phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

Withdrawal: **Cancel enrollment in the DPT program**

Mentor-coach: Faculty member assigned to guide professional development through academic coaching, mentoring, and advisement.

Progress Report: Documentation of student academic and non-academic progress contained in student progression, professional identity formation, and individualized professional development plan report

V. Policy Procedure

A. Training and Support

1. Mentor-Coaches will receive training on conducting effective phone calls with students, administering surveys, and accessing and utilizing progress reports.



- a. The training consists of the following elements actionable by the Professional Success Committee (PSC) Chairperson and/or Coordinator:
 - a) Provide Mentor-Coaches a written copy of the retention procedures for students on deferment or withdrawal.
 - b) Review all procedures with Mentor-Coaches (initial outreach, follow-up procedures, and compliance) to address any proffered questions or concerns.
 - c) Instruct Mentor-Coaches on steps to access student progress reports repositied in shared drive.
 - d) Demonstrate how to capture the appropriate information in the tracking form and save the data to the program database.
 - e) Review the series of steps required to update information in saved reports and access legacy reports in the program database.
 - f) Provide additional resources and availability as needed to assist Mentor-Coaches and facilitate the process.
 2. Ongoing support and guidance will be provided to mentor-coaches to ensure they have the necessary resources and skills to engage with students effectively.
- B. **Access to Shared Drive**
 1. Mentor-Coaches are granted access to a protected, shared drive containing student progress reports.
 2. Access to the shared drive is provided to mentor-coaches upon completion of appropriate training and adherence to confidentiality policies.
 3. Mentor-Coaches must use the information in the progress reports responsibly and only to support student success.
- C. **Initial Outreach**
 1. Students who choose deferment or withdrawal will be notified orally or in writing that their mentor-coach will contact them once per semester for one year following their deferment or withdrawal.
 2. Mentor-Coaches are responsible for contacting students who have deferred or withdrawn from the DPT program each semester for one year.
 - a. If the student does not return in one year, the mentor-coach will notify the PSC Chairperson that no additional one-on-one engagement activities will occur unless initiated by the student.
 - b. The Program Director will send a notification to the student and copy the PSC Chairperson and the Operations Coordinator. The student will receive updates from the ULM Recruit system.
 - c. The PSC Chairperson will notify the Operations Coordinator to include the student in future Recruit communications.
 3. Mentor-Coaches will email the student indicating they will contact them on a particular day in the semester following their deferment or withdrawal. The email will include a request for the best time for the mentor-coach to call the student.
 4. Mentor-Coaches should schedule phone calls with students to discuss their return.
 - a. The mentor-coach will ask three standard questions.
 - i. Are you considering returning to the University of Louisiana Monroe DPT program?
 - ii. Do you have a timeline in mind for your potential return to the program?
 - iii. Is there anything we can do to support or facilitate your return?



- b. The mentor-coach will notify the student that a survey will be sent with three questions to document their responses.
- c. The mentor-coach will document the encounter in the program database.
- d. The student will submit the survey. Results will be stored in the response spreadsheets. Results will be archived per institutional storage guidelines annually in August.

D. Follow up Procedures

1. After the initial phone call, mentor-coaches will follow up with students within a week or as needed to provide additional support or gather further information.
2. Follow-up communication may include emails, additional phone calls, or in-person meetings depending on the circumstances.
3. Mentor-Coaches should document all communication and interactions with students in the program database.

E. Compliance

1. A Program Director will review and approve the documentation monthly.
2. The PSC Coordinator will conduct the quality assurance audit once a quarter (January, April, July, October).
3. The PSC Coordinator will notify the mentor-coach and Chairperson of any missed calls. A due date will need to be established to ensure compliance.
4. The PSC Coordinator will submit the number of emails and calls completed per quarter to the Data Analyst. Qualitative data may include information about the most requested support or resources needed by the students.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1236	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Professional Success Committee Chairperson	318-342-1229	Omoore@ulm.edu
Professional Success Committee Coordinator	318-342-1566	Menardharvey@ulm.edu
Data Analyst	318-342-1232	Batra@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [ULM DPT Faculty and Staff Handbook](#)
- B. [ULM DPT Student Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)
- D. Return to the program survey, <https://forms.office.com/r/XTZhqMqAq1>
 - a. The form responses are on the Professional Success Committee channel in Teams.
 - b. A PDF of the form is on the Professional Success Committee channel in Teams. A screenshot is in Appendix B.
 - c. The form is in the Forms section of Microsoft Office under the ulmdpt email account. The response spreadsheet is in the PSC channel file.

Keywords: mentoring, coaching

XI. Revision History

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6A. CURRICULAR DEVELOPMENT ANALYSIS

I. Policy Statement

The program has a comprehensive curriculum plan.

The ULM DPT program curriculum is grounded in contemporary physical therapy practice, state and national standards, and educational theory. It is evidence-informed, system-based, and guided by professional and regulatory literature. The curriculum is mission-driven and prepares graduates to be reflective, ethical, and community-focused physical therapists.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6A.

CAPTE Element 6A: The comprehensive curriculum plan includes the didactic and clinical education components of the curriculum. It is based on information about the contemporary practice of physical therapy; standards of practice; current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory; and the mission of the program.

The curriculum includes the didactic and clinical portions of the DPT program. The entire curriculum consists of a minimum of 96 weeks (of instruction completed in a minimum of six semesters or the equivalent).

The clinical education portion includes a minimum of 30 weeks of full-time clinical education experiences, based on a minimum of 32 hours/week.

Upon satisfactory completion of the program the institution awards/confers the Doctor of Physical Therapy, or DPT, as the entry-level degree for physical therapists.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure.

WARHAWK Flight Path: Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Didactic Education: The acquisition of knowledge and skills through lectures, readings, and classroom activities

B. Clinical Education: The enhancement of knowledge and skills through application in a practical or clinical setting



C. **LMS Course Shell:** Learning management system container that holds the elements of the course

D. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

E. **Praxis:** Applying the knowledge, skills, and attributes developed through the ULM DPT WARHAWK Flight Path, a Rural and Underserved Generalist Apprenticeship Program, to address contemporary societal needs and contribute to the transformation of communities into mobility-affirming environments. (our distinctive process of applying, evaluating, and adapting DPT educational practices to achieve our mission)

E. **Signature Pedagogy:** The human body and the human condition are our teachers (our distinctive theory and practice of the teaching and learning of physical therapy concepts)

F. **Signature Andragogy:** Adapt to the impermanence of the human body and the human condition (our distinctive approach to engaging with student physical therapists and community members)

G. **Curriculum:** The educational content that a program offers a student. The ULM DPT program must offer the minimal content outlined by the Commission of Accreditation in Physical Therapy Education. Curriculum requirements are outlined in the Standards and Required Elements document posted on the CAPTE website.

H. **Professional Program:** An educational program which is responsible for developing a well-rounded professional. In the case of the ULM DPT program, we are responsible for the professional training (specific knowledge and skills) and formation (development of character, values, and beliefs) of a high-functioning physical therapist with **rural health and medically underserved care proficiencies** (a person's ability to perform related tasks with a high level of skill). This focus is our area of emphasis, which typically requires 6-12 credit hours.

- Cultural and Rural Health I
- Cultural and Rural Health II
- Integrated Clinical Experiences I-IV
- Professional Experience I-IV (at least one must have a rural health focus)

I. **Curriculum design:** The arrangement and structure of educational content. The ULM DPT curriculum is predominantly subject-centered curriculum design enriched with integration activities. Learner-centered strategies are the foundational blocks of curriculum implementation for the ULM DPT program.

- Our curriculum has 37 required courses and 1 optional course
 - Each course is divided into modules, typically based on weekly focus. A module is a unit of study that includes a lesson or lessons.
 - A lesson is a group of activities focused on a learning objective or outcome.
 - Learning objective
 - Describes what the instructor or program aims to do
 - Learning outcome
 - Describes what a student will be able to do as a result of a learning activity or experience
 - Should be student centered and written in a SMART format
 - An activity or experience contains the content of the course.



J. Curriculum implementation: The instruction and assessment of activities that utilize designated resources outlined in the curriculum. We are transitioning to **competency-based learning** (a person's ability to perform a task with the necessary knowledge and skills) to ensure the learner is ready for progression within the curriculum.

