



Doctor of Physical Therapy

Program Handbook

Adopted 6/27/23

Program Director/Associate Professor
Craig Ruby, PT, DEd, MPT
Phone: 724.830.1208 E-mail: cruby@setonhill.edu

Director of Clinical Education/Assistant Professor
Jamie Dunlap Coates, PT, DPT
Board Certified Geriatric Clinical Specialist
Phone: 724.830.1184 E-mail: jcoates@setonhill.edu

Administrative Assistant
Martina Landstorfer
Phone: 724.552.4450 E-mail: mlandstorfer@setonhill.edu

INTRODUCTION.....	6
RELATED POLICIES.....	6
SECTION 1: PROGRAM COMPLIANCE.....	7
1.1 PROGRAM COMPLIANCE.....	7
1.1.1 POLICY.....	7
1.2 COMPLIANCE WITH ACCREDITATION.....	7
1.2.1 POLICY.....	7
1.2.2 PROCEDURE.....	7
SECTION 2: FACULTY REGULATIONS.....	8
2.1 CORE FACULTY REGULATIONS.....	8
2.1.1 POLICY.....	8
2.1.2 PROCEDURE.....	8
2.2 PHYSICAL THERAPY FACULTY WORKLOADS.....	8
2.2.1 POLICY.....	8
2.2.2 PROCEDURE.....	9
REFERENCES.....	9
WORKLOADS FOR FULL-TIME GRADUATE FACULTY IN THE PHYSICAL THERAPY PROGRAM.....	9
DPT WORKLOAD POLICY.....	9
SHU PHYSICAL THERAPY PROGRAM FACULTY WORKLOADS GRID.....	10
SHU OVERLOAD FACULTY AGREEMENT.....	10
2.3 ADJUNCT FACULTY (ASSOCIATED).....	10
2.3.1 POLICY.....	10
2.3.2 PROCEDURE.....	10
2.4 DIRECTOR'S CREDENTIALS.....	11
2.4.1 POLICY.....	11
2.5 DIRECTOR'S LEADERSHIP.....	11
2.5.1 POLICY.....	11
2.6 DIRECTOR'S AUTHORITY.....	11
2.6.1 POLICY.....	11
2.7 CORE FACULTY QUALIFICATIONS.....	11
2.7.1 POLICY.....	11
2.8 CORE FACULTY EVALUATIONS.....	12
2.8.1 POLICY.....	12
2.9 FACULTY EMPLOYMENT CONTRACT.....	12
2.9.1 POLICY.....	12
2.10 CORE FACULTY REQUIREMENTS FOR SCHOLARSHIP.....	12

2.10.1 POLICY.....	12
2.10.2 PROCEDURE.....	12
2.11 SERVICE.....	12
2.11.1 POLICY.....	12
2.11.1.1 PROGRAM COMMITTEES.....	13
2.11.1.2 THE ACADEMIC PROGRESS COMMITTEE.....	13
2.11.1.3 THE ADMISSION COMMITTEE.....	14
2.11.1.4 THE ASSESSMENT COMMITTEE.....	14
2.12 STUDENT ADVISING – DOCTOR OF PHYSICAL THERAPY PROGRAM.....	14
2.12.1 POLICY.....	14
2.13 FACULTY PROFESSIONAL DEVELOPMENT PLAN.....	15
2.13.1 POLICY.....	15
2.14 ASSOCIATED FACULTY EVALUATIONS.....	15
2.14.1 POLICY.....	15
SECTION 3: STAFF.....	15
3.1 STAFF.....	15
3.1.1 POLICY.....	15
3.1.2 PROCEDURE.....	15
SECTION 4: PROGRAM ADMISSIONS.....	16
4.1 DPT APPLICATION TIMELINE.....	16
4.1.1 POLICY.....	16
4.2 DPT APPLICATION COMPONENTS.....	16
4.2.1 POLICY.....	16
4.3 DPT ADMISSIONS DECISION.....	16
4.3.1 POLICY.....	16
4.4 DPT ACCEPTANCE.....	17
4.4.1 POLICY.....	17
4.5 DEFERMENT.....	17
4.5.1 POLICY.....	17
4.6 GENERAL ACCEPTANCE CRITERIA.....	18
4.6.1 POLICY.....	18
4.6.2 PROCEDURE.....	18
4.7 DPT ADMISSIONS PROCEDURE.....	19
4.7.1 POLICY.....	19
4.7.2 PROCEDURE.....	19
4.8 SPECIAL ADMISSIONS CANDIDATE.....	20
4.8.1 POLICY.....	20
4.8.2 REQUIREMENTS.....	20
4.8.3 PROCESS.....	20

4.9 CERTIFIED BACKGROUND CHECK.....	21
4.10 TRANSFER OF CREDITS.....	21
4.11 STUDENT RECRUITMENT.....	21
SECTION 5: FACILITIES AND EQUIPMENT.....	21
5.1 INVENTORY AND EQUIPMENT PURCHASING.....	21
5.1.1 POLICY.....	21
5.1.2 PROCEDURE.....	22
5.2 EQUIPMENT MAINTENANCE.....	22
5.2.1 POLICY.....	22
5.2.2 PROCEDURE.....	22
5.3 HAZARDOUS MATERIALS.....	22
5.3.1 POLICY.....	22
5.3.2 PROCEDURE.....	22
5.4 CUSTODIAL SERVICES AND MAINTENANCE.....	23
5.4.1 POLICY.....	23
5.4.2 PROCEDURE.....	23
5.5 ACCESS TO PHYSICAL PLANT.....	23
5.5.1 POLICY.....	23
5.5.2 PROCEDURE.....	23
SECTION 6: PROGRAM ASSESSMENT & PLANNING.....	23
6.1 DPT FACULTY RETREAT.....	23
6.1.1 POLICY.....	23
6.2 DPT CURRICULUM REVIEW.....	24
6.2.1 PROCEDURE.....	24
6.2.2 ADVISORY COMMITTEE MEMBERSHIP.....	25
6.2.2.1 RESPONSIBILITIES.....	25
6.2.2.2 INFORMATION SOURCES.....	26
6.3 PROGRAM ASSESSMENT AND PLANNING.....	26
6.3.1 POLICY.....	26
6.3.2 PROCEDURE.....	26
6.4 STRATEGIC PLAN.....	27
6.4.1 POLICY.....	27
6.4.1.1 OBJECTIVES.....	27
6.4.2 PROCEDURE.....	27
6.5 ACCREDITATION STANDARDS.....	28
6.5.1 POLICY.....	28
6.5.2 PROCEDURE.....	29
6.6 PROGRAM ADVISORY COMMITTEE.....	29
6.6.1 POLICY.....	29

