Division of Health Sciences

STUDENT HANDBOOK

DOCTOR OF PHYSICAL THERAPY PROGRAM

Division of Health Sciences
College of Mount St. Joseph
Cincinnati, OH  45233-1672
Revised March, 2014
To Our Physical Therapy Students,

Welcome to the Division of Health Sciences, Doctor of Physical Therapy Program at the College of Mount St. Joseph!

The Faculty and Staff of the Program have prepared this STUDENT HANDBOOK as a guide to assist you through your course of studies as you pursue the Doctor of Physical Therapy Degree. We encourage you to become thoroughly familiar with the contents of the STUDENT HANDBOOK. Your academic advisor and our staff are available to explain any policies, procedures or regulations and how they may apply to you.

From time to time it is necessary to introduce changes and new policies in the Physical Therapy Program. These changes will be distributed to you in writing by the Director of the Physical Therapy Program and will be posted on Blackboard.

You are about to begin your studies at one of the most challenging and important times in the history of physical therapy. We trust you will enjoy your program of studies at the Mount. Best wishes for success in your educational endeavors.

Rosanne Thomas, PT, PhD
Associate Professor and Chair
Faculty and Staff
Division of Health Sciences
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Section I: GENERAL INFORMATION

A. PURPOSE OF THE STUDENT HANDBOOK
This STUDENT HANDBOOK provides necessary information regarding policies, procedures and regulations for all students in the Doctor of Physical Therapy Program at the College of Mount St. Joseph. Students are accountable and responsible for all information contained in this STUDENT HANDBOOK.

In addition to the policies and procedures contained in this STUDENT HANDBOOK, students are also responsible for policies and procedures outlined in the College of Mount St. Joseph GRADUATE CATALOG, and the College of Mount St. Joseph STUDENT HANDBOOK.

B. ACCREDITATION
The College of Mount St. Joseph has been authorized to offer the Doctor of Physical Therapy Degree by the Ohio Board of Regents (OBR) and Higher Learning Commission (HLC).

The Physical Therapy Program at the College of Mount St. Joseph has been fully accredited by the Commission of Accreditation for Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA).

C. COPYRIGHT
No part of this STUDENT HANDBOOK may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or any information storage or retrieval system, without permission in writing from the Chairperson, Department of Physical Therapy Division of Health Sciences, College of Mount St. Joseph, Cincinnati, Ohio 45233-1672.

D. CHANGE NOTICE
The Department of Physical Therapy, Division of Health Sciences reserves the right to make changes in policies, procedures and regulations subsequent to the publication of this STUDENT HANDBOOK. Notice of changes, revisions, or any additions to the Division of Health Sciences Physical Therapy STUDENT HANDBOOK will be posted on Blackboard and distributed to each student in writing by the Chairperson of the Physical Therapy Department. Each student is responsible for making the appropriate changes in their STUDENT HANDBOOK.
Section II: DIVISION OF HEALTH SCIENCES

DIVISION MISSION

The Division of Health Sciences prepares students for professional careers in selected health disciplines including athletic training, nursing, and physical therapy. The Division supports the integration of life and learning with the foundation of liberal arts and sciences and selected interdisciplinary courses, and also encourages the unique contributions of each program in the development of the individual student through stimulating didactic, clinical, community service, and leadership educational experiences.
Division of Health Sciences
Organizational Structure
Department of Physical Therapy

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Ann Marie Wagner, BA
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Academic Affairs

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CRRN
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Graduate Studies

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Dean, Division of Health Sciences
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Associate Professor

Marsha Eifert-Mangine, PT, EdD, ATC
Associate Professor

Eric Schneider, PT, MPT, OCS
Instructor of Physical Therapy

Lisa Dehner, PT, PhD
Associate Professor

Karen Holtgrefe, PT, DHS OCS
Associate Professor

Open Faculty Position
Assistant/Associate Professor

Jamie Bayliss, PT, MPT, DCE
Assistant Professor

Program Committees
Section III: DESCRIPTION OF THE PHYSICAL THERAPY PROGRAM

A. PROGRAM MISSION

In keeping with the Mission of the College of Mount St. Joseph, the Department of Physical Therapy is committed to academic excellence in educating students for professional careers as physical therapists based on a solid foundation of undergraduate liberal art and science degrees. The faculty will prepare students with essential knowledge and skills, and instill in them the duties, responsibilities and professional standards necessary to function and grow as individuals and as health care professionals in a complex, dynamic, and diverse society.

B. PHILOSOPHY

Physical therapy encompasses the application of scientific principles in the art of adapting or enhancing function and preventing dysfunction by utilizing physical measures, therapeutic exercises, and rehabilitative procedures. As in all health care fields, the scope of the profession is constantly changing in response to socioeconomic, cultural, and political influences as well as technological advances and research. The physical therapist must be compassionate and people-oriented with a strong desire to promote optimal quality of life while respecting the dignity of each person. Physical therapists must be culturally aware and able to respect individual values, beliefs, and behavioral differences that impact all aspects of patient and client management. Individuals entering the field of physical therapy must be well-educated with a sound liberal arts and science background, strong professional development, and must be self-motivated, goal-directed, lifelong learners.

The faculty members serve as educators, mentors, and role models in the professional learning process by designing and revising courses and educational experiences. Faculty guide students in developing critical thinking and clinical competence. Recognizing individual differences in learning styles, each faculty member works to design meaningful experiences and adjust teaching strategies to meet the needs of each student, whether in the classroom, laboratory, clinic or tutorial sessions. The faculty members recognize the rigor inherent in physical therapy education, and therefore assume the responsibility of assisting student acclimatization to the professional education process.

C. PRINCIPLES

Physical therapists are expected to function as integral members of the health care team within the scope of practice defined by The Guide to Physical Therapist Practice and individual regulatory agencies. Thus, students will obtain a strong science foundation and become educated with the depth of knowledge and skills to function with independent decision-making authority as:

- evaluators, diagnosticians and managers of patient and client interventions, including delegation and supervision of components of intervention to supportive personnel and referral to other practitioners
- educators of patients, clients, caregivers, other professionals, technical assistants, and consumers of health and prevention information
- advocates for the profession
- advocates for the patient/client
- critical contributors and consumers of research such that practice is evidence-based
- consultants that promote interventions for therapeutic care, prevention and health promotion
The students, through successful completion of the demanding requirements for admission, are believed to be well-qualified for the rigor of the curriculum and eventual assumption of independent, direct-access practice. They are expected to be mature, self-directed, and motivated learners dedicated to becoming knowledgeable, ethical and caring physical therapy practitioners. They will receive an excellent physical therapy education that will challenge them to think critically, set and achieve high personal and professional goals, and prepare them for service to their patients/clients, profession, and society.