K. Curriculum development: comprehensive stages of planning, execution, and assessment.

L. Curriculum design models: guide the progression of curriculum development activities.

- Tyler – the role and place of objectives, objective-based model
- Goodlad – well-informed citizens of a democracy, values-based model
 - o Funded knowledge – gained from research
 - o Conventional wisdom – specialized knowledge within the society
- Wheeler – cyclic model to recognize interrelatedness of curriculum elements
- Kerr – cyclic model including objectives, knowledge, learning experiences, evaluation
- Taba – cyclic model with connection to social responsibility, teacher preparation, and Tyler principles

Our curriculum uses the Tyler curriculum design model principles woven into Wheeler model with social reconstructionism principles from Goodlad. Our analysis is guided by the reflective questions of Tyler. Our academic intervention model is based on the work of Taba and Tinto.

M. Vertical integration: Coordination of lessons across semesters; from more didactic to more clinical

N. Horizontal integration: Coordination of lessons within a semester or within a content area

O. Curriculum alignment: Coordination of faculty to plan content delivery and assessment

P. Organizing centers: Topics and associated activities that address specific learning objectives that assist in achieving the behavioral objectives (Goodlad). Our organizing centers are labeled course series. Content and learning objectives for each organizing center are based on Standard 7 and our rural and underserved general competencies and entrustable professional activities. Each organizing center has essential elements.

- o Scope – areas of development (lessons) within an organizing center
- o Sequence – order of the lesson and the scaffolding from simple to complex
- o Integration – synthesizing information across centers
- o Continuity – Consistency in language, theories, and practices within the centers

V. Policy Procedure

A. Basis for Curriculum Design

1. The curriculum is grounded in national and state-level resources including:
 - a. American Physical Therapy Association (APTA) Special Interest Section Fact Sheets
 - b. APTA Entry-Level Curricular Guidelines
 - c. Federation of State Boards of Physical Therapy (FSBPT) Textbook Survey
 - d. Louisiana Physical Therapy Practice Act
 - e. Scorebuilders Basecamp
2. Each course module:
 - a. Is developed through review of literature from the past decade.



- i. Seminal, pioneering, or groundbreaking literature may be cited or used regardless of publication date.
 - b. Requires faculty to cite at least 3 peer-reviewed sources per module that support instructional content and objectives within the LMS course shell.
 3. The curriculum structure has courses that follows a module–lesson–activity hierarchy that:
 - a. Promotes vertical and horizontal integration.
 - b. Reduces curricular drift and supports cohesive learning.
 - c. Each module will include the following information on the landing page:
 - i. Introduction
 - ii. Modular objectives
 - iii. Lesson
 1. Required and optional instructional resources
 2. Lessons are divided into topics
 - iv. Activities
 - v. Assessment plan
 4. Lesson selection (Tyler)
 - a. Essential elements:
 - i. Selection of subject matter or content
 - ii. Validity
 1. Connection between content and curriculum aims and goals
 - iii. Significance
 1. Sustainability of content chosen to meet the needs and ability levels of learners
 - iv. Needs and interests of the learner
 1. Relevance to the learner
 - v. Utility
 1. Ability to use the content to solve a current or a future problem
 - vi. Learnability
 1. Ability to adapt the content to the learner
 - vii. Consistency with social realities
 1. Alignment based on regional or community needs
 5. Lessons are anchored in clinical problems or cases to:
 - a. Enhance critical thinking and clinical reasoning.
 - b. Simulate contemporary direct access physical therapy practice.
 6. Content is organized by physiological systems using a system-based model:
 - a. Reinforced with scheme-inductive, problem-based, and case-based learning methods.
 - b. Subdivided into manageable topics for cognitive processing.
 7. Clinical reasoning frameworks include:
 - a. International Classification of Functioning, Disability, and Health (ICF) model
 - b. Patient/Client/Individual Management Model
 - c. The SINSS Model
 - d. CRAFTE

B. Educational Theory Integration

1. The curriculum is informed by Kegan’s Theory of Identity Development (1982), which supports:
 - a. Progression from externally driven learning (stages 2–3).
 - b. Transition to self-authorship and internalized professional identity (stages 4–5).
2. Instructional methods include:



- a. Blended learning (asynchronous preparation + synchronous, in-person instruction).
 - b. Integration of clinical reasoning and values-based decision-making.
3. Course quality is ensured by:
 - a. Faculty or administrator review of each course prior to delivery.
 - b. Use of the Quality Matters Specific Review Rubric for instructional quality assurance.
4. Collaborative lesson planning
 - a. Identify if a lesson is an introduction, reinforcement, or mastery of content area(s).
 - b. Identify opportunities for scaffolding.
5. Faculty review of each course after delivery during debriefing meetings.

C. Mission Alignment

1. The curriculum supports the DPT program's mission to prepare:
 - a. Evidence-informed, reflective, and community-engaged physical therapists.
 - b. Professionals who address health disparities and improve community and population health.

D. Program Characteristics

1. The curriculum spans eight semesters.
2. The curriculum includes 37 required courses and 1 optional course.
3. The total program comprises 120 semester credit hours.
4. Students complete 32 weeks of full-time clinical education.
5. The degree awarded is the Doctor of Physical Therapy (DPT).

E. Curriculum Review and Continuous Improvement

1. The Curriculum and Instruction Committee:
 - a. Conducts quarterly reviews of curricular content and integration.
 - i. 4 Tyler fundamental questions (1949)
 - i. What educational purposes is the program seeking to attain?
 - ii. What educational experiences are potentially provided that are likely to attain these purposes?
 - iii. How can these educational experiences be effectively organized?
 - iv. How can we determine whether these purposes are being attained?
 - ii. Ensure that the criteria for selection of content were met (Tyler)
 - iii. Ensure that we are using funded knowledge and conventional wisdom in the courses (Goodlad)
 - iv. Ensure courses are in the correct organizing center (Goodlad; labeled as course series).
 - v. Utilize student, faculty, staff, and community feedback to evaluate courses and the curriculum (Wheeler).
 - b. Ensures responsiveness to changes in professional standards and educational research.
2. Faculty or administrator responsibilities include:
 - i. Ensure that lessons begin with a clinical problem or case.
 - ii. Utilized one of the agreed upon clinical reasoning framework.
 - iii. Use a rubric for all assignments and assessments.
 - iv. Submitting course revisions and supporting literature prior to each semester.
 - v. Aligning course objectives with current practice and program goals.
 - vi. Completing the Quality Matters Specific Review
 - vii. Completing a syllabus checklist

**VI. Policy Management**

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. International Classification of Functioning, Disability, and Health (ICF) model
 1. <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- B. Patient/Client/Individual Management Model
 1. <https://www.apta.org/your-practice/documentation/defensible-documentation/elements-within-the-patientclient-management-model>
- C. The SINSS Model
 1. Petersen EJ, Thurmond SM, Jensen GM. Severity, Irritability, Nature, Stage, and Stability (SINSS): A clinical perspective. J Man Manip Ther. 2021 Oct;29(5):297-309. doi: 10.1080/10669817.2021.1919284. Epub 2021 May 17. PMID: 33999785; PMCID: PMC8491699.
- D. Quality Matters
 1. <https://www.qualitymatters.org/>
- E. Kegan's Model of Adult Development and Theory of Identity Development
 1. Kegan R. The Evolving Self: Problem and Process in Human Development. 1982. Cambridge, MA: Harvard University Press.
 2. Lewin, Linda Orkin MD; McManamon, Alyssa MD; Stein, Michael T.O. MD; Chen, Donna T. MD, MPH. Minding the Form That Transforms: Using Kegan's Model of Adult Development to Understand Personal and Professional Identity Formation in Medicine. Academic Medicine 94(9):p 1299-1304, September 2019. | DOI: 10.1097/ACM.00000000000002741
- F. [Graduate Catalog](#)
- G. [ULM DPT Faculty and Staff Handbook](#)
- H. Teaching Resources



1. Course Design: <https://resources.depaul.edu/teaching-commons/teaching-guides/course-design/Pages/course-objectives-learning-outcomes.aspx>
2. Curriculum Essentials: A Journey;
<https://oer.pressbooks.pub/curriculumessentials/chapter/curriculum-design-development-and-models-planning-for-student-learning-there-is-always-a-need-for-newly-formulated-curriculum-models-that-address-contemporary-circumstance-an/>

Keywords: curriculum, development, educational theory, curriculum design

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6B. BACCALAUREATE DEGREE ANALYSIS

I. Policy Statement

The program and the curriculum require all students to hold an earned baccalaureate degree prior to admission.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6B.