SECTION 7: RIGHTS AND SAFETY.....	29
7.1 INDIVIDUAL RIGHTS AND SAFETY.....	29
7.1.1 POLICY.....	29
7.2 GRIEVANCE PROCEDURES.....	30
7.2.1 POLICY.....	30
7.2.2 PROCEDURE: GENERAL COMPLAINTS.....	31
7.3 COMPLAINTS OUTSIDE OF DUE PROCESS.....	32
7.3.1 POLICY.....	32
7.3.2 PROCEDURE.....	32
7.3.3 FORMAL COMPLAINTS TO CAPTE.....	32
7.4 USE OF PROTECTED INFORMATION.....	33
7.4.1 POLICY.....	33
7.4.2 PROCEDURE.....	33

INTRODUCTION

The faculty, staff and students in the Doctor of Physical Therapy Program at Seton Hill University are governed by the employee, institutional and student policies documented in the Policy Tech site available to employees and students through the MySHU page. This handbook is meant as a supplement to the Seton Hill University Policies and Procedures to address the unique needs of the physical therapy program. The physical therapy program faculty will adhere to the University faculty policies as established and published on the University Policy Tech site, in addition to the policies outlined in the Doctor of Physical Therapy Program Handbook ("Program Handbook"). This Program Handbook is designed to address policies and procedures where the University Policies are silent or where deviation for specific program needs may be necessary. It was developed to be consistent with University policies, with review and input from the School of Natural and Health Sciences and approval from administration.

This manual is a work in progress and will be reviewed, modified and approved by a vote of the DPT core faculty as needed. Revisions will be available on the faculty shared drive.

RELATED POLICIES

University Employee Policies

University Institution Policies

University Student Policies

University Course Catalog

Doctor of Physical Therapy Student Handbook

Doctor of Physical Therapy Clinical Education Policies and Procedures Manual

SECTION 1: PROGRAM COMPLIANCE

1.1 PROGRAM COMPLIANCE

1.1.1 POLICY

The Physical Therapy Program faculty complies with the American Physical Therapy Association's standards of professional conduct and ethical behavior and adheres to the University's policies. The Physical Therapy Program faculty agrees with and supports the University's mission to educate students to think and act critically, creatively, and ethically as productive members of society committed to transforming the world. The mission of the Physical Therapy Program was created in congruence with the University mission and states: The Physical Therapy Program at Seton Hill University embraces patient-centered care of the whole person in the tradition of Judeo-Christian values. Physical Therapy Program Graduates are prepared to think and act critically, creatively, and ethically as highly competent clinicians committed to transforming the world.

1.2 COMPLIANCE WITH ACCREDITATION

1.2.1 POLICY

The Physical Therapy Program complies with the expectations and accreditation standards set forth by the Commission on Accreditation in Physical Therapy Education (CAPTE) and the Middle States Commission on Higher Education (MSCHE).

1.2.2 PROCEDURE

1. The Program Director shall serve as a liaison between CAPTE and the Program.
2. The Program Director shall report to the Dean of the School of Natural and Health Sciences and the Chief Academic Officer who is responsible for reporting to the MSCHE.
3. The Program Director shall assure timely submission of requested or required information to the accrediting bodies, which may include, but are not limited to: required fees and documentation, including graduation rates, performance on state licensing exams, and employment rates, annual accreditation reports and self-study reports.
4. The Program Director shall ensure accurate, up-to-date, and easily accessible information regarding program accreditation status (including CAPTE logo and required pre-accreditation and accreditation status statements) and current student outcome measures (including NPTE results, graduation rates and 1-year employment rates).
5. The Program Director shall ensure timely notification of expected or

unexpected substantive changes in the Program and any change in accreditation status or legal authority to provide post-secondary education.

6. The Program Director shall ensure that the Program is compliant with all CAPTE standards and follows policies and procedures at all times as outlined in the CAPTE Rules of Practice and Procedure. If the Program is non-compliant or in partial compliance with any standard, the program director will be responsible for bringing the standard to compliance within 2 years of being determined to be out of compliance.

SECTION 2: FACULTY REGULATIONS

2.1 CORE FACULTY REGULATIONS

2.1.1 POLICY

The Program's core faculty initiate, adopt, evaluate, and uphold the academic regulations of the Physical Therapy Program, Seton Hill University, and CAPTE.

2.1.2 PROCEDURE

1. The Program core faculty participate in a review and analysis of the Program's policies and procedures at least once every three years, or sooner if warranted. The comprehensive review will occur at the annual faculty retreat, on a rotating basis between policies and procedures, curriculum, and the strategic plan. The Director will send out the necessary information in the spring semester.
2. The regulations are reviewed by the core faculty and discussed at the Program's annual retreat in the summer term. An action plan is created by the faculty, if needed, to address any identified deficits or needs.
3. The action plan is presented to the Professional Advisory Committee (PAC) for review and comment. The action plan is finalized and communicated to the core faculty.
4. In addition to the Program's review process, the DPT faculty will also participate in the University's 5-year program review process.

2.2 PHYSICAL THERAPY FACULTY WORKLOADS

2.2.1 POLICY

The collective core faculty will be sufficient in number to allow each individual core faculty member to meet the teaching (60%), student advising (10%), Program administration and university service (10%), and scholarship (20%) expectations of the physical therapy program. The Program Director will teach 25%, student advising 10%, Program administration and University service 45%

and scholarship 20%. The Director of Clinical Education's ("DCE's") workload distribution will be teaching 30%, student advising 10%, Program administration and University service 40% and scholarship 20%

2.2.2 PROCEDURE

The program director will meet with each core faculty member to complete the Faculty Workload grid during the spring term for the upcoming academic year.

The faculty will meet in the spring term to discuss and approve workloads for the upcoming academic year, making the appropriate adjustments and identifying the need for adjuncts, if necessary.

Workload overages will be identified, and the appropriate paperwork will be submitted to the Dean and CAO for reimbursement, if applicable.

REFERENCES

WORKLOADS FOR FULL-TIME GRADUATE FACULTY IN THE PHYSICAL THERAPY PROGRAM

Reference the first paragraph of the Seton Hill Faculty Employee Policy Workload: Instructional Activities available at [Employee Policy Workload: Instructional Activities](#). The workload for each faculty member is specified at the initial hiring and revised as needed annually.

DPT WORKLOAD POLICY

The Physical Therapy Program adopts the following description of typical workloads for graduate faculty in this Program:

A full-time 10-month core faculty member in the DPT program is expected to carry a workload of no more than 16 contact hours per academic year (8 per semester) with two preparations, an average grading load, and a maximum class size of 30 students for lecture-based instruction, and 15 for lab courses. Online courses will be limited to 30 students per section.