**D. VALUES**

Students are expected to develop attributes and practice consistent with the APTA Core Values. The unique emphasis on cultural sensitivity and reflective praxis encourages development of values needed to be an advocate for patients, an integral member of the health care team, and a leader for the profession to positively influence societal and institutional structures that impact access to and the practice of physical therapy. In addition, these values integrate the components of the institution’s mission of excellence in academic endeavors, integration of life and learning, respect and concern for all persons, diversity of culture and beliefs, and service to others.

**E. CURRICULAR THEMES**

The themes are reflective of the department’s mission and philosophy and are threaded through the courses and internship experiences of the Doctor of Physical Therapy program at the College of Mount St. Joseph.

- Patient/Client Management
- Professionalism
- Service
- Communication
- Critical Inquiry
- Education
- Practice Management

**F. DEPARTMENT CURRICULAR GOALS AND PERFORMANCE INDICATORS**

Upon completion of the Doctor of Physical Therapy program the graduate will demonstrate:

1. **Professionalism consistent with the decision-making authority and responsibilities of autonomous practice**

   1.1 Integrate the values, practices, and behaviors of the physical therapy profession by accepting professional and social responsibilities consistent with an autonomous healthcare practitioner within the scope of physical therapy practice.
   1.2 Exhibit sensitivity to differences in race, age, gender, socioeconomic status, and culture in all interactions with patients/clients, families, other health care providers, and colleagues.
   1.3 Integrate the value of service to underserved communities, professional organizations, and political and societal organizations as a patient/client and professional advocate.
1.4 Utilize legal and ethical standards of practice by abiding with all federal, state, and institutional regulations and the American Physical Therapy Association Code of Ethics.
1.5 Demonstrate effective verbal and non-verbal communication skills, including documentation in all aspects of physical therapy service and professional interaction.
1.6 Use critical analysis and scholarly inquiry of current research to support clinical reasoning, judgment and reflective evidence-based practice of physical therapy
1.7 Manage professional development and lifelong learning by establishing realistic goals for personal and professional growth

2. The knowledge, skills, and attitudes necessary for successful patient/client management

2.1 Demonstrate ability to screen patients/clients to determine the need and appropriateness for physical therapy services within the scope of practice.
2.2 Demonstrate proficiency in physical therapy examination techniques, and integration of the results of the evaluation with available scientific evidence to produce a physical therapy diagnosis, prognosis, and plan of care
2.3 Demonstrate safe and proficient patient/client management while adapting to the needs and responses of the patient/client, including delegation of interventions to and supervision of support personnel and referral to other services as needed
2.4 Apply effective instructional strategies and methods in all patient-care activities, health-care provider education, and public information dissemination.
2.5 Assess effectiveness of interventions using valid and reliable measures appropriate to the specific environment and patient/client population in order to improve quality of care.

3. The knowledge, skills, and attitudes necessary for successful practice management

3.1 Integrate the role of consulting into the practice of physical therapy by recognizing needs and responding to societal, cultural or economic factors while promoting critical health-care issues within the scope of physical therapy practice.
3.2 Manage resources in the best interest of sound patient/client care through fiscal responsibility, effective time management, and adherence to reimbursement guidelines.
## Section IV: CURRICULUM

See Appendix A for organization of courses by semester

### YEAR ONE

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>BIO 526/526A</td>
<td>Human Gross Anatomy w/Lab</td>
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</tr>
<tr>
<td>PT 601</td>
<td>Foundational Science I</td>
<td>4</td>
</tr>
<tr>
<td>PT 603</td>
<td>Surface Anatomy</td>
<td>1</td>
</tr>
<tr>
<td>PT 605/605A</td>
<td>Exercise Physiology w/Lab</td>
<td>3</td>
</tr>
<tr>
<td>PT 608/608A</td>
<td>Biomechanics/Kinesiology w/Lab</td>
<td>4</td>
</tr>
<tr>
<td>PT 610/610A</td>
<td>Basic Patient Care Skills w/Lab</td>
<td>3</td>
</tr>
<tr>
<td>PT 611/611A</td>
<td>Therapeutic Modalities w/Lab</td>
<td>3</td>
</tr>
<tr>
<td>PT 612/612A</td>
<td>Basic Examination and Evaluation w/Lab</td>
<td>3</td>
</tr>
<tr>
<td>PT 615/615A</td>
<td>Therapeutic Exercise w/Lab</td>
<td>3</td>
</tr>
<tr>
<td>PT 624/624A</td>
<td>Neuroanatomy &amp; Physiology w/Lab</td>
<td>3</td>
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<td>PT 650</td>
<td>Professional Socialization I</td>
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<tr>
<td>PT 651</td>
<td>Professional Socialization II</td>
<td>2</td>
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<tr>
<td>PT 652</td>
<td>Professional Issues I</td>
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<tr>
<td>PT 661</td>
<td>Foundations of Critical Inquiry in Physical Therapy</td>
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### YEAR TWO

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<tbody>
<tr>
<td>PT 700</td>
<td>Introduction to Clinical Experience I</td>
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<tr>
<td>PT 701</td>
<td>Introduction to Clinical Experience II</td>
<td>1</td>
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<tr>
<td>PT 702</td>
<td>Foundational Science II</td>
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<tr>
<td>PT 703</td>
<td>Foundational Science III</td>
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<tr>
<td>PT 715/715A</td>
<td>Patient Management: Acute Care &amp; Cardiopulmonary w/Lab</td>
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<tr>
<td>PT 720/720A</td>
<td>Patient Management: Applied Orthopedics I w/Lab</td>
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<tr>
<td>PT 721/721A</td>
<td>Patient Management: Applied Orthopedics II w/Lab</td>
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<tr>
<td>PT 731/731A</td>
<td>Patient Management: Neurological Rehab w/Lab</td>
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<tr>
<td>PT 745/745A</td>
<td>Patient Management: Special Topics w/Lab</td>
<td>3</td>
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<tr>
<td>PT 746</td>
<td>Patient Management: Lifespan I – Pediatric conditions</td>
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<tr>
<td>PT 747/747A</td>
<td>Patient Management: Lifespan II-Geriatric conditions w/Lab</td>
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<tr>
<td>PT 753</td>
<td>Health Care Policy</td>
<td>3</td>
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<tr>
<td>PT 754</td>
<td>Professional Issues in Physical Therapy II</td>
<td>1</td>
</tr>
<tr>
<td>PT 762</td>
<td>Research in Physical Therapy I</td>
<td>3</td>
</tr>
<tr>
<td>PT 770</td>
<td>Administration, Consultation, &amp; Management</td>
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### YEAR THREE

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<td>PT 855</td>
<td>Professional Issues in Physical Therapy III</td>
<td>1</td>
</tr>
<tr>
<td>PT 863</td>
<td>Research in Physical Therapy II</td>
<td>2</td>
</tr>
<tr>
<td>PT 875/876</td>
<td>Electives/Independent study in Physical Therapy</td>
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</tr>
<tr>
<td>PT 881</td>
<td>Internship I</td>
<td>5</td>
</tr>
<tr>
<td>PT 882</td>
<td>Internship II</td>
<td>5</td>
</tr>
<tr>
<td>PT 883</td>
<td>Internship III</td>
<td>5</td>
</tr>
<tr>
<td>PT 884</td>
<td>Internship IV</td>
<td>5</td>
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</tbody>
</table>

Total credits: 116
BIO 526/526A: Human Gross Anatomy w/Lab. This course provides a complete study of the anatomy of the human body. This course is primarily designed for the Doctor of Physical Therapy Program, and therefore, places emphasis on integrating basic knowledge gained in prerequisite coursework with an in-depth knowledge of the relationships of the skeletal, muscular, and peripheral vascular and nervous systems.