CAPTE Element 6B: The curriculum includes an expectation that students enter the professional program with a baccalaureate degree.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure.

WARHAWK Flight Path: Accepting phase

III. Applicability

- A. Applicants seeking acceptance into the Doctor of Physical Therapy program
- B. Doctor of Physical Therapy program
- C. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. **Baccalaureate Degree:** Another term for bachelor's degree. The completion or earning of the degree indicates the completion of an undergraduate degree plan.

C. **Matriculation:** The act of enrolling and attending as a student physical therapist

V. Policy Procedure

A. Confirmation of baccalaureate degree

1. PTCAS

- a. For applicants who have completed their undergraduate degree plan, the earned baccalaureate degree will be confirmed through analysis of their transcripts in PTCAS.

2. Graduate School

- a. For applicants who have not completed their undergraduate degree plan, the acceptance letter will indicate conditional acceptance. The applicant must submit an official transcript to the Graduate School prior to the first day of class.
- b. The Admissions Committee will confirm receipt of the official transcript with the Graduate School.

**B. Documentation of baccalaureate degree**

1. A list of accepted applicants with the source of the baccalaureate degree completion will be kept in the Admissions Committee channel in Teams.
2. The Graduate School will receive and confirm the completion of the baccalaureate degree through official transcript verification.
3. Validation of the data can occur with an institutional research request after the drop/add date of the first semester of the program.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials**A. PTCAS WebAdmit Portal**

1. <https://www.webadmit.org/session/new>

Keywords: baccalaureate, degree

XI. Revision History

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Next Review Date	7/1/2026



6C. PREREQUISITE COURSEWORK ANALYSIS

I. Policy Statement

The prerequisite coursework is determined by the program's curriculum plan. This prerequisite foundation ensures that applicants possess the necessary academic preparation and foundational competencies to succeed in the rigorous DPT curriculum. The rationale for course inclusion and the assessment of their adequacy are based on faculty consensus, professional standards, and longitudinal programmatic data.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6C.

CAPTE Element 6C: The prerequisite coursework is determined by the program's curriculum plan.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure.

WARHAWK Flight Path: Accepting, Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Applicants seeking acceptance into the Doctor of Physical Therapy program
- B. Doctor of Physical Therapy program
- C. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. Prerequisite Coursework: Foundational college-level courses that must be completed before enrolling or starting the DPT program

C. Content Competency: The demonstrated understanding and application of prerequisite knowledge relevant to graduate-level physical therapy education.

D. Admission Eligibility: Minimum academic preparation required for a complete application review.

V. Policy Procedure

A. Identification and Rationale for Prerequisite Course Inclusion

Science and Mathematics Prerequisites (44 credit hours)

General Chemistry with Lab (8 credit hours)

Rationale: Provides foundational knowledge in chemical principles necessary for understanding human physiology, pharmacokinetics, and tissue healing processes.



Expected Preparation: Students should enter the DPT program with a solid understanding of chemical interactions, solution dynamics, and lab-based analytical skills.

General Biology with Lab (8 credit hours)

Rationale: Supports comprehension of cellular processes, genetics, and tissue function, which are critical for pathology, physiology, and movement science.

Expected Preparation: Students will possess a foundational grasp of biological systems and the scientific method.

Physics with Lab (8 credit hours)

Rationale: Underpins biomechanical analysis, kinesiology, and movement science, all core areas of PT practice.

Expected Preparation: Students are expected to understand mechanical principles (e.g., force, torque, vectors) and how they relate to human movement.

Advanced Biology (3 credit hours – sophomore level or higher)

Rationale: Courses such as microbiology, cell biology, or genetics provide deeper insights into body systems and disease mechanisms.

Expected Preparation: Students should demonstrate advanced understanding of biological function and disease processes.

Human Anatomy and Physiology with Lab (8 credit hours – combined or separate courses)

Rationale: Directly supports physical therapy education by introducing body systems, structures, and physiological processes.

Expected Preparation: Students are expected to recognize anatomical structures, understand organ system interactions, and apply this knowledge to functional assessment. An in-person component is required.

College Algebra or Higher (6 credit hours)

Rationale: Supports logical reasoning and quantitative analysis used in evidence-based practice and therapeutic dosing.

Expected Preparation: Students will demonstrate proficiency in mathematical reasoning and problem solving.

Statistics (3 credit hours)

Rationale: Critical for interpreting research literature and clinical data, forming the foundation for the DPT clinical inquiry series.

Expected Preparation: Students should be able to analyze data, understand variability, and interpret basic statistical outputs.

Non-Science Prerequisites (18 credit hours)

English Composition I & II (6 credit hours)

Rationale: Prepares students for clear, concise written communication required in clinical documentation, professional correspondence, and research writing.

Expected Preparation: Students will demonstrate effective writing mechanics, clarity, and analytical thought in written expression.

Advanced English Composition or Technical Writing (3 credit hours)

Rationale: Reinforces the ability to write for scientific and professional audiences.



Expected Preparation: Students should be able to construct structured, evidence-supported arguments in written format.

Psychology (6 credit hours)

Rationale: Provides foundational knowledge of behavior, cognition, and emotional regulation, which supports patient interaction and understanding across the lifespan.

Expected Preparation: Students should understand psychological principles relevant to motivation, mental health, and development.

Public Speaking or Communications (3 credit hours)

Rationale: Supports verbal communication skills essential for patient education, professional collaboration, and interprofessional team participation.

Expected Preparation: Students should be able to deliver organized, confident, and clear oral communication in both formal and informal settings.

B. Admission Eligibility

1. Courses must be completed at a regionally accredited institution with a grade of “C” or higher.
2. Advanced Placement (AP), International Baccalaureate (IB), and CLEP credit may be accepted for certain courses with documentation.
3. If the course used a pass or fail grading system, the university or college must formally identify or confirm that “pass” means a grade of “C” or higher. The course will be marked as complete but will not be used in GPA calculations.
4. Anatomy prerequisite competency assessment is available for eligible applicants.
 - a. The assessment will be offered three times a year in person at the University of Louisiana Monroe. Email ulmdpt@ulm.edu for more information and to register for the assessment. Passing the anatomy prerequisite assessment does not guarantee admission into the University of Louisiana Monroe Doctor of Physical Therapy program. However, it allows individuals who have been actively employed in fields related to movement promotion, recovery, or rehabilitation to use anatomy and physiology courses completed more than five years ago to meet the program’s prerequisite requirements, provided they earned a grade of B or better in those courses. Applicants are permitted up to two attempts at the anatomy prerequisite assessment, regardless of how many times they apply to the University of Louisiana Monroe’s Doctor of Physical Therapy program. The fee (\$50.00) for the anatomy prerequisite assessment is non-refundable. The assessment must be taken before November 15th to be considered in the current admission cycle.

B. Analysis of Prerequisite Adequacy

1. The Outcomes Committee conducts an annual review of prerequisite performance indicators and their correlation with:
 - a. Course performance
 - b. Progression rates
 - c. Retention rates
 - d. NPTE pass rates
2. Data sources used in evaluation include:
 - a. Admissions GPA and prerequisite course GPA
 - b. Faculty feedback on student preparedness in didactic courses
 - c. Student feedback
 - d. Course evaluations



3. The committee will review the PTCAS Applicant Data Report to evaluate alignment with national prerequisite course inclusion trends.
4. If deficiencies are identified, the committee may:
 - a. Recommend adjustments to prerequisite course requirements
 - b. Offer supplemental instruction or preparatory modules
5. Every three years, a formal report is submitted to the Program Director with recommendations for maintaining or revising prerequisite standards.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		
Outcomes Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [PTCAS WebAdmit Portal](#)
- B. [ULM DPT Faculty and Staff Handbook](#)

Keywords: prerequisite, coursework

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6D. CURRICULUM DESIGN ANALYSIS

I. Policy Statement

The curriculum is a series of organized, sequential, and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6D.

CAPTE Element 6D: The curriculum is a series of organized, sequential, and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure.