A full-time 12-month core faculty member in the DPT program is expected to carry a workload of no more than 20 contact hours per academic year (8 per semester, 4 for the 8-week summer term) with two preparations, an average grading load, and a maximum class size of 30 students for lecture-based instruction, and 15 for lab courses. Online courses will be limited to 30 students per section.

The teaching load for the program director is 8 contact hours per academic year.

This reduction allows time for the program director to complete the required developmental, assessment and other administrative duties of the Program.

The teaching load for the DCE is 10 contact hours per academic year. This reduction allows time for the DCE to accomplish all of the administrative and teaching tasks that accompany clinical education.

Each core faculty member will receive 1 contact hour per semester for acting as a research advisor for student capstone research projects for mentorship of up to 4 research groups.

SHU PHYSICAL THERAPY PROGRAM FACULTY WORKLOADS GRID

Faculty workloads are maintained by the Program Director on the Program shared drive.

SHU OVERLOAD FACULTY AGREEMENT

As stated in the policy Workload: Instructional Activities available at [Workload: Instructional Activities](#), full-time faculty members may teach only one additional course per semester and two additional courses during the Summer Session at Seton Hill University. The Provost must approve additional teaching beyond this course limit. Faculty may also be asked, but are not required, to complete additional administrative responsibilities as needed, and an appropriate stipend will be awarded.

2.3 ADJUNCT FACULTY (ASSOCIATED)

2.3.1 POLICY

Associated faculty will uphold the same standard of compliance with academic policies, professional behavior, and teaching expertise as the core faculty consistent with their level of participation in the Program and applicable Institutional and Employee University Policies.

2.3.2 PROCEDURE

It is the responsibility of the adjunct faculty member to access the University and Program policies and curriculum and understand their responsibility to uphold such policies and curricular requirements.

Any significant changes will be communicated to the adjunct faculty by the Program Director. Associated faculty are expected to attend Program meetings when possible. If attendance cannot occur, the adjunct faculty member is expected to read the meeting minutes and direct any questions regarding the meeting to the

Program director or core faculty, whichever is appropriate. Any agenda items should be sent to the appropriate faculty member who is in charge of the meeting.

2.4 DIRECTOR'S CREDENTIALS

2.4.1 POLICY

The Program Director is a physical therapist with an earned academic doctoral degree, faculty status of Associate professor or professor as determined by the Policy Faculty Classifications-Ranked published at [Policy Faculty-Classifications-Ranked](#) and is required to have at least 6 years of full-time teaching experience in a DPT program and an understanding of higher education and current physical therapy curriculum and practice.

2.5 DIRECTOR'S LEADERSHIP

2.5.1 POLICY

The Program Director shall provide leadership, management, advocacy, and mentorship to the Program Faculty and serve as the spokesperson for the Program to the University faculty, staff, administration, the community, and our colleagues in the profession. The Director shall be evaluated in accordance with the policy-Performance Appraisals and Evaluation: Evaluation Procedures and Policies available at [Performance Appraisals and Evaluation: Evaluation Procedures and Policies](#).

2.6 DIRECTOR'S AUTHORITY

2.6.1 POLICY

The physical therapy program director has the responsibility and authority for planning, budgeting, and administration of the financial resources for the Program. They will work with the core faculty, Dean, Provost, Chief Financial Officer, or other appropriate University personnel to assure sufficient funding is available for the Program's annual operations and long-term planning. Please refer to the [Financial: Procurement Policy](#).

2.7 CORE FACULTY QUALIFICATIONS

2.7.1 POLICY

Core faculty in the DPT program are required to have an earned doctoral degree. Academic core faculty members are those with an earned academic doctorate. Clinical core faculty members are those with a clinical doctorate (typically the DPT). Clinical core faculty members have credentials, qualifications, or work experience, in addition to the clinical doctorate, that merits appointment at the

appropriate university rank as described in the Policy Faculty-Classifications-Ranked published at [Policy Faculty Classifications-Ranked](#). The Program will maintain the appropriate ratio of the number of academic core faculty members greater than, or equal to, clinical core faculty members at all times in accordance with CAPTE standards.

2.8 CORE FACULTY EVALUATIONS

2.8.1 POLICY

The physical therapy program director is responsible for ensuring that the program faculty are evaluated and that each core faculty has a Professional Development Plan that meets the needs of the individual faculty member, the Program, and the University. The faculty will be evaluated in accordance with the policy Performance Appraisals and Evaluation: Evaluation Procedures and Policies available at [Evaluation Procedures and Policies](#).

2.9 FACULTY EMPLOYMENT CONTRACT

2.9.1 POLICY

The faculty of the Physical Therapy Program are employed by the University under an annual contract. It is the responsibility of the faculty member to access the University Policy and understand the requirements of employment. It is recommended that the individual faculty member review the current policy Contracts: Types of Contracts available at [Contracts: Types of Contracts](#) prior to signing their employment contract for the upcoming academic year.

2.10 CORE FACULTY REQUIREMENTS FOR SCHOLARSHIP

2.10.1 POLICY

The physical therapy program requires that all full-time core faculty participate in scholarly activities

2.10.2 PROCEDURE

All core faculty who have been with the Program for at least 5 years shall demonstrate adherence to this policy by producing (on average) at least 5 peer-reviewed products/events every 10 years.

2.11 SERVICE

2.11.1 POLICY

The Physical Therapy Program requires the core faculty to participate in service to the Program, University, and community in compliance with the policy Workload: Service available at [Workload: Service](#). Service is factored into the workload of the core faculty (See Program Policy 2.2) and is evaluated as determined by the faculty member's status.

2.11.1.1 PROGRAM COMMITTEES

Core faculty members are required to participate in service to the Program via committee service. The Program standing committees are Academic Progress Committee, Admissions Committee and Assessment Committee. Core faculty members will be assigned to no more than one committee at a time for the defined term on the committee, with the exception of the Program Director and the DCE, who may serve on multiple committees.

2.11.1.2 THE ACADEMIC PROGRESS COMMITTEE

(APC) will consist of 3 core faculty members, including the Program Director, who will be the designated Chair, the Director of Clinical Education and one faculty member who will serve a 2-year term. The primary responsibilities of the committee will be to verify that all academic regulations and professional behavior expectations that are described in the Doctor of Physical Therapy Student Handbook and Physical Therapy Program Clinical Education Manual are upheld. APC will also address student violations of academic regulations or professional behavior expectations. Potential actions that the APC may take are defined in the student handbook and include reprimands, academic probation, suspension, dismissal or probation for unprofessional behaviors. Students will have due process in APC proceedings and decisions as described in the Student Handbook and may appeal APC decisions as described. APC will determine all student progression in the Program, including progression to clinical education. In order to progress to clinical education, students must: be in good academic standing having successfully passed all courses and not be on academic probation; have passed all psychomotor skills practical assessments with a score of at least 80%, and have not had reports of concern from faculty about professional behaviors. APC will review all students to determine readiness for clinical education. If a student is determined not ready to progress to clinical education, a plan will be determined with input from the student and core faculty to try to help the student achieve readiness to progress. The plan could involve remediation, with progression to the clinical experience at a later date, suspension, or dismissal depending upon the circumstances.