PT 601: Foundational Science I. This course is the first in a series of basic science courses for physical therapists that lay a foundation for the patient management courses. Students will review the etiology, pathogenesis, clinical manifestations and medical management for selected pathologies. Additional emphasis will be placed on the impact of pharmacology and medical imaging on physical therapy management. Specific course content will include mechanisms of cellular injury and repair, tissue healing, immunology, infection and other selected pathologies relevant to initial clinical experiences.

PT 603: Surface Anatomy: This course is an-depth exploration of the human musculoskeletal and peripheral nervous systems. Both gross and surface anatomical features will be covered, including development of palpation skills to locate bony landmarks, muscles, tendons, joints, and ligaments on the living human body.

PT 605/605A: Exercise Physiology w/Lab. Principles of exercise physiology are presented including exercise testing and prescription for cardiovascular and pulmonary fitness including consultation for health and wellness amongst diverse populations most commonly seen by physical therapists. Normal and abnormal responses to exercise are examined. In addition, students will identify at risk populations and barriers to health, wellness, and exercise.

PT 608/608A: Biomechanics and Kinesiology w/Lab. This course is a study of the principles of musculoskeletal biomechanics and kinesiology including mechanical behavior and properties of bone, tendon, ligament, joint, cartilage, and skeletal muscle as applied to the human body. In this course, analysis of forces and identification of muscle functions involved in human movement, including normal posture and gait are modeled as a foundation for evaluation and therapeutic intervention. Students integrate foundational sciences with current scientific literature to substantiate biomechanical principles for clinical reasoning development.

PT 610/610A: Basic Patient Care Skills w/Lab. Students will begin to develop the critical thinking skills necessary to select and perform basic patient care skills on a varied patient population safely and effectively. The principles and application of basic patient care skills, including OSHA safe patient handling, infection control, body mechanics, positioning/draping, bed mobility, transfers, gait training and wheelchair measurement and mobility will be reviewed. Additionally, students will be introduced to patient care documentation based on the disablement and ICF models.

PT 611/611A: Therapeutic Modalities w/Lab. Students will integrate information from foundational course work into new material on the principles, theories and evidence for effective use of thermal, electrical, light and mechanical agents as they apply to the clinical practice of physical therapy in conjunction with other therapeutic interventions. Skills in safe and effective application of clinical modalities will be developed during laboratory sessions that emphasize clinical decision making and patient education. Students are introduced to leadership roles of a physical therapist through practice
in delegation and supervision of the application of therapeutic modalities, complete and accurate documentation of services, and billing/coding.

**PT 612/612A: Basic Examination & Evaluation w/Lab.** The course introduces the student to the patient/client management concepts from *The Guide to Physical Therapist Practice, ed 2.* Principles and application of systems review and basic examination techniques that are applicable to a variety of patient populations are learned. Emphasis is placed on differential diagnosis through clinical decision-making by integrating basic sciences of anatomy, physiology, kinesiology, and pathology with analysis and synthesis of subjective and objective patient data. The students learn upper and lower quarter screening examination techniques for musculoskeletal dysfunctions. Students develop examination skills on various patient populations in the classroom and clinic.

**PT 615/615A: Therapeutic Exercise w/Lab.** This course introduces theory and principles of therapeutic exercise and related techniques used in the management of patients/clients with movement dysfunctions and associated disabilities linked to impairments of muscle performance, joint ROM, muscle flexibility, and postural stability. Students learn evidence-based modes of therapeutic exercise, stretching, myofascial mobilization, aquatic therapy, resistance training, neuromuscular control training, and manual therapy techniques. Students learn safe application of therapeutic exercise by using biomechanical, kinesiological, and physiological concepts as they relate to stages of connective tissue healing following injury or surgery; and develop clinical reasoning skills in the prescription of therapeutic exercise on various patient populations treated in physical therapy.

**PT 624/624A: Neuroanatomy and Physiology w/Lab.** This course is an accelerated format course reviewing the functional anatomy and physiology of the human nervous system with lecture, problem-solving cases and laboratory experience. Gross anatomical structures and their function, including motor and sensory systems as well as higher cognitive regions, are discussed and correlated with clinical neurologic dysfunction. Emphasis is placed on those structures/functions of greatest importance to the successful practice of physical therapy.

**PT 650: Professional Socialization I.** This course is the first of a two semester series. The professional socialization series (PT 650 and PT651) introduces students to the profession of physical therapy. The history of the profession is explored and the role, scope and utilization of the physical therapist in today's health care system are investigated. Foundational principles such as communication, professionalism, and theories of rehabilitation are introduced. The ethical foundations of the profession are examined and a framework for solving ethical dilemmas is presented. This course expands the student’s self-awareness in order to develop a foundation for personal and professional growth.

**PT 651: Professional Socialization II.** This course is a continuation of Professional Socialization I (PT 650). The professional socialization series (PT 650 and PT651) introduces students to the profession of physical therapy. This course introduces issues in power negotiation/distribution, culture of disability, cultural competency, healthcare team models, and advocacy. This course expands the student’s self-awareness, social awareness, and healthcare policy awareness in order to develop a foundation for effective interactions with diverse patient groups.

**PT 652: Professional Issues in Physical Therapy I.** This course precedes the first clinical experience. It provides for the introduction and discussion of policies, procedures, expectations, and issues relevant to clinical education. Emphasis is placed on professionalism, the role of the student in the clinic, documentation, feedback, supervision, delegation, and methods of evaluation. Students are introduced to
the regulations of state practice acts, and are certified in the regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Occupational Safety and Health Administration (OSHA), and Cardiopulmonary Resuscitation (CPR).

PT 661: Foundations of Critical Inquiry in Physical Therapy. This course is the first in a series of courses designed to foster the utilization of and production of research literature into the practice of physical therapy. The course explores the continuum of research, as well as the categorization of clinical research into levels of evidence. Students are introduced to evidence based physical therapy practice and the concepts of clinical research methodology and measurement. Concepts of reliability, validity, sampling, and research design are explored. Ability to critically appraise literature relevant to the practice of physical therapy is introduced in this course and fostered throughout the remainder of the professional curriculum.

PT 700: Introduction to Clinical Experience I. Full-time (37+ hours per week) clinical assignment that provides the student with opportunities for supervised application of basic clinical skills including, but not limited to objective tests and measures, mobility and gait training, therapeutic exercise, modalities, documentation, and professional communication. Students will have supervised direct interaction and practice with patients, healthcare providers, and personnel in beginning the assimilation into the clinical environment.