WARHAWK Flight Path: Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. Educational Philosophy: The foundational values and principles guiding curriculum design and instructional methods.

C. Learning Experiences: Activities through which students acquire knowledge, skills, and attitudes.

D. Formative Evaluation: Ongoing assessment used to monitor student learning and provide feedback for improvement.

E. Summative Evaluation: Evaluation conducted at the conclusion of an instructional unit or course to assess learning outcomes.

F. Continuum of Care – The entire spectrum of healthcare services, including prevention, acute care, rehabilitation, and long-term management.



V. Policy Procedure

The Curriculum and Instruction Committee are responsible for monitoring the curriculum for compliance with the following expectations. The Program Director and Associate Program Director are responsible for faculty adhering to the curricular design and its related activities.

A. Educational Philosophy of the Curriculum

1. The curriculum is grounded in a blended philosophy that includes:
 - a. **Cognitive Apprenticeship** – Learning through observation, practice, and feedback.
 - b. **Practice-Based Education** – Applying knowledge in hands-on, clinically relevant environments.
 - c. **Social Reconstructionism** – Developing professionals who can transform communities through service and advocacy.
2. Instruction is guided by the **Head, Hands, and Heart model**, with emphasis on cognitive development, psychomotor skills, and ethical/professional formation.

B. Course Organization, Sequencing, and Integration

1. Courses are organized into a modular, system-based structure that progresses from foundational knowledge to complex clinical reasoning.
2. Integration occurs:
 - a. Horizontally – Content is coordinated across courses within the same semester.
 - b. Vertically – Concepts are introduced, reinforced, and mastered across sequential semesters.
3. Learning experiences are aligned with organizing centers and sequenced to ensure:
 - a. Scaffolding of knowledge
 - b. Early exposure to patient care
 - c. Integration of classroom and clinical learning

C. Behavioral Course Objectives

1. All course and module objectives are:
 - a. Written in SMART format (Specific, Measurable, Achievable, Relevant, Time-bound)
 - b. Described in observable behavioral terms using Bloom's Taxonomy (e.g., analyze, demonstrate, evaluate)
2. The Curriculum Committee reviews objectives annually to ensure clarity and alignment with program outcomes.

D. Instructional Methods and Learning Experiences

1. The curriculum employs a diverse set of instructional strategies including:
 - a. Problem-based learning (PBL)
 - b. Case-based learning (CBL)
 - c. Flipped classrooms and blended learning
 - d. Simulation and standardized patient encounters
 - e. Laboratory practice and skills assessments
2. Learning experiences are structured to:
 - a. Promote active, student-centered engagement
 - b. Reflect contemporary clinical scenarios
 - c. Encourage collaboration, critical thinking, and adaptability



E. Learning Across the Lifespan and Continuum of Care

1. Learning experiences address the needs of:
 - a. Pediatrics, adults, and older adults
 - b. Individuals across all levels of function and disability
 - c. Patients with chronic illnesses and comorbidities
2. Students receive instruction and practice in:
 - a. Wellness and prevention
 - b. Acute care, outpatient, inpatient rehabilitation
 - c. Long-term care and community-based settings

F. Alignment with the APTA Vision

1. The curriculum supports the **APTA Vision Statement** (*Transforming society by optimizing movement to improve the human experience*) by:
 - a. Embedding content on social determinants of health, health disparities, and inclusive care
 - b. Reinforcing the role of the physical therapist in population health, wellness, and community transformation
 - c. Providing interprofessional and community-engaged learning opportunities

G. Formative and Summative Evaluation Mechanisms

1. Formative assessments include:
 - a. Weekly quizzes, lab checkoffs, reflective writing
 - b. Peer and self-assessments
 - c. Faculty feedback on clinical skill development
2. Summative assessments include:
 - a. Written exams, OSCEs, practical exams
 - b. Course-based projects, research presentations
 - c. Clinical performance evaluations using the CPI Web system
3. Student performance is tracked longitudinally through a curriculum-wide mapping system (Trajecsys) and benchmark (TrueLearn) reviews.

H. Integration of Clinical and Didactic Curriculum

1. The curriculum includes both integrated clinical experiences (ICE) and full-time clinical education:
 - a. ICEs begin in the first year and are embedded in courses such as Integrated Clinical Experience I–IV
 - b. Full-time clinical education includes 32 weeks of immersive experiences in diverse settings
2. Clinical and didactic elements are integrated by:
 - a. Aligning clinical assignments with concurrent didactic content
 - b. Requiring case presentations that connect classroom learning to clinical practice
 - c. Facilitating debriefing sessions and post-clinical reflections for synthesis of experience

I. Faculty Expectations

1. Faculty will complete the instructional design form.
2. Faculty will complete the contact hour calculator.
3. Faculty will complete the required documentation and participate in student progression meetings.
4. Faculty will complete mentor-coaching responsibilities, if applicable.
5. Faculty will complete faculty development activities and faculty evaluation forms.



6. Faculty will participate in program meetings to contribute to curricular quality assurance and improvement.

VI. Policy Management

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Program Director	318-342-1326	Vanhoose@ulm.edu
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Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Curriculum Mapping Document
- B. Course Series Matrix
- C. [ULM DPT Faculty and Staff Handbook](#)
- D. [Trajecs](#)
- E. [TrueLearn](#)

Keywords: curriculum, design, educational philosophy

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6E. SYLLABI ANALYSIS

I. Policy Statement

The curriculum includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

To ensure consistency, instructional transparency, and compliance with institutional, CAPTE, and SACSCOC accreditation standards, each course within the ULM Doctor of Physical Therapy (DPT) program must have a syllabus that includes specific, required elements. This policy establishes a formal process for syllabus development, review, and verification.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6E.

CAPTE Element 6E: The curriculum includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

The University has a suggested syllabus template with a coding system: Code: *Red=must include*, *Blue=should include*, *Green=could include* in course/syllabus).

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. Syllabus: A formal instructional document outlining course structure, objectives, expectations, and learning resources.

C. Substantive Interaction: Instructor-initiated, regular, and meaningful engagement with students, particularly in hybrid or online formats.

D. Verification Process: A standardized review conducted prior to each semester to ensure syllabus compliance.

V. Policy Procedure

A. Required Syllabus Components

Each syllabus must include the following:

1. **Course Identification**
 - a. Title and course number



- b. Official course description
 - c. Department offering the course
 - d. Number of credit hours*
 - e. Assigned instructor(s) and credentials
 - f. Contact hours (lecture, lab, clinical)
2. **Course Structure and Logistics**
 - a. Course prerequisites
 - b. Schedule with outline of topics and designated instructors for each session
 - c. Mode of delivery (in-person, hybrid, synchronous, asynchronous)
 - d. Description of **substantive and regular instructor interaction**, particularly for distance learning components
3. **Learning Objectives and Activities**
 - a. Course objectives written in measurable behavioral terms
 - b. Outline of learning activities (e.g., case studies, simulations, videos, presentations, small group discussions, projects, etc.)
4. **Evaluation and Grading**
 - a. Methods of student evaluation (e.g., quizzes, practical exams, papers, participation)
 - b. Grading criteria and grade distribution
5. **Instructional Materials**
 - a. Required and recommended learning resources (e.g., textbooks, e-books, software, databases)
6. **Institutional Requirements**
 - a. Additional policies, procedures, and practices required by the institution or the regional accrediting body

B. Review and Approval Process

1. **Syllabus Template**
 - a. The program maintains a standardized syllabus template that incorporates all required components.
 - b. The template is updated annually by the Curriculum and Instruction Committee after reviewing the institutional template.
2. **Submission and Review**
 - a. Faculty must post their completed syllabus at least 2 **weeks** before the start of each semester in their Canvas course shell.
 - b. Syllabi are reviewed by:
 - a. **Course Coordinators** (for accuracy and alignment)
 - b. **Curriculum and Instruction Committee** (for compliance and consistency)
 - c. **Program Director or Associate Program Director** (for final approval)
3. **Verification Checklist**
 - a. A standardized **Syllabus Compliance Checklist** is used during each review.
 - a. Completed by the Course Coordinator, an Administrator, or a designee
 - b. Checklists are archived each semester for audit and accreditation documentation in the Curriculum and Instruction channel in Teams
4. **Non-Compliance**
 - a. Incomplete or noncompliant syllabi are returned to the faculty member for revision within 5 business days.
 - b. Courses may not be released to students in the Learning Management System (LMS) until the syllabus is approved.