The committee will meet at least twice (after midterm examinations and after final examinations) during each semester to determine student progress in the Program. The committee may also meet more frequently if necessary if faculty

bring forth concerns of substandard academic performance or concerns about professional behaviors. Students who are at risk for academic probation, suspension or dismissal will be notified by letter at midterm each semester. Probations, dismissal and suspension notification letters will be sent by the Program Director at the end of each term.

2.11.1.3 THE ADMISSION COMMITTEE

The Admission Committee consists of the Program Director and two core faculty members who will serve 2-year terms. This committee, in conjunction with admissions, is responsible for the initial review of all candidate applications, scheduling interviews with applicants, strategies to improve the quality, quantity and diversity of applicants and for final applicant decisions once all applicant information is complete, including interviews.

2.11.1.4 THE ASSESSMENT COMMITTEE

The Assessment Committee consists of the Program Director and 2 core faculty members who will serve 2-year terms. The assessment committee is responsible for updating and sending surveys for data collection regarding all assessment items and collecting and analyzing all assessment data to report to the core faculty as a whole during the annual faculty retreats. The faculty surveys will be completed annually prior to the faculty retreat. The graduate surveys will be completed after the final clinical education experience, prior to graduation. The alumni survey will be sent via email to graduates one year post-graduation. The employer survey will be sent to employers of alumni one year post-graduation. The assessment committee will also compile data from the NPTE results, graduation data, and employment data.

2.12 STUDENT ADVISING – DOCTOR OF PHYSICAL THERAPY PROGRAM

2.12.1 POLICY

Faculty advisors are physical therapists that are full-time or part-time members of the faculty and are assigned when students enter the graduate program. Assignments may be changed at the discretion of the Program director. During Term 1, students **must** meet with their advisors **on at least three occasions** during the term. Following that term, students are required to make appointments to meet with advisors at the beginning of each term, and after midterm grades are available each term, to review progress and grades. Additional meetings may be scheduled at the discretion of the student or the advisor. Posted office hours should be observed to the extent possible. Faculty members other than the assigned advisor are also available during their posted office hours to assist students with personal and professional issues that may arise.

2.13 FACULTY PROFESSIONAL DEVELOPMENT PLAN

2.13.1 POLICY

Faculty members will complete a professional development plan and annual self assessment as described in the University Policy Performance Appraisals and Evaluation: Evaluation Procedures and Policies found at Performance Appraisals and Evaluation: Evaluation Procedures and Policies.

2.14 ASSOCIATED FACULTY EVALUATIONS

2.14.1 POLICY

Associated (adjunct) faculty members are evaluated via student course evaluations as described in the University Policy Performance Appraisals and Evaluation: Evaluation Procedures and Policies found at [Performance Appraisals and Evaluation: Evaluation Procedures and Policies](#). In addition to the student course evaluations, adjunct faculty members will have at least one course per year evaluated by a core faculty member utilizing the Classroom Instruction Evaluation Rubric, the Faculty Instruction Pre Observation Rubric. Feedback will be provided to the adjunct faculty members utilizing the Faculty Evaluation Post-Observation Form by the observing core faculty member.

Associated faculty complete the same faculty professional development process as core faculty described in detail in the University Policy Performance Appraisals and Evaluation: Evaluation Procedures and Policies found at [Performance Appraisals and Evaluation: Evaluation Procedures and Policies](#). The Graduate Program Director, Dean, and Provost review the completed plans to assess and plan for the individual and collective adjunct faculty needs.

SECTION 3: STAFF

3.1 STAFF

3.1.1 POLICY

The Seton Hill University Physical Therapy Program administrative assistant serves as the support staff for all members of the physical therapy Program.

3.1.2 PROCEDURE

As an employee of SHU, this person is required to abide by the Employee and

Institutional Policies as stated in Policy Tech. All policies and procedures pertinent to staff positions are available through the SHU internal page at: <https://setonhill.policytech.com/>.

SECTION 4: PROGRAM ADMISSIONS

4.1 DPT APPLICATION TIMELINE

4.1.1 POLICY

The soft deadline for the Seton Hill University physical therapist education program is December 1st. Applicants who meet the minimum overall GPA and prerequisite GPA of 3.0 will be invited for an on-campus or video conference interview. Admissions requirements are identified in section 4.6.

After the December 1st deadline, the Program will use a rolling admissions process where applicants will be considered when they have completed the prerequisite items identified below for the application process. At the time of application, applicants must be able to report grades from a minimum of 25 credits from the prerequisite courses.

If an applicant is denied acceptance into the DPT program, their file will be kept for one year in the PT Program.

4.2 DPT APPLICATION COMPONENTS

4.2.1 POLICY

An applicant may be considered for acceptance only after receipt of the University graduate school application, recommendations, transcripts, interview, and observation hours. Final transcripts and criminal background checks are due at least one month prior to beginning the professional Program unless arrangements are made by the admissions director.

4.3 DPT ADMISSIONS DECISION

4.3.1 POLICY

Once all prerequisite items are complete and the applicant has met the minimum criteria, the application will be reviewed by the admissions committee. Applications will initially be reviewed for completeness by Enrollment Management. Complete applications that meet the minimum requirements will be forwarded to the admissions committee. The rolling admissions process will begin each year after the soft application deadline of December 1st. The admissions committee will rank the candidates based on

the quantitative rubric scores and invite all candidates who meet the minimum requirements for admission for an interview. Interviews will be completed by the DPT faculty and members of the Professional Advisory Committee using the standard interview questions and rubric. The top candidates based on total admissions rubric scores will be offered a place in the next cohort. In keeping with the university mission and dedication to Setonian Education, priority will be given to Seton Hill University students when all other individual attributes are equal.

4.4 DPT ACCEPTANCE

4.4.1 POLICY

Once a decision is made the applicant will receive an email and letter from the Program informing the student of the decision. If the student is accepted, it will be provisional until the final prerequisite transcripts, criminal background checks and materials have been received. At that time, the acceptance will become official. Included with the letter of acceptance will be a list of missing documents or prerequisite materials, the date that the confirmation deposit is due and directions on how the students can view the DPT Student Handbook prior to submitting their deposit. Students who have been accepted will also receive a welcome packet which contains information needed to prepare them to enter the DPT program. This packet includes financial aid, housing, curriculum information and a schedule for the professional Program. Program enrollment is limited to 30 students per cohort, one cohort annually. The Program will not have more than 30 outstanding offers/enrolled students to prevent over-enrollment.