PT 701: Introduction to Clinical Experience II. Full-time (37+ hours per week) clinical assignment that provides the student with opportunities for supervised application of basic clinical skills including, but not limited to objective tests and measures, mobility and gait training, therapeutic exercise, modalities, documentation, and professional communication. Students will have supervised direct interaction and practice with patients, healthcare providers, and personnel in beginning the assimilation into the clinical environment but in a different setting from Introduction to Clinical Experience I.

PT 702: Foundational Science II. This course is the second in a series of basic science courses for physical therapists that lay a foundation for the patient management courses. Students will review the etiology, pathogenesis, clinical manifestations and medical management for selected pathologies. Additional emphasis will be placed on the impact of pharmacology and medical imaging on physical therapy management. Specific course content will include selected pathologies relevant to the musculoskeletal system and acute care.

PT 703: Foundational Science III. This course is the third in a series of basic science courses for physical therapists that lay a foundation for the patient management courses. Students will review the etiology, pathogenesis, clinical manifestations and medical management for selected pathologies. Additional emphasis will be placed on the impact of pharmacology and medical imaging on physical therapy management. Specific course content will include selected pathologies relevant to pediatric and neurologic rehabilitation settings.

PT 715/715A: Patient Management: Acute Care & Cardiopulmonary w/Lab. Examination, evaluation, treatment interventions, and discharge planning for patients treated in the acute care setting, including the intensive care unit. Emphasis is placed upon synthesis, analysis, and integration of subjective and objective patient data, including integration of data from ECG, laboratory values, and pulmonary function tests for evidence based clinical decision making. This course covers common patient diagnoses seen in acute care.
PT 720/720A: Patient Management: Applied Orthopedics I w/Lab. A regional approach to examination, evaluation, treatment planning, therapeutic exercise, and manual therapy intervention techniques for common musculoskeletal conditions of the cervical spine, TMJ, thoracic spine and the upper extremities is studied. Emphasis is placed on clinical decision-making by integrating basic sciences of anatomy, physiology, kinesiology, and pathology with analysis and synthesis of current outcomes research on effectiveness of therapeutic exercise and manual therapy interventions. Students advance skills in screening, systems review, differential diagnosis, and patient/client management within the scope of physical therapy practice.

PT 721/721A: Patient Management: Applied Orthopedics II w/Lab. Examination, evaluation, treatment planning, therapeutic exercise, and manual therapy intervention techniques for common musculoskeletal conditions of the lumbar spine, sacroiliac joint, and the lower extremities are studied. Emphasis is placed on clinical decision-making by integrating basic sciences of anatomy, physiology, kinesiology, and pathology with analysis and synthesis of current outcomes research on effectiveness of therapeutic exercise and manual therapy interventions. Students advance skills in screening, systems review, differential diagnosis, and patient/client management within the scope of physical therapy practice.

PT 731/731A: Patient Management: Neurological Rehabilitation w/lab. This course reviews the fundamentals of neuroscience as they relate to neurologic function/dysfunction, including motor control and motor learning, normal/abnormal control of movement, clinical presentation and medical management of common neurologic diagnoses, as well as evaluation and intervention techniques for patients with neurological dysfunction requiring physical therapy intervention. Emphasis is placed upon the analysis of subjective and objective patient data and current research to evaluate, diagnose, and develop a physical therapy plan of care.

PT 745/745A: Patient Management: Special Topics w/Lab. This course focuses on both knowledge and related skills needed for working with special populations. The topical areas include, but are not limited to women’s and men’s health, orthotics and prosthetics, work hardening, vestibular rehab, lymphedema, wounds and burns with an emphasis on a multidisciplinary approach to examination, evaluation, and intervention.

PT 746: Patient Management: Lifespan I – Pediatric Conditions. This course introduces students to normal developmental changes that occur from birth to adolescence, and reviews the physical therapy management (examination, evaluation, diagnosis, prognosis, intervention and documentation) of the pediatric patient. Emphasis is placed upon the integration of subjective and objective patient and care giver data with current research and patient and care giver preferences for effective clinical decision making for a pediatric population.

PT 747/747A: Patient Management: Lifespan II – Geriatric conditions w/Lab. This course reviews the physical therapy management (examination, evaluation, diagnosis, prognosis, intervention and documentation) of older adults. Emphasis is placed upon the integration of subjective and objective patient data with current research and patient/client preferences for effective clinical decision making for an older adult population. Screening for medical disease and physical therapy management of the medically complex patient will also be addressed.

PT 753: Health Care Policy. This interdisciplinary course explores health care systems in the United States from a historical, political, economic, social, and financial perspective. Delivery of health care,
health care policies, financing of health care and health care reform will be discussed with an emphasis on the leadership role the health care professional can take in affecting the health care system. Areas of exploration include: cost containment, managed care, social justice issues, quality assurance, legislative and regulatory controls, long-term care, and ethical/legal issues.

**PT 754: Professional Issues in Physical Therapy II.** This course serves as a review of clinical education policies, procedures, expectations, and issues prior to the first clinical internship. This course is also designed as a seminar for the discussion and application of theories, principles, duties, codes of ethics, laws, and decision-making models impacting the various facets and ethical issues impacting physical therapy practice.

**PT 762: Research in Physical Therapy I.** This course is the second in a series of courses designed to foster the utilization of research literature into the practice of physical therapy. The course will expand upon the concepts of evidenced based physical therapy practice and clinical research methodology and measurement including specific design types, analysis, and reporting.

**PT 770: Administration, Consultation and Management.** Concepts in administration and management as they apply to the delivery of physical therapy services in health care facilities and organizations are explored, including basic administrative concepts of communication, planning and decision making, budgeting, fiscal management (including billing and coding), and marketing applied to the implementation of clinical services.

**PT 855: Professional Issues in Physical Therapy III.** This course prepares students for their ensuing practice as entry-level professionals. Topics include the clinical education requirements for the final internships, consulting, political issues, and involvement in the American Physical Therapy Association (APTA), licensure, resume writing, interviewing skills, personal finance, and one's role as a clinical educator.

**PT 863: Research in Physical Therapy II.** This course is the third in a series of courses designed to foster the utilization of research literature into the practice of physical therapy. This course will expand upon the previous courses with emphasis placed on the synthesis of research for clinical decision making, including applying the principles of evidence based practice to a specific clinical question.

**PT 875: Elective Seminars in Physical Therapy.** These courses offer an exploration of advanced and novel topics in Physical Therapy.

**PT 876: Independent Studies in Physical Therapy.** This course allows for the exploration of special topics or experiences of interest to individual students to enrich specific courses or expand on experiences requiring in-depth study. Students, under the supervision of the physical therapy faculty, identify an area of study, establish objectives, and agree to a learning contract for credits earned.