**C. Oversight and Continuous Improvement****1. Post-Semester Audit**

- a. Random audits are conducted each semester to ensure that instructional delivery aligns with the approved syllabus.
- b. Any discrepancies are reported to the Program Director and discussed in the end-of-semester debrief.

2. Faculty Development

- a. Training sessions on syllabus development and compliance are held annually.
- b. New faculty receive individual onboarding related to syllabus preparation.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
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Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [University Syllabus Template](#)
- B. ULM DPT Syllabus Template
- C. [Syllabus Compliance Checklist](#)

Keyword: syllabus

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6F. INTRA-PROFESSIONAL AND INTERPROFESSIONAL LEARNING EXPERIENCE

I. Policy Statement

The ULM Doctor of Physical Therapy (DPT) program integrates intentional intra-professional and interprofessional learning experiences throughout the didactic and clinical education curriculum.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6F.

CAPTE Element 6F: The didactic and clinical education curriculum includes intra-professional* (PT/PTA) and interprofessional* (PT with other professions/disciplines) learning activities that are based on best-practice and directed toward the development of intra-professional and interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

WARHAWK Flight Path: Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.
- B. **Intra-professional education:** Collaborative learning between physical therapists and physical therapist assistants.
- C. **Interprofessional education (IPE):** Learning that occurs when students from two or more health professions learn with, from, and about each other to improve collaboration and the quality of care.
- D. **Best-practice IPE standards:** Educational approaches informed by the Interprofessional Education Collaborative (IPEC) Core Competencies.

V. Policy Procedure

A. Intra-Professional Education Activities (PT/PTA)

1. Didactic Phase

- a. The program integrates collaborative learning sessions with PTA programs (e.g., Delta Community College and Louisiana Tech) to include:
 - i. Joint lab simulations in musculoskeletal and neuromuscular management courses
 - ii. Shared case-based discussions on scope of practice and supervision
 - iii. Documentation and communication exercises simulating delegation and re-assessment



- a. Topics include:
 1. Legal and ethical responsibilities of PTs in supervising PTAs
 2. Effective team communication strategies
 3. Role delineation across care settings
2. **Clinical Phase**
 - a. Students participate in clinical experiences where collaborative PT/PTA care is modeled and evaluated.
 - b. Clinical instructors are trained to facilitate reflection and feedback on PT/PTA communication and supervision practices.
3. **Evaluation of Effectiveness**
 - a. Students complete self-reflections and team performance evaluations related to intra-professional collaboration.
 - b. Clinical performance is assessed using CPI items focused on communication, supervision, and role clarity.
 - c. Faculty analyze outcomes during end-of-semester curriculum meetings to inform improvements.

B. Interprofessional Education Activities (IPE)

1. **Didactic Phase**
 - a. Students engage in interprofessional case simulations and classroom sessions with learners from nursing, pharmacy, occupational therapy, and physician assistant programs (e.g., through collaboration with VCOM-Louisiana and ULM health sciences).
 - b. Activities emphasize the four IPEC Core Competency domains:
 - i. **Values/Ethics for Interprofessional Practice:** Case debriefs on shared ethical dilemmas
 - ii. **Roles/Responsibilities:** Panel discussions with various providers
 - iii. **Interprofessional Communication:** SBAR and team huddle simulations
 - iv. **Teams and Teamwork:** Collaborative treatment planning exercises
2. **Clinical Phase**
 - a. Clinical education sites are selected and monitored to ensure opportunities for IPE in real-world patient care (e.g., acute care, inpatient rehab, outpatient neuro).
 - b. Students reflect on interprofessional collaboration in clinical journals and during midterm/final CPI assessments.
3. **Evaluation of Effectiveness**
 - a. IPE events are evaluated via student surveys, peer assessments, and faculty observations.
 - b. Student performance in interprofessional settings is tracked using rubrics aligned with IPEC domains.
 - c. Aggregate data are reviewed annually by the Curriculum and Instruction Committee.

VI. Compliance and Documentation

1. **Tracking and Monitoring**
 - a. All intra- and interprofessional learning events are logged in the course syllabi and mapped to relevant CAPTE and IPEC competencies.
 - b. Attendance, participation, and performance are tracked using LMS-integrated tools and course rubrics.
2. **Reporting and Review**
 - a. A summary report is generated annually to document intra- and interprofessional activities, outcomes, and planned improvements.
 - b. Reports are reviewed by the Program Director and Curriculum and Instruction Committee for inclusion in CAPTE-related documentation.

**VI. Policy Management**

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

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IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. [IPEC Core Competency Framework](#)
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Clinical Education Handbook](#)

Keywords: competencies, intraprofessional, interprofessional

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6G. DISTANCE EDUCATION ANALYSIS

I. Policy Statement

The curriculum provides compliance with USDE, CAPTE, and institutional expectations related to distance education.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6F.

CAPTE Element 6E: If the curriculum includes courses utilizing distance education, the program provides the following evidence.

- Describe the use of distance education in the curriculum, if any. If no distance education is used, state as such.
- Provide evidence that faculty teaching by distance is effective in the provision of distance education within the curriculum.
- Describe how the program ensures substantive, regular, monitored, and planned interactions between students and faculty.
- Describe the mechanism(s) used to confirm student identity during course activities and when testing occurs at a distance.
- Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.
- Describe how students participating in distance education have access to academic, health, counseling, disability, and financial aid services.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. Distance education: An educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

1. Distance education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) interaction between the student and the faculty member(s).
2. Distance education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.



3. Substantive interactions: Engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:
 - a. Providing direct instruction
 - b. Assessing or providing feedback on a student's coursework
 - c. Providing information or responding to questions about the content of a course or competency
 - d. Facilitating a group discussion regarding the content of a course or competency
 - e. Other instructional activities approved by the institutional or program accrediting agency
4. Regular interaction: Substantive interactions between the student and faculty on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency.

C. **Student Authentication:** Verification that the student completing coursework or assessments is the same student registered in the course.

V. Policy Procedure

A. Use of Distance Education in the Curriculum

1. The ULM DPT program utilizes distance education components as follows:
 - a. Blended/Hybrid Courses: Some courses include asynchronous online learning modules (e.g., video lectures, readings, pre-class quizzes) that precede in-person, synchronous class meetings.
 - b. Synchronous Virtual Instruction: Select activities such as office hours, guest lectures, or live discussions may occur via video conferencing (e.g., Zoom).
 - i. Synchronous and Asynchronous instruction is provided as an alternative instructional method for students who need to miss class due to illness or other approved absences.
 - c. No course in the ULM DPT curriculum is delivered fully online.

B. Faculty Effectiveness in Distance Education

1. All faculty teaching distance education components:
 - a. Complete training in instructional design and best practices for online pedagogy through program faculty development activities and/or Quality Matters.
 - b. Undergo peer review or administrative observation to assess effectiveness in online engagement, content delivery, and responsiveness.
 - c. Receive annual development support and feedback on the use of technology, communication, and student interaction strategies.
2. Course evaluations include specific items assessing the clarity, accessibility, and instructional quality of online components.

C. Substantive and Regular Interaction

1. Faculty are required to:
 - a. Initiate weekly communication via announcements, discussion boards, or direct messaging.
 - b. Provide timely feedback on assessments within the LMS.
 - c. Engage in structured interaction through live office hours, video discussions, or real-time responses to student questions.



2. All online instructional design includes:
 - a. Weekly learning objectives
 - b. Required student engagement (e.g., discussion posts, quizzes, reflections)
 - c. Opportunities for faculty-to-student and student-to-student interaction

D. Student Identity Verification

1. Student identity is verified through:
 - a. Secure login and password to the university's Learning Management System
 - b. Institutional Single Sign-On (SSO) linked to Banner and academic records
 - c. Photo ID verification for proctored summative online assessments
 - i. The ULM DPT program does not provide summative assessments in distance education.
2. Students are informed of authentication expectations and responsible conduct in the Student Handbook.