4.5 DEFERMENT

4.5.1 POLICY

Deferment may be awarded, normally for only one year, to a candidate accepted into the professional Program. Deferments are given for major life events such as a death in the immediate family or a personal event such as getting married, or the birth of a child. Any deferments must be approved by the DPT Program Director. A plan must be in place with Admissions for completion of any admissions requirements before the deferment will be granted. A confirmation deposit must be in place to hold the deferred applicant's position for the following year. Students will be made aware in their provisional acceptance letter of where to find a copy of the DPT student handbook before sending their deposit. The DPT program must be informed of a current postal and email address and phone number(s) where the applicant can be reached during the deferred year.

4.6 GENERAL ACCEPTANCE CRITERIA

4.6.1 POLICY

Applicants must have a 3.0 GPA and have completed all required courses with a C or better in order to receive an interview for the professional Program. Competition will be based on prerequisite and cumulative grade point averages, interview, and references. In addition, candidates must earn at least an overall 3.0 GPA in the courses listed below. At the time of application, applicants must be able to report grades from a minimum of 25 credits from the following required courses. The admissions committee may consider applicants who fail to meet these requirements as a special admissions candidate if there has been significant improvement in their GPA over the last 60 credits.

Course	Credits (min #)
General Biology I with Lab	4
Human Anatomy & Physiology I with Lab	4
Human Anatomy & Physiology II	3
General Chemistry I with Lab	4
General Chemistry II with Lab	4
General Physics I with Lab	4
General Physics II with Lab	4
Statistics*	3
General Psychology	3

*This requirement may be fulfilled by any discipline-specific statistics course.

4.6.2 PROCEDURE

1. Interview Process: The interview is a required, scored admissions activity used to evaluate the verbal/nonverbal communication, the understanding of the profession of physical therapy, and group interaction skills of the student. These are important abilities in the Physical Therapy professional program. A writing sample is submitted during the interview process, which is used to evaluate writing ability. References are another method used to determine a student's preparation for the graduate physical therapy program.
2. Direct observation of physical therapists working in a variety of settings is required. A minimum of 80 documented hours is required for application.
3. Students whose native language is not English are required to submit an

IELTS score of 7 or TOEFL scores as follows: 650 paper; 114 Internet; 280 computer.

4.7 DPT ADMISSIONS PROCEDURE

4.7.1 POLICY

The Seton Hill University (SHU) Doctor of Physical Therapy (DPT) program applicants will apply online using the SHU entry-level DPT graduate application.

4.7.2 PROCEDURE

The following information is required with the entry-level DPT application:

1. Essay
2. Resume
3. Three letters of recommendation. Please follow instructions regarding required references.
4. Verification letter(s) attesting to completion of 80 observation/volunteer hours in a clinic or hospital.
5. Certified Background check (administered after acceptance).
6. Official transcripts from all institutions of higher education attended or currently attending.

Admission material will be scored using the formula below.

Total Objective (80)
Prerequisite GPA (40) - see scale below
Cumulative GPA (40)
GPA
3.60 + = 40
3.59 - 3.40 = 32
3.39 - 3.20 = 24
3.19 - 3.00 = 16
2.99 - 2.90 = 8

2.89 and below = 0

Total Subjective (40)
Interview Score (30)
Essay (10) – see scale below
Essay
1-3 for organization, logic, structure
1-4 content 1-3 spelling and grammar

4.8 SPECIAL ADMISSIONS CANDIDATE

4.8.1 POLICY

Qualifications: The applicant being considered for special admissions may be qualified for consideration due to unique life experiences, which may include advanced education or professional work experience. This person must also demonstrate outstanding character. Candidates with such experiences exhibit the potential to successfully handle graduate-level work in physical therapy education.

4.8.2 REQUIREMENTS

Complete all application documents, including entry-level DPT application, transcripts, resume, background check and clinical observation verification. The admission committee may have the flexibility to waive requirements on an individual basis in extraordinary circumstances.

Turn in a professional portfolio which demonstrates the unique life experiences and outstanding character referenced above for evaluation by the physical therapy faculty. Experience an interview with at least one member of the physical therapy faculty. Receive at least a $\frac{3}{4}$ majority vote of approval by the physical therapy faculty.

4.8.3 PROCESS

A candidate for special admissions may be recommended by any member of the physical therapy faculty. A vote of approval as described above is required of the candidate.

4.9 CERTIFIED BACKGROUND CHECK

All students admitted to the Program will undergo a background check. All admission offers to the PT program will be conditional, pending the successful completion of a background check. The background check reports will be reviewed by the program director, the DCE and the administrative assistant. Felony convictions could result in the inability to attain a physical therapy license and, therefore, will result in denial of admission to the Program. Other criminal activity including violence, abusive behavior, theft, dishonesty, falsification of documents, or crimes involving illicit substances that could threaten the well-being of peers or clients or would lead to withdrawal of a physical therapy license will be reviewed on a case-by-case basis and could result in denial of admission to the Program.

4.10 TRANSFER OF CREDITS

Due to the nature of the cohort program, it is unlikely that credits from other DPT programs would transfer. The Program will follow the process outlined in the University Catalog, Transferring Coursework to Seton Hill University, Graduate Students. The limitations for this include a maximum of 6 credits for courses taken within the previous 5 years with the approval of the Program Director and Provost.

4.11 STUDENT RECRUITMENT

Several mechanisms are used for student recruitment, including the Program website, email, phone, campus visits, graduate information sessions, student recruitment fairs and informational sessions at neighboring higher education institutions by invitation. Students will also be recruited from other undergraduate majors at SHU, including exercise science and other science majors. All prospective students have online access to the Program curriculum via the University Catalog. Information regarding Program tuition and fees and financial aid information is available via a link on the Program website.

SECTION 5: FACILITIES AND EQUIPMENT

5.1 INVENTORY AND EQUIPMENT PURCHASING

5.1.1 POLICY

Individual faculty members or staff will keep a regular inventory of equipment and supplies for their specialty area and courses in which they are the primary course instructor.

5.1.2 PROCEDURE

Prior to the beginning of each term of study, each faculty member will advise the Program administrative assistant to order any necessary supplies or equipment. The faculty member will give the administrative assistant all the information needed to purchase the supply(ies): company name, item number, quantity, color, size, and justification for purchase, etc. Requests for purchase will be sent to the Program Director for approval. The administrative assistant will maintain a record of lab supplies and inventory.