**PT 881: Internship I.** Full-time (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention for patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on the previous Introduction to Clinical Experiences in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.
PT 882: Internship II. Full-time (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention of patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on previous internships in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.

PT 883: Internship III. Full-time (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention for patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on previous internships in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.

PT 884: Internship IV Full-time (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention for patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on previous internships in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.
Section V: ACADEMIC POLICIES

A. ADMISSION TO COLLEGE OF MOUNT ST. JOSEPH

All students who have been accepted into the DPT program are graduate students at the College of Mount St. Joseph and have all the rights, responsibilities, and privileges of Mount students. Students in the entry-level DPT program have met all admissions requirements and have completed the technical standards review (see Appendix B); none of the professional coursework in the DPT program may be used for credit in attaining an undergraduate degree at the Mount.

All DPT graduate students are bound to the policies and requirements for graduate education at the Mount (see Graduate Handbook). In addition, the DPT program has adopted specific policies to insure success of its graduates in the program as well as in the health care environment as a professional physical therapist.

B. NONDISCRIMINATION

The College of Mount St. Joseph (“the College”) is committed to providing an educational and employment environment free from discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, or other minority or protected status. This commitment extends to the College’s administration of its admission, financial aid, employment, and academic policies, as well as the College’s athletic programs and other college-administered programs, services, and activities.

The College has designated the Director of Human Resources, (513) 244-4393, Office of Human Resources, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Title IX of the Education Amendments of 1972 and other applicable federal and state civil rights laws. The College has designated the Director of Academic Support, (513) 244-4524, in the Learning Center, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Section 504 of the Rehabilitation Act of 1973.

C. DEFERRAL OF ENROLLMENT/LEAVE OF ABSENCE

In the event of an extraordinary life circumstance, a student selected for enrollment in the physical therapy program may request up to a one year deferral of his/her enrollment. This request must be made in writing to the DPT Chairperson prior to start of intended semester of enrollment and will require the concurrence of the Academic Dean to be effected. Approval notification will be in writing.

In the event of an extraordinary life circumstance, a student currently enrolled in the physical therapy program may request a leave of absence limited to one year in duration. This request must be made in writing to the DPT Chairperson prior to the start of the intended leave of absence and will require the concurrence of the Academic Dean to be effected. Approval notification will be in writing. Reinstatement into the program will be dependent on terms agreed upon at time of leave.
In accordance with the Graduate Catalog, all degree requirements must be completed within five years of acceptance into the graduate program.

D. STUDENT ADVISOR

The Department of Physical Therapy faculty will mentor and professionally guide students to facilitate his/her reaching maximal academic potential. Each student will be assigned one faculty member who will function as the student’s academic advisor while the student is enrolled in the DPT Program.

**Procedure:**
1. Each student will be assigned one academic advisor.
2. The student and advisor will meet at least once per semester to discuss academic and professional progress within the Program.
3. The student and advisor may meet more frequently if required.
4. It is the primary responsibility of the student to initiate regularly scheduled meetings with his/her advisor.

E. ACADEMIC STANDARDS

**Classroom Grading Criteria:**

Students in the DPT program must maintain a 3.0/4.0 overall grade point average (GPA) in their graduate/professional coursework and earn a “C” or better in all program courses.

A student falling below an overall GPA of 3.0/4.0 will be given one semester to raise his/her GPA. If the student fails to increase his/her overall GPA to 3.0/4.0, he/she will be dismissed from the program. Any student who fails a course (grade below a “C” or 75%) will be dismissed from the program.

The classroom grading scale in the physical therapy program is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100</td>
</tr>
<tr>
<td>B</td>
<td>84-92</td>
</tr>
<tr>
<td>C</td>
<td>75-83</td>
</tr>
<tr>
<td>F</td>
<td>0-74</td>
</tr>
</tbody>
</table>

**Minimal acceptable competence:**

*Written examinations*

Depending on the course, students will be required to perform with minimal acceptable competence on a single cumulative final exam OR perform with minimal acceptable competence on the average of all of the course examinations. For written examinations, minimal acceptable competence is defined as a 75% or .75. Any student who does not achieve minimal acceptable competence cannot pass the course and will be dismissed from the DPT program.

*Practical examination*
Minimal acceptable competence for practical examinations is defined as an 80% or .80. If a student does not demonstrate minimal acceptable competence on the first attempt, he/she will be given the opportunity to retake the practical examination one time (see policy below on practical retakes) after completion of a mandatory remediation contract (Appendix D). If the student does not pass the second attempt, they cannot pass the course and will be dismissed from the DPT program.

**Clinical Grading Criteria**

Grading is based on the student's progress as recorded on the Clinical Performance Instrument (CPI) which was developed by the American Physical Therapy Association (APTA). Prior to each clinical internship, students (with the help and advice of the faculty) will identify expected competencies and generic abilities for performance at that point in their education. The student will establish goals for the clinical internship and meet with their clinical instructor to discuss opportunities for meeting the goals at that facility. Performance will be rated by the clinical instructor and student throughout the internship.

An important point clearly stated in the instructions of the CPI, which is verbally reinforced to the College of Mount St. Joseph student interns, is that the intern, not the clinical instructor, has the primary responsibility for meeting criteria. Clinical instructors will provide supervision, instruction, and assistance in planning learning experiences, but the students must actively seek learning experiences and make the instructors aware of the skills on which they need to work. Students will be graded on a pass/fail basis. Grade determination is made by the DCE and his/her interpretation of the CPI ratings and available data.

**F. PROCEDURES FOR UNSATISFACTORY COURSE WORK**

**Mid-Semester Notification**

At mid-semester, course instructors will notify the DPT Chairperson and advisor when a student’s performance is below a “C” in the classroom (or didactic) component of a physical therapy course and/or is judged to be performing in an unsatisfactory manner in the practical component of a physical therapy course. All students whose performance is below a “C” will be sent a midterm warning report. Upon receipt of the midterm warning report, the student must make arrangements to meet with his/her academic advisor and the course instructor to develop a plan (Appendix E) for succeeding in the course.

At any time during the course when students are having difficulty, they are expected to seek help and guidance from the faculty, their advisor, or the Department Chair.

**Competency or Lab Practical Examinations**

*Related Terms:*

**Remediation**

A process the student must complete with help or guidance from the course instructor in order to bring the performance of a particular skill or set of skills to an acceptable level or standard prior to being permitted to retake a competency or practical exam.
Remediation Contract

An individualized contract (Appendix D) between the student and the program that defines the course of action to be taken by the student in order to pass the course. The remediation contract is designed to facilitate student learning and will outline the specific steps required, time frames and measurable outcomes. The remediation contract is developed jointly between the course instructor and the student and must be approved by the DPT Chairperson.

Competency Exam

An exam involving the demonstration/execution of specific skills or tasks with minimal problem solving skills. The student is expected to execute the skill or task safely and effectively.