E. Test Security and Academic Integrity

1. Exams requiring higher security (e.g., midterms, finals, OSCEs) are administered in-person environments.

F. Access to Student Services

1. The program is not an online program. Therefore, students have full access to student services when they are on campus for face-to-face instruction or based on their personal availability.
2. These resources are listed in every course syllabus and within the DPT Student Handbook and Canvas course shells.

G. Monitoring and Quality Assurance

1. The Curriculum and Instruction Committee:
 - a. Conducts regular reviews of courses with distance education components to ensure compliance with this policy.
 - b. Analyzes student feedback and faculty evaluations to improve instructional quality.
 - c. Reports outcomes annually to the Program Director for accreditation purposes.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
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Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.



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IX. Adoption

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X. Appendices, References and Related Materials

- A. [CAPTE Glossary](#)
- B. [Code of Federal Regulation – Part 600 Institutional Eligibility Under the Higher Education Act of 1965, as Amended](#)

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6H. CLINICAL EDUCATION ANALYSIS

I. Policy Statement

The curriculum includes a clinical education component that is comprehensive and inclusive of all CAPTE expectations.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 6 and Element 6H.

CAPTE Element 6E: The clinical education component of the curriculum includes clinical education experiences for each student that encompass health and wellness, prevention, management of patients/clients with diseases and conditions representative of those commonly seen in practice across the life span and the continuum of care; in practice settings representative of those where physical therapy is practiced.

WARHAWK Flight Path: Apprenticing, Why-finding, and Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

- A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.
- B. **Integrated Clinical Experience (ICE):** Short-term, supervised clinical learning integrated into academic semesters.
- C. **Professional Education (PE):** Full-time clinical education experiences across various healthcare settings.
- D. **Continuum of Care:** The range of healthcare services provided from preventive care through chronic and complex condition management.
- E. **Clinical Performance Instrument (CPI):** APTA-standardized tool for assessing student performance during clinical education.

V. Policy Procedure

A. Clinical Education Practice Settings

- 3. All students are required to complete full-time clinical education in the following settings:
 - a. **Inpatient** (e.g., acute care, inpatient rehabilitation, skilled nursing facility)
 - b. **Outpatient** (e.g., orthopedic, sports medicine, neurological)
 - c. **Rural Health** (e.g., rural hospitals, FQHCs, community clinics)



4. An optional elective or specialized experience (e.g., pediatrics, women's health, oncology) may be included in **Professional Education II** or **IV** based on student goals and availability.
5. The clinical education team ensures that practice settings reflect the diversity of patient populations and address state and regional workforce priorities.

B. Monitoring and Verification of Student Experiences

1. **Clinical Tracking System (Trajecsys):**
 - a. Students document weekly clinical encounters including demographics, diagnoses, interventions, and settings.
 - b. The DCE reviews logs to confirm coverage of populations, settings, and condition types.
2. **Clinical Instructor Evaluation (CPI):**
 - a. CIs complete midpoint and final CPI evaluations for each student.
 - b. The CPI includes domains assessing safety, professional behavior, and patient management across the lifespan.
3. **DCE Oversight and Review:**
 - a. The DCE meets with each student at the midpoint and end of each PE experience.
 - b. Clinical data and CPI scores are audited to verify exposure to acute, chronic, and complex conditions and experiences with pediatric and geriatric populations.
 - c. If gaps are identified, the student is assigned supplemental experiences or an optional terminal clinical experience.

C. Integration of Lifespan and Continuum of Care

1. Students are prepared through the **Patient Management Across the Lifespan** course series to:
 - a. Recognize age-related changes and health disparities
 - b. Manage complex comorbidities and chronic illness
 - c. Coordinate care transitions across acute and post-acute environments
2. Instruction is aligned with the **Institute of Medicine's Core Competencies:**
 - a. Patient-centered care
 - b. Interdisciplinary collaboration
 - c. Evidence-based practice
 - d. Quality improvement
 - e. Use of informatics and outcome tracking

D. Expectations for Patient/Client Management

1. Throughout clinical education, students must demonstrate competence in managing all aspects of patient and client services, including:
 - a. Initial Examination and Evaluation**
 - i. History taking, systems review, and test/measure selection
 - b. Diagnosis and Prognosis**
 - i. Clinical reasoning and goal-setting
 - c. Plan of Care Development**
 - i. Individualized treatment planning based on patient needs and goals
 - d. Intervention Delivery**
 - i. Evidence-informed, ethically sound implementation and modification of interventions
 - e. Discharge Planning**
 - i. Development of functional discharge plans including education, referrals, and community re-entry strategies
2. These skills are applied across domains such as:



- a. Musculoskeletal
- b. Neurological
- c. Cardiopulmonary
- d. Integumentary
- e. Pelvic health and women's health
- f. Chronic and multisystem disease management

E. Interdisciplinary Collaboration and Ethical Practice

1. Students are expected to communicate effectively with healthcare team members, patients, and caregivers.
2. Ethical decision-making and cultural responsiveness are assessed through CPI items and faculty/CIs observations.

F. Monitoring and Quality Assurance

1. The Clinical Education Committee and DCE:

- a. Review clinical logs, CPI data, and student feedback each semester.
- b. Maintain alignment with CAPTE and APTA clinical expectations.
- c. Identify and address patterns of clinical education gaps across cohorts.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Assistant Director of Clinical Education	318-342-1334	Stanfield@ulm.edu
Assistant to the Director of Clinical Education	318-342-1262	Cking@ulm.edu

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. APTA Clinical Performance Instrument



- B. Institute of Medicine Core Competencies (Greiner & Knebel, 2003)
- C. [ULM DPT Faculty and Staff Handbook](#)
- D. [ULM DPT Student Handbook](#)
- E. [ULM DPT Clinical Education Handbook](#)

Keywords: clinical education, practice, settings, clinical site

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6I. COURSE SCHEDULING

I. Policy Statement

The course scheduling process for the Doctor of Physical Therapy (DPT) program at the University of Louisiana Monroe ensures efficient, transparent, and mission-aligned planning of didactic, laboratory, and clinical education courses. The program is committed to equitable workload distribution, adequate facility use, and intentional sequencing to support student success and compliance with institutional and accreditation requirements.

II. Purpose of Policy

The Policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

The policy does assist The University of Louisiana Monroe (ULM) Doctor of Physical Therapy (DPT) program in its demonstration of compliance with CAPTE Standards 6 and 7 by the course scheduling policy and procedures.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. **Course Schedule:** The finalized list of DPT program courses, their delivery formats, meeting times, locations, and instructors for a specific academic term.

C. **Sequencing:** The intentional arrangement of courses across semesters to support the development of knowledge and skills from foundational to advanced levels.

D. **Curriculum Map:** The official document that outlines course sequence, credit hours, and alignment with program outcomes and CAPTE Standards.

E. **Instructional Blocks:** Time segments allocated for lectures, labs, clinicals, or interprofessional activities.

V. Policy Procedure



A. Planning and Timeline

1. Course scheduling is conducted on a rolling 12-month calendar with planning beginning at least 6 months prior to the upcoming semester.
2. The Operations Coordinator compiles a draft schedule using the Curriculum Map, previous semester schedules, and instructor assignments.
 - i. Instructional blocks are classified as:
 1. In person
 2. Synchronous
 3. Asynchronous
 4. Community-based/Clinical Experience/ICE
 5. Professional Formation
3. The Curriculum and Instruction Committee reviews the draft to confirm correct sequencing of prerequisites and co-requisites, balanced student workload, and alignment with program-level competencies and CAPTE expectations.

B. Instructor Assignment and Course Ownership

1. Faculty are assigned to courses based on content expertise, teaching load equity, and faculty development plans.
2. Course Coordinators are responsible for ensuring course materials are ready by the LMS deadline, submitting syllabi and instructional calendars, and coordinating with lab instructors and guest faculty.

C. Space and Resource Allocation

1. Lecture and lab times are scheduled in collaboration with the faculty.
2. Priority is given to required DPT coursework. Lab spaces are reserved to ensure adequate hours for psychomotor skill acquisition.