5.2 EQUIPMENT MAINTENANCE

5.2.1 POLICY

All appropriate equipment will be inspected and calibrated each summer annually.

5.2.2 PROCEDURE

If equipment is found to be faulty, it will be removed from use until the necessary repairs can be made. Repairs and electrical checks may be done with on-campus personnel if appropriate or via an outside company as needed for the calibration of specific pieces of equipment. Faculty teaching specific content areas are responsible for bringing forth any equipment that they feel may require maintenance. The administrative assistant will contact the appropriate maintenance personnel. The PT Program administrative assistant will maintain all documentation regarding equipment service history.

5.3 HAZARDOUS MATERIALS

5.3.1 POLICY

The Physical Therapy Program will abide by the University's [University Health and Safety-Hazardous Waste Policy](#). All materials housed and used in the physical therapy laboratory setting will have the Material Safety Data Sheet (MSDS) readily available.

5.3.2 PROCEDURE

The MSDS sheets will be maintained by the physical therapy Program administrative assistant. A binder with all of the MSDS sheets will be housed in the laboratory. It is the responsibility of the individual faculty member who uses the hazardous material to guarantee proper storage and use of the material in the laboratory setting.

5.4 CUSTODIAL SERVICES AND MAINTENANCE

5.4.1 POLICY

Day-to-day custodial services and maintenance are provided by the Custodial Department and Department of Maintenance and Grounds. The physical space of the Physical Therapy Program is overseen by the SHU Department of Maintenance and Grounds. The administrative assistant will make requests for services as needed.

5.4.2 PROCEDURE

Faculty should point out needs for custodial or maintenance services to the administrative assistant who will submit work order requests to the appropriate department.

5.5 ACCESS TO PHYSICAL PLANT

5.5.1 POLICY

Physical Therapy faculty and students are free to use the facilities of the physical therapy program in the Bayley Hall as needed. Students have key card access to Bayley Hall seven days a week, twenty-four hours a day, with only a few exceptions throughout the year.

5.5.2 PROCEDURE

New faculty and students obtain an identification card from the Registrar's Office. Each semester, the administrative assistant notifies the IT department who should have access to the PT facilities.

SECTION 6: PROGRAM ASSESSMENT & PLANNING

6.1 DPT FACULTY RETREAT

6.1.1 POLICY

Annual faculty retreats will address curriculum, policies and procedures, and strategic planning on a rotating, triennial basis. Each annual faculty retreat will include a report on assessment and outcomes, the clinical education program, faculty scholarship, and one of the main themes (curriculum, policies and procedures, or strategic planning) on a rotating basis.

6.2 DPT CURRICULUM REVIEW

Curriculum assessment occurs as part of the 5-year University Program Review. As part of this self-study process, the program faculty are asked in item A2 to assess the current learning objectives for the Program; A4 to analyze the overall curriculum, course of study and general philosophy of the major in comparison to current practice in the discipline; A5 to evaluate how well University curricular initiatives are incorporated into the Program; A6 to show how program faculty improve the use of formative assessment to promote student learning; A7 to show how faculty improve the use of summative assessment to promote students learning; and A8 to evaluate the effectiveness of the Capstone assessment.

In addition to the University 5-year Program Review, the Program will evaluate the curriculum every 3 years at the triennial faculty retreat that focuses on curriculum.

6.2.1 PROCEDURE

The program director and the core faculty subject matter experts will facilitate discussion to compare course objectives to the most recent FSBPT Practice Analysis and the expectations outlined in the CAPTE 7D elements to ensure currency of curricular content with contemporary physical therapy practice. The process will begin with a gap analysis, assessing for items in the practice analysis that may be under taught or overtaught. This process will be completed by the collective core faculty, led by the individual faculty content experts. Once the gap analysis is completed, the results will be compared to the NPTE content reports to determine the potential to strengthen any identified areas of concern. The DCE will also compile a report detailing feedback from the Program's clinical instructors regarding student performance in the clinical education experiences. Triangulation of data from the NPTE content reports, gap analysis, and clinical education reports will help to identify potential curricular areas of concern.

Discussions and recommendations for amelioration will be led by the faculty subject matter experts and an action plan will be brought forward to the core faculty for approval. These discussions will involve a review of student course evaluations from the content areas of concern, course objectives and learning experiences, faculty course evaluations, graduate surveys, alumni surveys and employer surveys.

After implementation of the action plan, the results will be monitored and assessed in the next curricular retreat. (3-years).

Any changes to the curriculum will be shared with the Program Advisory Committee (which meets annually) for feedback. Substantive changes to the Program would require approval from the School of Natural and Health Science and the Graduate

Advisory Council. By these mechanisms, the Program will solicit ongoing curricular feedback from all parties of interest.

The 3 program goals that relate to the curriculum will also be discussed and assessed during the curricular retreat. Goal P1: The Program will incorporate the mission and values of the Institution and the Program throughout the curriculum. Goal S2: Graduates will be highly competent clinicians committed to patient-centered care. Goal S3: Graduates will be committed to life-long learning. Discussion of the data from these outcome measures will occur during the curricular retreat to determine the extent that the curriculum is meeting Program and graduate goals. Amelioration plans will be developed, as well as potential modification of the Program goals.

In addition to the review of the didactic portion of the curriculum, the DCE will compile an annual report on the clinical education program that will be discussed as a standing agenda item at the annual faculty retreat. The report will include the number and variety of clinical education sites, feedback from students from the student site evaluation forms, clinical instructor evaluation of the DCE forms, and student evaluation of the CI forms. The core faculty will discuss the length and placement of the clinical education experiences and the extent to which they are meeting the Program's practice expectations. They will also review policies for the expectations for safety and competence in the clinic and the skills in which students must demonstrate competence in safety prior to engaging in clinical education. The forms used for clinical education, including the clinical education handbook, will be reviewed with the program policies and procedures and during this process.

6.2.2 ADVISORY COMMITTEE MEMBERSHIP

Voting members of the committee will include the:

- Program Chair
- Admissions Director
- Physical Therapy Core Faculty
- Selected Adjunct/Associate Teachers
- Representatives from the PT community
- Representatives from other health care disciplines
- Representatives from alumni
- Additional guests may be invited, and often include the:
 - One or two representatives from the current student body
 - One or two consumers of PT
 - Natural and Health Sciences Dean
 - Other administrators as needed

6.2.2.1 RESPONSIBILITIES

The program administrator and the Chair of the advisory committee are responsible for organizing the meeting, creating an agenda, gathering and

compiling the assessment information, and identifying follow-up on previous recommendations.

Assessment tools will address Program and graduate outcomes. The tools will be reviewed and modified, if needed, on an annual basis.