Practical Exam

An exam involving the execution of specific skills or tasks (competency) and the demonstration of appropriate problem solving skills by means of a patient case scenario. In a practical examination, the student must make appropriate decisions related to examination, evaluation, diagnosis, prognosis, intervention and/or outcomes. The student is expected to be able to effectively execute all tests, measures, and/or interventions applicable to the patient case, monitor patient response, adapt intervention as necessary, and determine if outcome goals have been met.

Policies Related To Competencies and Practicals

Competency retakes

If a student does not pass a competency on the first attempt he/she will be given the opportunity to retake the competency. After failing, the student must meet with the course instructor to determine if a remediation contract (Appendix D) is necessary prior to the retake. If the student fails a competency for the second time, it is at the discretion of the course instructor to determine whether or not the student will be granted a third attempt and ultimately, whether or not the student will be able to pass the associated course.

Practical retakes

If a student does not pass a practical examination on the first attempt, he/she will be given the opportunity to retake the practical one (1) time after completion of a mandatory remediation contract (Appendix D). If the student does not pass the second attempt, he/she cannot pass the course and will be dismissed from the DPT program.

End of Semester

At the end of each semester, the course faculty will notify the DPT Chairperson and advisor of any student who has failed to achieve a “C” and/or has failed to demonstrate minimal acceptable
competence in the practical components of a course. The student will receive formal notification in writing from the DPT Chairperson of dismissal status.

G. PROCEDURE FOR HALLMARK PRACTICALS

Hallmark Practical I

HMP I is a combination practical examination using one patient scenario/case to evaluate the student's competence in four clinical skills courses; PT 610 – Basic Patient Care, PT 611 – Modalities, PT 612 – Basic Exam & Eval, PT 615 - Therapeutic Exercise, as well as global readiness for introductory clinical experiences (ICE). Successful completion of HMP I is a criteria for progression to ICE in the summer of year 2.

Procedure:
Students will be given a patient scenario/case developed to test essential skills including clinical reasoning that reflects mastery of content taught in Year 1 of the curriculum. Testers will be core faculty and/or adjunct faculty. Simulated patients may also be community volunteers including alumni.

Grading
Each course has a separate Grading Sheet with specific criteria dependent on the skills taught in each course. Each Grading Sheet will give a percentage grade which each student must meet at a minimum score of 80%. An additional Summary Grading Sheet will be utilized to determine student global readiness.

Procedure for any student receiving grades <80% on any portion of their HMP I

A collaborative Action Plan will be developed with the student, the HMP I tester, the advisor, and the DCE.

Student actions - Students are expected to actively participate in all aspects of the action plan development, implementation and completion. Students are to actively seek review/assistance with appropriate personnel.

Students who do not pass the repeat HMP I with each component grade > 80% will be subject to dismissal from the program.

Hallmark Practical II

HMP II is a combination practical examination using one patient scenario/case to evaluate the student’s competence in all clinical skills courses as well as global readiness for Clinical Internships. Successful completion of HMP II is a criterion for progression to Clinical Internships.

Procedure: Students will be given a case developed to test essential skills including clinical reasoning that reflects mastery of content taught in Year 1 and 2 of the curriculum. Testers will be core faculty and/or adjunct faculty.

The grading key for HMP II includes the following categories:
• **EL** = Entry Level = requires few if any cues to execute their assignment; performs similar to the descriptions under “BEST”
• **IR** = Internship Ready = requires cueing as expected for a student on an internship to execute their assignment
• **IRWR** = Internship Ready with Reservation = requires moderate to maximal verbal cueing in order to pass specific modifier; grader would have reservations about the student’s ability to successfully complete task in an internship situation
• **U** = Unsatisfactory = unable to execute their assignment without significant cueing; performs similar to the descriptions under “unsatisfactory performance”

**Procedure for any student receiving grades < IR on their HMP:**

• Students receiving one to two “IRWR” grades on the practical will be required to have an action plan developed and completed prior to the start of their first internship
• Students receiving three or more “IRWR” grades on the practical will receive a failing grade
• Students receiving one “U” grade on the practical will receive a failing grade
• Students receiving a failing grade on their HMP will have one opportunity for a retake HMP exam

**Students who receive one “U” grade or three or more “IRWR” grades on the repeat HMP will be subject to dismissal from the program.**

**H. WITHDRAWAL POLICY**

**College policy**

In the first five weeks of a semester, a student may withdraw from a course by completing the appropriate add/drop form and the course will be removed from the student’s permanent academic record. From the sixth through the tenth week, the student may withdraw by the same process and the grade "W" (not calculated in GPA) will appear on the permanent record. Starting with week 11 there will be no withdrawals allowed and a grade will be assigned. Courses that are accelerated have earlier withdraw dates; refer to class schedules for specific information on accelerated courses.

**Physical Therapy Program Policy**

Students withdrawing from a course or from the program must meet with their faculty advisor for academic counseling and completion of appropriate forms. All DPT students are required to have their designated advisor’s signature in order to drop any course. DPT students who choose to withdraw from a course will not be permitted to progress in the curriculum with their cohort. Withdrawal from a DPT course constitutes dismissal from the DPT program. If the student wishes to apply for re-enrollment, they are referred to Section K later in this document.

Students wishing to withdraw from the program must submit their request in writing to the DPT Chairperson. An exit interview with the DPT Chairperson and/or the academic advisor is also required.
I. ACADEMIC MISCONDUCT

DPT students are expected to complete all academic assignments honestly. Examples of academic misconduct include cheating and plagiarism. **Any form of academic misconduct will not be tolerated by Division of Health Sciences and may result in dismissal from the DPT program.** The College of Mount St. Joseph policies and the Restitution and Discipline procedure for academic misconduct can be found in the Graduate Catalog.

J. ACADEMIC RECORD KEEPING

Official academic files for currently enrolled students are maintained by the student’s advisor in the DPT program for the purpose of academic advising. Official departmental student files are kept in a locked file cabinet with access limited to DPT core faculty and staff. Transcripts of completed course work with grades are maintained by the Registrar's Office. Graduated and dismissed student records are maintained by the DPT program in locked file cabinets in the archive room. Student clinical education information is in locked cabinets by cohort in the Clinical Education file cabinet. All other DPT student files are in locked cabinets in the PT function room. Access to all files is limited to DPT faculty and staff only.

K. CONFIDENTIALITY

The Health Sciences Division and the DPT program adhere to the College of Mount St. Joseph policy regarding the confidentiality of student records. No education records will be maintained that are not directly related to the purposes of the College and the DPT program. Students may refer to the Graduate Catalog for further information regarding College policy, Family Educational Rights and Privacy Act (FERPA) of 1974.

L. CORE VALUES DESCRIPTION and PROFESSIONAL BEHAVIORS ASSESSMENT PROCEDURES

**General Description:**

The APTA Core Values (Appendix C) will be used throughout the physical therapy program to assess each student’s professional behaviors in order to facilitate feedback and growth as each student prepares to enter the profession.