D. Course Delivery Formats

1. Courses are classified as Face-to-Face, Hybrid/Blended (with specified asynchronous components), Synchronous Online (when appropriate for illness or planned remote delivery).
2. The schedule must reflect delivery type, and all formats must adhere to instructional time requirements and student-faculty interaction policies.
3. Faculty must complete the Contact Hour Calculator to identify the use of instructional time which allows for the classification of each course.
 - a. Courses with more than 50% of total contact hours requiring distance education contact hours (asynchronous and synchronous online contact hours) will be identified as a distance learning course.
 - b. The ULM DPT program is a residential program. The number of courses labeled as a distance learning course must remain less than 50% of the courses, no more than 17 courses).

E. Clinical Course Integration

1. Integrated Clinical Experiences (ICE) are scheduled in tandem with relevant didactic courses and coordinated by the Director of Clinical Education (DCE).
2. Full-time Clinical Education placements are blocked into the academic calendar with coordination from the DCE and compliance with clinical site availability.

**F. Approvals and Adjustments**

1. The Program Director provides final approval of each semester schedule.
2. Once approved, the schedule is submitted to the Operations Coordinator for official posting.
 - i. Preferably, the semester schedule needs to be made available at least four weeks prior to the start of the semester.
3. Students will be notified that the semester schedule is available for viewing with the disclaimer that the schedule is tentative and may change due to scheduling needs.
 - i. Students will be added to the online calendar so that they can use the full features of the online calendar.
4. Any proposed schedule changes must be discussed with the relevant course coordinator and/or instructional team. Changes need to be submitted in writing to the Program Director and approved before implementation.
 - i. Preferably students need to be notified at least two weeks before the changes occur. Emergency changes are allowed but need to happen infrequently.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section. This policy does not apply to continuing education workshops or non-credit-bearing educational activities.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Program Workload Policy
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)



Keywords: courses, scheduling

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6J. GRADING SYSTEM

I. Policy Statement

The curriculum uses grading practices that allow for the reliable and valid assessment of a student's obtainment of the knowledge and skills needed to practice as a physical therapist.

II. Purpose of Policy

The Policy is a program-specific policy and procedure document.

A policy and procedure does not exist at the University, College, or School level related to this programmatic policy and procedure. A CAPTE Standard or Element does not directly pertain to this policy and procedure.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Grading Scale

1. The program utilizes a 10-point grading scale
 - a. 100-89.5 = A
 - b. 89.4-79.5 = B
 - c. 79.4-69.5 = C
 - d. 69.4-59.5 = D
 - e. less than 59.5 = F
2. Instructors will round to the nearest tenth.
3. No additional rounding will be allowed without a majority vote of the instructional team.

The vote must be documented and recorded on the instructional design form.
4. Bonus points cannot be earned past the two weeks prior to final examinations.

B. Comprehensive Examinations:

1. Students must pass comprehensive written midterm and final examinations with a grade of 75% or better to successfully pass a course.



2. In the event of failure on either the midterm or final examination, a single, comprehensive written exam covering the material from the failed exam will be administered after the first attempt.
3. If a student fails the second attempt, they will be referred to the Professional Success Committee for further evaluation and support.

C. Course Grade Requirement

1. For a student to pass a course, the final course grade must be 70% or greater.
2. If the final course grade meets the 70% threshold but includes a grade of less than 75% on the comprehensive midterm, comprehensive final, or practical exam, the material from the failed exam(s) must be successfully assessed by an examination to pass the course.

D. Evaluation Components

1. Individual assignments, including written examinations, tests, and quizzes, must constitute a minimum of 50% of the evaluative activities in a single course, as outlined in the course syllabus. A course cannot rely on comprehensive examinations as the sole source of the course's grade.
2. Comprehensive examinations will serve as summative assessments within the gradebook.
3. The expectation is that most courses will use a balanced gradebook with 50% of grades from formative activities and assessments and 50% from summative activities and assessments.
4. Exceptions to this rule may be made with approval from the Program Director except for Integrated Clinical Experiences and Professional Education courses.

E. Clarification and Assistance

1. Any questions regarding concepts pertaining to an examination should be directed towards the Course Coordinator or the appropriate instructor based on course content for clarification and guidance.
2. This Grading System Policy is intended to ensure fairness, consistency, and academic rigor in the evaluation process, ultimately contributing to the educational excellence of our program.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
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Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.



VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Instructional Design forms
- B. [ULM DPT Faculty and Staff Handbook](#)
- C. [ULM DPT Student Handbook](#)
- D. [ULM DPT Clinical Education Handbook](#)

Keywords: grading, letter grade, course grade

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7A. CURRICULAR AUDIT

I. Policy Statement

The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral, and movement sciences necessary for entry-level practice.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 7 and Element 7A.

CAPTE Element 7A: The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral, and movement sciences necessary for entry-level practice.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. Interested Parties: May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

B. Biological Sciences: Content relating to human anatomy, physiology, histology, pathology, microbiology, and pharmacology.

C. Physical Sciences: Content related to physics, biomechanics, and kinesiology.

D. Behavioral Sciences: Content encompassing psychology, sociology, communication, ethics, cultural competence, and patient education.

E. Movement Sciences: Content related to motor control, motor learning, neuromuscular development, and therapeutic exercise.

V. Policy Procedure

A. Mapping and Integration

1. **Faculty Responsibility:** Course Coordinators identify relevant foundational science content and document it in their syllabi and course maps.
2. **Curriculum Map Maintenance:** A central curriculum map tracks the location and sequence of foundational sciences using Bloom's taxonomy and CAPTE 7D indicators.
3. **Annual Audit:** The Curriculum and Instruction Committee conducts an annual audit of courses to verify appropriate content distribution and depth.
 - a. Topics covered include:



- i. Anatomy, physiology, pathology, cellular and tissue health throughout the life span for the included body systems:
 1. Cardiovascular.
 - a. Endocrine and metabolic.
 - b. Gastrointestinal.
 - c. Genital and reproductive.
 - d. Hematologic.
 - e. Hepatic and biliary.
 - f. Immune.
 - g. Integumentary.
 - h. Lymphatic.
 - i. Musculoskeletal.
 - j. Neurological.
 - k. Pulmonary.
 - l. Renal and urologic systems.
- ii. Body system interactions.
- iii. Differential diagnosis.
- iv. Health and surgical conditions seen in physical therapy.
- v. Genetics.
- vi. Exercise science.
- vii. Biomechanics.
- viii. Kinesiology.
- ix. Neuroscience.
- x. Motor control and motor learning.
- xi. Diagnostic imaging.
- xii. Nutrition.
- xiii. Pharmacology.
- xiv. Pain and pain experiences.
- xv. Psychosocial aspects of health and disability.

B. Content by Domain and Course

1. **Biological Sciences:** PHYT 6100, 6200, 6500, 6600, 6700 – Functional Anatomy I–V, PHYT 6390 Applied Pharmacology and Diagnostic Imaging, PHYT 6280, 6380 – Clinical and Applied Exercise Physiology I and II
2. **Physical Sciences:** PHYT 6110, 6260, 6360, 6410, 6460, 6510, 6690, 6790 – Assessment and Management courses
3. **Behavioral Sciences:** PHYT 6140, 6640 – Cultural & Rural Health I & II, PHYT 6130, 6330 – Professional Development I & II, PHYT 6280, 6380 – Clinical and Applied Exercise Physiology I & II (psychosocial health content)
4. **Movement Sciences:** PHYT 6260 – Neurophysiology and Motor Control, PHYT 6270 – Clinical Skills Development, PHYT 6150, 6250, 6350, 6550 – Integrated Clinical Experience I–IV, PHYT 6470, 6570 – Patient Management Across the Lifespan I & II

C. Evaluation and Quality Assurance

1. Debrief Meetings: End-of-semester faculty debriefs evaluate content alignment and delivery.
2. Assessment Measures: Students are assessed through practical exams, written assessments, OSCEs, and case-based applications related to foundational science principles.
3. Curriculum Monitoring: The Curriculum and Instruction Committee ensures each cohort receives balanced and consistent exposure across domains.



VI. Policy Management

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Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Instructional Design forms
- B. Curricular Map

Keywords: curriculum, biological, physical, behavioral, movement, sciences

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7B. PROFESSIONAL BEHAVIORS CURRICULAR AUDIT

I. Policy Statement

The physical therapist professional curriculum includes content and learning experiences in ethics, values, professional responsibilities, service, and leadership in the ever-changing health care environment.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 7 and Element 7B1, 7B2, and 7B3.