6.2.2.2 INFORMATION SOURCES

All advisory committee attendees will be given a copy of the Curriculum Review Document, which will include data from all the assessment tools, as well as minutes from the previous year, with the recommended plan of action. When possible, data from assessment tools, such as the NPTE results and exit survey, will be present for at least 3 years.

6.3 PROGRAM ASSESSMENT AND PLANNING

6.3.1 POLICY

Policies and procedures, as documented in the Doctor of Physical Therapy Program Handbook, the DPT Student Handbook, and the Clinical Education Handbook, will be reviewed on an annual basis and changes made as needed.

6.3.2 PROCEDURE

Handbooks will be reviewed annually during the faculty retreat and changes made as needed. Program policies and procedures will be reviewed by the Program faculty at the triennial faculty retreat that focuses on policies and procedures. Any issues that would mandate earlier discussion for potential changes to policies and procedures will be an agenda item for the regular faculty meetings. During the policies and procedures retreat, the faculty will review the Program policies and procedures manual, faculty handbook, student handbook, and clinical education manual to ensure that the policies are consistent with the mission and goals of the Program and University. The Program will identify and record any instances when policies were not followed with an explanation of why the process failed as well as a plan for amelioration.

The student handbook will be reviewed annually by the program director, DCE, and one additional faculty member to determine if the student policies are meeting program needs, are effective and are congruent with University policies and procedures. The clinical education handbook will be reviewed annually by the DCE and program director to determine the effectiveness of the clinical education policies to promote safe and successful clinical experiences. Adoption of new policies or changes to current policy will require a majority vote of the core faculty. All current Program Handbooks, including the DPT Program Handbook, the DPT Student Handbook, and Clinical Education Handbook, which

contain academic regulations specific to the Program, will be available to the core and adjunct faculty members on the Program Shared Drive folder.

6.4 STRATEGIC PLAN

6.4.1 POLICY

Strategic planning in the Program is guided by the 5-year program review summarized below and presented in detail in the appendix program review self-study guide and appendix program review self-study template.

Seton Hill University is committed to systematic assessment of all academic majors and graduate programs and follows a five-year cyclical review process. The review process is conducted over the course of a year by an appointed faculty committee and culminates in a three-year action plan based on internal self-study and consideration of external reviewer recommendations.

6.4.1.1 OBJECTIVES

- Involve faculty in a systematic self-study process to determine priorities and outline future actions to improve the Program.
- Maximize the use of university resources through thoughtful decision-making based on the evaluation of student data against program and university learning objectives.
- Recognize successes and identify areas for amelioration.
- Strengthen ongoing assessment as part of a learning process to improve curricula and pedagogy.
- Strengthen the viability of the Program by addressing student learning needs in preparation for postgraduate study and career.
- Explore opportunities to improve, evolve and implement innovations. • In addition to participation in the 5-year University program review for strategic planning, the Program will complete an abbreviated process every 3-years during the faculty retreat for strategic planning. All core faculty will participate in the process, which will involve a SWOT [strengths, weaknesses, opportunities, threats] analysis discussion, review of the current strategic plan to determine the extent to which the goals are being met, review of Program, faculty and student learning objectives and their related outcome measures, and review of Program resources utilizing the outcome measures described in element 2B4. Through this process, the Program will review and update the strategic plan every 3 years.

6.4.2 PROCEDURE

1. **SWOT ANALYSIS** - 3-5 Self Study Questions Guided by the Provost,

the self-study process is launched by a SWOT analysis, which leads to the identification of 3-5 self-study questions. The provost may elect to add additional self-study questions.

2. **TIMELINE AND TASK ALLOTMENT** - The Program Review Committee Chair is responsible for facilitating the meetings, helping to connect members with information resources, arranging the external reviewer visit, and reporting to the Provost. Committee members are individually responsible for researching, presenting, writing, and editing self-study report sections.
3. **SELF-STUDY** - Program, Faculty, Students, Resources, Future Steps Committee members complete a self-study within 6 months.
4. **EXTERNAL EVALUATOR VISIT** - Committee members prepare for the external evaluator's visit and consider all recommendations to develop final committee recommendations and action steps.
5. **FINAL RECOMMENDATIONS, ACTION STEPS AND MEASURES** - The committee develops final recommendations, a 3-year actions plan and assessment measures.
6. **EXECUTIVE SUMMARY** - The self-study committee prepares an executive summary that requires approval from the following bodies: The School, Graduate Advisory Council, Faculty Senate, and President's Council. The Committee on Assessment of Student Learning reviews the entire self-study to ensure compliance with the program review process. The process will address the changing health care environment and the nature of contemporary practice of physical therapy with self study question A4: Analyze the overall curriculum, course of study, and general philosophy of the Program in comparison to current practices in the discipline. There are also several questions in the self-study template that address the potential changes in higher education, including question A4 above, A5: Evaluate how well University curricular initiatives are incorporated into the Program. A6: How can Program faculty improve the use of formative assessment to promote student learning? A7: How can program faculty improve the use of summative assessment to promote student learning? F1: Internal analysis: What internal factors may affect the Program? How can the Program address these factors to enhance program success? F2: External analysis: What external factors may affect the Program in the future? Outline a plan for addressing these factors to enhance the visibility, quality, and value of the Program. F3: Program development: Are there new majors/programs, specializations or minors related to this Program that warrant development?

6.5 ACCREDITATION STANDARDS

6.5.1 POLICY

The DPT program will be administered and delivered in accordance with accreditation standards and policies. Reports of student graduation rates, state licensure passage rates, and postgraduate employment statistics will be compiled and available to CAPTE.

The PT Program Director has the responsibility of writing and submitting all required reports and materials within the required time frames.

6.5.2 PROCEDURE

The Director of the PT program will compile the requisite information and statistics related to student outcomes and graduate employment percentages. The Program Director will also create and submit the annual accreditation report for CAPTE in the time frame stipulated.

6.6 PROGRAM ADVISORY COMMITTEE

The Program will maintain a Program Advisory Committee (PAC) consisting of stakeholders from the physical therapy community. The Board may include physical therapists, faculty from other professions on campus, administrators, other health care clinicians, patients and any other stakeholders. The committee will meet annually and receive reports and updates on the assessment and outcomes from the above-listed assessment processes.

6.6.1 POLICY

In consultation with the Provost, the Program Director appoints members of the community to serve as Advisory Committee members. The (PAC) meets annually for updates on the program assessment and outcome results. In addition, the Program will solicit input from the PAC for program changes and improvement plans.