**Formal Process**

Students self-assess their progress in adopting the core values by completing a written reflective assignment each year. Additionally, course instructors complete an assessment of each student and convene to discuss each student’s strengths, weakness, and areas of concern. The student and his/her advisor then meet to review the results and take any appropriate actions if needed.

**Informal Process**

Course instructors evaluate professional behaviors on an ongoing basis and address any issues directly with the student. If an issue continues, the student’s advisor is informed and steps that
could lead to dismissal are initiated. This process includes 3 steps: written warning, written action plan, and dismissal.

Assessment Procedures:

Student reflection
Year 1, Spring semester
In conjunction with coursework in PT 651: Professional Socialization II.
Students are to review the Core Values through the lens of a student beginning to move into the clinical arena.

EXAMPLE: Identify strengths and weakness in meeting the Core Value focusing on at least 2 Core Values which are strengths and 2 Core Values where you need more work. Explain the differences. What will you do to try and meet the Core Values that are more difficult?

Year 2, Spring semester
Students will review the Core Values as someone transitioning from the role of a student to that of a clinician; reflecting on progress made over the previous year. This reflection will be completed by each student and turned into their advisor. This “assignment” will not be a part of any particular course.

EXAMPLE: Reflect on the past year. How have you grown during this time? What progress have you made? What areas of the Core Values continue to be challenging and how will they try to meet the value?

Year 3, Spring semester
Students will reflect on their progress over the previous year, looking at the Core Values as an entry level clinician. This reflection will be completed by each student and turned in when students return from campus after their final clinical, PT 884.

EXAMPLE: Reflect on the past year. How have you grown during this time? What progress have you made? How do you see yourself as a professional meeting the Core Values?

Faculty assessment
One (1) time per year, the DPT faculty will set aside time to discuss students in terms of their professional behaviors. Each DPT faculty member will provide a list of strengths, weakness, and areas of concern, if applicable, for each student. A summary will be completed based on the discussion from the faculty and need for an action plan will be determined. No specific grades will be discussed and the dialogue will be limited to issues related to the professional behaviors and Core Values. This summary information will then be given to the advisor. The individual forms used to generate the summary form are the property of the instructor and do not become a permanent part of the student’s record.

Advising meeting
After the summary has been completed by the DPT faculty, the advisor and student will meet to discuss it in conjunction with the student’s reflection. It is the student’s responsibility, with facilitation from his/her advisor, to develop any action plan (Appendix G) needed to address areas needing improvement. Once that is completed, both the student and advisor sign the summary
Minimum Performance Standards:

Students are expected to demonstrate appropriate professional behaviors outlined in APTA Core Values document. If problems have been identified and the student has been given an action plan, they are also expected to meet the goals set forth by the action plan within the timeframe as determined by the faculty, advisor, and student. Failure to achieve these standards may prevent the student from continuing to the next semester, postpone the start of the clinical internships, or lead to dismissal from the program.

The following steps will take place prior to dismissal:
1. First offense results in a written warning (Appendix E) that is discussed with the student and documented in the student record.
2. Second offense results in the development of an action plan (Appendix G) with an outline of a specific plan for improvement. The action plan will be signed by the student and his/her academic advisor and placed in the student’s record.
3. Third offense will result in dismissal from the DPT program.

M. DISMISSAL FROM THE PROGRAM and APPEAL PROCESS

The DPT faculty has a responsibility to exercise their professional judgment in determining a student’s competence to continue in the program. The Faculty considers the student’s academic standing as well as his/her demonstration of professional behaviors. Acceptable academic performance is only one indicator of a student’s ability to perform as a physical therapist. A student who achieves acceptable academic standing but does not demonstrate acceptable professional behavior may not be allowed to continue in the program, may not be allowed to begin clinical internships, and/or may be dismissed from the DPT program.

When a student is dismissed from the DPT program, he/she may not register for classes for the upcoming term until and unless his/her appeal is granted. If classes have already been pre-registered, they must be canceled. Additionally, dismissed students must meet with their faculty advisor for academic counseling and completion of appropriate forms. An exit interview with the DPT Chairperson and/or the academic advisor is recommended.

Appeal Process/ Application for Re-enrollment:

If a student has been dismissed from the program due to a failing course grade, GPA below a 3.0, or unacceptable professional behavior, they may petition the faculty for re-enrollment one (1) time. The steps of the appeal are as follows:

1. After receiving notification of dismissal from the Dean of Graduate and Adult Studies, the student is required to schedule a meeting with his/her academic advisor to discuss whether or not he/she intends to apply for re-enrollment. If the student intends to apply for re-enrollment, the advisor will review the criteria and requirements with the student as outlined below.
a. Write a formal letter to the faculty requesting re-enrollment discussing the reasons or circumstances that led to dismissal, as well as the steps that the student plans to take to improve his/her performance should he/she be re-enrolled.

b. DPT faculty members will be given a copy of the student’s letter and will meet confidentially to discuss whether the student will be re-enrolled.

2. Re-enrollment Policies
   a. If a DPT student is re-enrolled after receiving a failing grade, the student will re-take the course the next time it is offered and must develop a remediation contract (Appendix D) with his/her advisor and course instructor to insure academic success. The student may not be allowed to continue with his/her original cohort.
   b. If a DPT student is re-enrolled as a result of an inadequate GPA, the student will have one (1) additional semester to improve his/her overall GPA to a 3.0/4.0. The student must develop an action plan (Appendix D) with his/her advisor outlining the steps that will be taken to ensure academic success.
   c. If a DPT student is re-enrolled as a result of deficient CORE VALUES, the student must develop an action plan (Appendix F) to improve his/her professional behaviors to an adequate level which may include meeting with counselors in Student Health Services.

3. Once a decision is made, the student’s academic advisor and/or the DPT Chairperson will inform the student in person and with an official letter from the Department Chair via email of the faculty decision.

If the appeal process/application for re-enrollment is unsuccessful, the student may appeal the decision (appeal process guidelines are outlined in the Graduate Catalog).

N. PHYSICAL THERAPY PROGRAM GRADUATION REQUIREMENTS

Graduation requirements follow the College of Mount St. Joseph requirements for graduate students, outlined in the Graduate Catalog. This includes the maintenance of a 3.0/4.0 GPA in all graduate coursework. Additionally, DPT students are required to successfully complete the 116 credits identified in the curriculum plan, four clinical internships, and demonstrate appropriate professional behaviors.
Section VI. PROFESSIONAL ROLE DEVELOPMENT

A. PROFESSIONALISM IN PHYSICAL THERAPY

When someone decides to become a professional, they are taking on a serious responsibility. A professional is someone who offers a service of significant social value with maximum competence. Being a professional means that your actions no longer reflect only you; your actions now reflect the entire profession. Professionals must act according to high standards of technical and ethical competence. Professional Codes of Ethics provide broad guidelines for such behavior. The American Physical Therapy Association (APTA) has a professional Code of Ethics which sets forth ethical principles for the physical therapy profession. (Appendix J for APTA Code of Ethics and Standard of Conduct).