CAPTE Element 7B1: Practice in a manner consistent with all principles of the APTA Code of Ethics for the Physical Therapist and the Core Values for the Physical Therapist and Physical Therapist Assistant.

CAPTE Element 7B2: Provide learning experiences to develop service and leadership skills and abilities that address the following:

- Legislative and political advocacy.
- Community collaboration.
- Health care disparity.

CAPTE Element 7B3: Practice within the legal framework of one's jurisdiction(s) and relevant federal and state requirements.

WARHAWK Flight Path: Apprenticing, Why-finding, or Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Mapping and Integration

1. **Faculty Responsibility:** Course Coordinators identify relevant foundational science content and document it in their syllabi and course maps.
2. **Curriculum Map Maintenance:** A central curriculum map tracks the location and sequence of courses focused on the development of professional behaviors using Bloom's taxonomy and CAPTE 7D indicators.
3. **Annual Audit:** The Curriculum and Instruction Committee conducts an annual audit of courses to verify appropriate content distribution and depth.



- a. Topics covered include:
 - i. Ethics and core values
 - ii. Legislative and political advocacy
 - iii. Community collaboration
 - iv. Health care disparity
 - v. Practice Act

B. Content by Domain and Course

1. **Ethics and core values:** PHYT 6130, 6330 – *Professional Development I & II*
2. **Legislative and political advocacy:** PHYT 6130, 6330 – *Professional Development I & II*, PHYT 6670 – *Practice Management*
3. **Community collaboration:** PHYT 6140, 6640 – *Cultural & Rural Health I & II*
4. **Health disparity:** PHYT 6140, 6640 – *Cultural & Rural Health I & II*; PHYT 6110, 6260, 6360, 6410, 6460, 6510, 6690, 6790 – *Assessment and Management courses*
5. **Practice Act:** PHYT 6130, 6330 – *Professional Development I & II*, PHYT 6670 – *Practice Management*, PHYT 6450, 6650, 6750, 6850 – *Professional Education courses*, PHYT 6150, 6250, 6350, 6550 – *Integrated Clinical Experience courses*

C. Evaluation and Quality Assurance

1. Debrief Meetings: End-of-semester faculty debriefs evaluate content alignment and delivery.
2. Assessment Measures: Students are assessed through written assessments, problem-based assignments, and case-based applications related to professional behaviors.
3. Curriculum Monitoring: The Curriculum and Instruction Committee ensures each cohort receives balanced and consistent exposure across domains.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
Associate Program Director	318-342-1967	Asjones@ulm.edu
Director of Clinical Education	318-342-1261	Hamby@ulm.edu
Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.



X. Appendices, References and Related Materials

- A. Instructional Design forms
- B. Curriculum Map

Keywords: behaviors, ethics, advocacy, practice act, health disparity

XI. Revision History

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7C. SCHOLARSHIP, TEACHING AND LEARNING, AND BEHAVIOR MODIFICATION CURRICULAR AUDIT

I. Policy Statement

The physical therapist professional curriculum provides learning experiences in lifelong learning, education, and health care disparities* in the ever-changing health care environment.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 7 and Element 7C1, 7C2, and 7C3.

CAPTE Element 7C1: Provide learning experiences in contemporary physical therapy knowledge and practice including:

- Evidence-informed practice.*
- Interpretation of statistical evidence.
- Clinical reasoning and decision making.
- Scholarly inquiry.

CAPTE Element 7C2: Provide teaching and learning experiences to improve skills and abilities to educate and communicate in a manner that meets the needs of the patient, caregiver, and other health care professionals.

CAPTE Element 7C3: Provide learning experiences that advance the students' understanding of health care disparities in relation to physical therapy.

- Recognize and adjust personal behavior to optimize inclusive and equitable patient care across the lifespan, care environments, and conditions representative of those seen in practice.

WARHAWK Flight Path: Apprenticing, Why-finding, or Keying phases

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Mapping and Integration

- 4. **Faculty Responsibility:** Course Coordinators identify relevant foundational science content and document it in their syllabi and course maps.



5. **Curriculum Map Maintenance:** A central curriculum map tracks the location and sequence of courses focused on the development of professional behaviors using Bloom's taxonomy and CAPTE 7D indicators.
6. **Annual Audit:** The Curriculum and Instruction Committee conducts an annual audit of courses to verify appropriate content distribution and depth.
 - a. Topics covered include:
 - i. Scholarship
 1. Evidence-informed practice
 2. Interpretation of statistical evidence
 3. Clinical reasoning and decision making
 4. Scholarly inquiry.
 - ii. Teaching and learning
 - iii. Health care disparities and behavior modifications

B. Content by Domain and Course

6. **Scholarship:** PHYT 6120, 6420, 6620 – *Clinical Inquiry I, II, III*; PHYT 6130 – *Professional Development I*, PHYT 6150, 6250, 6350, 6550 – *Integrated Clinical Experiences courses*, PHYT 6450, 6650, 6750, 6850 – *Professional Education courses*
7. **Teaching and Learning:** PHYT 6130 – *Professional Development I*, PHYT 6270 – *Clinical Skills Development*, PHYT 6150, 6250, 6350, 6550 – *Integrated Clinical Experiences courses*, PHYT 6140 – *Cultural & Rural Health I*, PHYT 6450, 6650, 6750, 6850 – *Professional Education courses*
8. **Health disparities and behavior modifications:** PHYT 6140, 6640 – *Cultural & Rural Health I & II*, PHYT 6150, 6250, 6350, 6550 – *Integrated Clinical Experiences courses*, PHYT 6450, 6650, 6750, 6850 – *Professional Education courses*

C. Evaluation and Quality Assurance

4. Debrief Meetings: End-of-semester faculty debriefs evaluate content alignment and delivery.
5. Assessment Measures: Students are assessed through written assessments, problem-based assignments, and case-based applications related to scholarship, teaching and learning, and behavior modifications.
6. Curriculum Monitoring: The Curriculum and Instruction Committee ensures each cohort receives balanced and consistent exposure across domains.

VI. Policy Management

Title/Office	Telephone	Email/Webpage
Program Director	318-342-1326	Vanhoose@ulm.edu
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Operations Coordinator	318-342-1265	Victorian@ulm.edu
Curriculum and Instruction Committee		



VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Instructional Design forms
- B. Curriculum Map

Keywords: scholarship, teaching and learning, behavior, modification

XI. Revision History

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7D. ENTRY-LEVEL PRACTICE CURRICULAR AUDIT

I. Policy Statement

The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for entry-level practice of physical therapy for patient and client management in the ever-changing health care environment.

II. Purpose of Policy

This policy exists for compliance with CAPTE Standard 7 and Element 7D1-7D25.

WARHAWK Flight Path: Apprenticing phase

III. Applicability

- A. Doctor of Physical Therapy program
- B. Community members and other interested parties involved in the decision-making process or impacted by program decisions

IV. Definitions

A. **Interested Parties:** May include, but are not limited to, student physical therapists, DPT Faculty and Staff, administrators, and program advisory board members.

V. Policy Procedure

A. Mapping and Integration

1. **Faculty Responsibility:** Course Coordinators identify relevant foundational science content and document it in their syllabi and course maps.
2. **Curriculum Map Maintenance:** A central curriculum map tracks the location and sequence of courses focused on the development of professional behaviors using Bloom's taxonomy and CAPTE 7D indicators.
3. **Annual Audit:** The Curriculum and Instruction Committee conducts an annual audit of courses to verify appropriate content distribution and depth related to entry-level practice and CAPTE Elements 7D1-7D25.

B. Evaluation and Quality Assurance

1. **Debrief Meetings:** End-of-semester faculty debriefs evaluate content alignment and delivery.
2. **Assessment Measures:** Students are assessed through written assessments, problem-based assignments, and case-based applications related to entry-level practice.
3. **Curriculum Monitoring:** The Curriculum and Instruction Committee ensures each cohort receives balanced and consistent exposure across domains.

VI. Policy Management



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Curriculum and Instruction Committee		

VII. Exclusions

Persons or units not included in the Applicability section.

VIII. Effective Date

7/1/2024

IX. Adoption

This policy is hereby adopted on this 1st day of July, 2024.

X. Appendices, References and Related Materials

- A. Instructional Design forms
- B. Curriculum Map

Keywords: entry-level, practice

XI. Revision History

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