SECTION 7: RIGHTS AND SAFETY

7.1 INDIVIDUAL RIGHTS AND SAFETY

7.1.1 POLICY

The following factors are to be respected in all facets of the Physical Therapy program. Safety, the right to privacy, confidentiality and informed consent apply to any individual involved with the Physical Therapy educational process, including, but not limited to: students, faculty, staff, visitors to the Program, human subjects used in the classroom for demonstration or research, and clinical education supervisors and clients interacting with students at clinical facilities.

7.2 GRIEVANCE PROCEDURES

7.2.1 POLICY

See SHU DPT student handbook policy 2.27 for student Appeals Procedure
Copied below

2.27 Appeals Procedure

This Policy is from the University Catalog- Grievances Graduate found at
<https://catalog.setonhill.edu/content.php?catoid=6&navoid=152>

2.27.1 Informal Resolution

The following procedure should be followed for those instances in which a student has a concern about a faculty member:

The student should make an appointment with the faculty member to discuss the problem and/or concern. This step must take place before any further action can occur. The only exception to a direct meeting with the faculty member is if the student feels they are in physical danger.

If the student has met with the faculty member and is still not satisfied, they should meet with the Program Director of the graduate program in which the student is enrolled. If appropriate, the Program Director may schedule a meeting with the student and the faculty member present to discuss the issue(s) being raised. If the faculty member involved is supervised by another Program Director, that Program Director should be invited and have the prerogative to attend this meeting as well.

If the concern is not resolved at the Program Director level, the student should make an appointment with the Dean. If the instructor is the Program Director, the student should make an appointment with the Dean.

If the concern is not resolved at the school level, the student should make an appointment with the Provost. Prior to the meeting, the student will be informed that the Provost will consult with the Dean to determine how the issue has been handled to this point. Depending on the student complaint, if the issue is not resolved, the Provost may recommend that the student consider filing a formal academic grievance.

If the concern is not resolved after meeting with the Provost and the student has decided not to file a formal academic grievance, the decision of the Provost in these matters is final.

The procedure described above is different from a formal academic grievance. A formal academic grievance is filed when the student believes that they have been dealt with unfairly in an academic matter, commonly related to unfair grading practice.

2.27.2 Formal Academic Grievance

If any student feels they have cause for grievance in academic matters (commonly related to grading practices), the student may request in writing that the Provost initiate the student grievance procedure. The student must explain their grounds for grievance, and this request must be made no later than ten working days after grades are posted for the course. The Provost will discuss the matter with the involved faculty and the student. The Provost facilitates the creation of an ad hoc Grievance Board, convening this Board no later than the second week of the semester following the complaint. This Board will consist of two faculty members and two students, agreed upon by both parties, and a fifth member from the University community, chosen by the previously mentioned four. If the faculty involved has not named two faculty members for this Board within two weeks, the Provost will appoint them. The Grievance Board will act in an advisory capacity to the Provost. The Grievance Board must make a recommendation within two weeks of their initial meeting. The decision of the Provost is final in these matters.

2.27.3 Withdrawal of Complaint

The complaint may be withdrawn by the grievant(s) at any level without prejudice.

2.27.4 Reprisal and Retaliation

No reprisal or retaliation is permitted against any party of legitimate interest or any legitimate participant in the prescribed grievance procedure as a result of participation.

7.2.2 PROCEDURE: GENERAL COMPLAINTS

Any person with a complaint or concern about the Physical Therapy Program or one of its policies, programs, staff, or students will be asked to submit their concern in writing within 10 days of the incident. Persons with a verbal complaint/concern should be asked to submit their issues in writing to the Program Director (Level One). If the issue is not resolved within 10 days after submission of the complaint, the complaint may be submitted in writing to the Dean (Level Two). If the complaint is not resolved within 10 days of receipt of the complaint, the complaint may be submitted in writing to the Chief Academic Officer of the University (Level Three). If the concern falls into the possibility of a formal

complaint to the Program's accrediting body, contact the APTA's Department of Accreditation to discuss the nature of the complaint and to determine what procedures should be taken. This department can be reached by phone at 703-806-3245 or email at accreditation@apta.org.

A student who has a complaint or constructive feedback for the Program of physical therapy can also voice the complaint or constructive feedback to the class representative, who will bring it up for discussion at the designated Program faculty meeting. The class representative will then be responsible for communicating the decision back to the student who issued the complaint or provided the constructive feedback.

7.3 COMPLAINTS OUTSIDE OF DUE PROCESS

7.3.1 POLICY

The Program shall listen to complaints or constructive feedback from its stakeholders.

7.3.2 PROCEDURE

The Program encourages all complainants to attempt to resolve any issues directly with the party involved. If the issue cannot be resolved through direct discussion, any person with a complaint or constructive feedback for the Program of physical therapy can submit the complaint or constructive feedback in writing to the Program Director. The Director will respond to such request(s) in writing within two weeks of submission. If the Program Director is involved in the complaint, or if there is an appearance of a conflict of interest, the complaint will be elevated to the Dean of the School of Natural and Health Sciences, who will respond in writing within 2 weeks. Electronic records of all complaints will be maintained by the DPT Program Administrative Assistant. Retaliation of any type following complaint submission is prohibited.

7.3.3 FORMAL COMPLAINTS TO CAPTE

Formal complaints that allege that the DPT program is not in compliance with one or more of CAPTE's Standards and Required Elements or that the Program has violated CAPTE's standards related to academic integrity may be filed with CAPTE. If the complaint falls within the due process described for the Program, CAPTE requires that the institutional grievance process (described in the University Student Handbook and the DPT Program Student Handbook) is completed prior to initiating the complaint with CAPTE, unless the complainant alleges that the complaint process is not being handled in a timely manner. If the complaint is related to situations that fall outside of due process policies, the complaint may

be filed at any time. More details about the complaint process can be found at <http://www.captionline.org/Complaints/>.

To obtain materials for submitting a complaint, contact the APTA Accreditation Department at (703)706-3245 or at accreditation@apta.org

7.4 USE OF PROTECTED INFORMATION

7.4.1 POLICY

Information collected from fellow students, lab subjects, patients/clients or from research subjects is considered confidential information and is protected by applicable privacy laws, including HIPAA and FERPA. As such, the information can only be used for purposes other than direct health care upon written informed consent from the student or patient/client. Use of the information should still protect the right to anonymity, when possible, and be used for educational purposes, either in the classroom or to other professionals. If images are requested, a separate consent form must be obtained prior to obtaining and using such images. The University's Institutional Review Board scrutinizes and decides on the appropriate action and/or approval for research submissions.

7.4.2 PROCEDURE

The University's Institutional Review Board will assess all applications for appropriateness when considering sensitive data from research subjects, patients, and clients. All documents will be protected from identification and kept in a locked file cabinet and will be destroyed by a crosscut shredder when no longer applicable