Physical therapists historically have upheld high standards of conduct. Members of the physical therapy profession are responsible for maintaining and promoting ethical practice. As physical therapy students of the College of Mount St. Joseph, it is your responsibility to act according to the profession's code of ethics.

B. DIVERSITY

Students are to show respect for the interest, preferences, and opinions of others when interacting with patient/clients, faculty, staff, students or others in which they come in contact. There will be zero tolerance for displays of prejudice, discrimination, or hostility based on differences such as race, gender, socio-economic status, sexual orientation, national origin, religion, disability, age, or health status. Any student who violates this policy will be referred to the Vice President of Academic Affairs/Dean of Students.

C. OPPORTUNITIES FOR STUDENT PHYSICAL THERAPISTS

As a professional, one has an obligation and a responsibility to become involved in a professional organization. Your professional development begins as a student. The American Physical Therapy Association (APTA) is the professional organization for physical therapists. Components of the APTA are the Ohio Physical Therapy Association (OPTA) and the local Southwest District. The city of Cincinnati is located in the Southwest District of the Ohio APTA chapter. The state and local district have meetings and special functions for student members.

The Student APTA is the national organization for student physical therapists. Students in the Physical Therapy Program have the opportunity to be members of this professional student organization. As a student member of the APTA you will receive all APTA publications, correspondence and a Student Membership Guide. The APTA annually organizes a National Student Conclave which includes a mock House of Delegates, a Job Fair and workshops focusing on student issues. As a student you may also become a member of the Ohio APTA chapter and the local district chapter.

D. STUDENT PHYSICAL THERAPY ASSOCIATION (SPTA)
The Student Physical Therapy Association (SPTA) is the campus organization representing physical therapy. This organization is open to all Mount St. Joseph DPT students. The College of Mount St. Joseph SPTA will meet monthly for business meetings and to assist students in the development of their professional role. All physical therapy students in the graduate program are expected to actively participate in SPTA (Appendix J for application/information form).

**Membership in American Physical Therapy Association (APTA)**

Becoming a member of the APTA is a professional responsibility that the program wants to develop in the DPT students. The Physical Therapy Program agrees to pay 100% of the membership in the APTA for the first program year. The program will continue to pay 50% of APTA dues for the next 2 years if students complete at least two activities per semester (during an academic year, June through May) by the deadline noted on form (Appendix K). Suggestions include professional activities such as attending Southwest District meetings, State or National Association meetings; and/or community activities that relate to the profession of Physical Therapy.

**E. OPPORTUNITIES FOR STUDENTS ON DEPARTMENT COMMITTEES AND ADVISORY BOARD**

The DPT program has Standing Committees that consist of both faculty and student representatives. These include 1) Student Executive Council, 2) Curricular Committee, 3) Advisory Board, 4) Admissions Committee, and 5) Assessment Committee. Student representation on these committees will vary dependent on the specific committee process and will result from an election process for the Student Executive Council facilitated by the SPTA or by Core Faculty nomination and approval.

See Appendices L, M, N, O, and P for descriptions of these 5 committees.
Section VII: STUDENTS SERVICES & RESPONSIBILITIES

It is the student's responsibility to become familiar with the College of Mount St. Joseph Student Handbook, the College of Mount St. Joseph Graduate Catalog, and the Division of Health Sciences, Doctor of Physical Therapy STUDENT HANDBOOK.

Notice of changes, revisions, or additions to the Department Physical Therapy STUDENT HANDBOOK will be posted on each Cohort’s Blackboard page and distributed to each student in writing by the DPT Chairperson. Each student is responsible for making the appropriate changes in their copy of the STUDENT HANDBOOK.

A. STUDENT SERVICES

Student Health and Counseling Services

The Student Health Services (phone # 244-4769) is staffed by a full-time registered nurse and offers some medical services to students. Also offered to students is a counseling center staff of licensed therapists (phone # 244-4949). Services provided include individual and group counseling, drug/alcohol assessments and treatment, psychological testing, and referrals to appropriate outside resources. The Division of Health Sciences requires that all DPT students carry health insurance, either independently or through their parents or their spouse. Proof of insurance will be required prior to beginning full-time clinical internships. Please refer to the College of Mount St. Joseph Catalog and the College of Mount St. Joseph Student Handbook for further information regarding campus healthcare services.

Academic Support

All physical therapy students will have an academic advisor who is a core physical therapy faculty member. Students should feel free to schedule appointments with their advisor or any other PT faculty personnel. The Learning Center provides academic assistance to students (phone # 244-4202) including the Writing Center and Peer Tutoring. Another program available at College of Mount St. Joseph is Project EXCEL. This program provides assistance to students with learning disabilities. Please refer to the College of Mount St. Joseph Student Handbook and the College of Mount St. Joseph Graduate Catalog for further information.

Financial Aid

Applications for scholarships, financial aid, loans, and work study are available through the Office of Financial Aid (phone # 244-4418). Please see the College of Mount of St. Joseph Student Handbook for further information. Please refer to Appendix R and Appendix S for additional sources of financial aid. If specific financial aid opportunities are available for physical therapy students, the DPT Chairperson will notify students in class, via email or posting on Cohort Blackboard pages.
B. COMMUNICATION: STUDENTS/FACULTY

Responsible Use of E-Mail and Bulletin Boards

All physical therapy students are required to use their College of Mt. St. Joseph e-mail addresses. Student use of campus network resources is governed by policies and procedures outlined in the College of Mount St. Joseph Handbook.

Faculty Contact

If a student needs to meet with a faculty member, an appointment should be made. Students should schedule their appointments 48 hours in advance. Shorter notices and emergencies can be negotiated.

The physical therapy faculty make every effort to be accessible to the students. Messages for faculty members may be sent via the faculty’s email, placed on the message board outside their office, or left on faculty member’s voice mail. Please include a phone number and time when you can be reached.

Guidelines for E-mail

E-mail communication is an “official” form of communication at the Mount

1. Include a professional and respectful salutation.
2. Use proper sentence structure and punctuation (do not be too casual).
3. Use appropriate subject line.
4. Indicate which class/course that you are enrolled in
5. Spell Check. (Automatic checking process that can be turned on in Outlook Web Access)
6. Avoid slang and IM abbreviations.
7. Use MSJ email for all communication.
8. Include a professional and respectful signature.

Classroom Cell Phone Usage

1. Keep cell phone on “silent mode.”
2. Exit the classroom before responding to emergency phone calls.
3. Text message only if for instructional or educational purposes.
4. Use camera phones only for instructional or educational purposes after obtaining instructor and photographed subject permission.

C. ACADEMIC ADVISING AND COURSE REGISTRATION

The College of Mount St. Joseph provides academic advising to all degree-seeking students. Each DPT student admitted and enrolled is assigned a faculty advisor within the Physical Therapy program. The Mount offers Web-based registration; however, since students are a part of a cohort with set courses, registration is completed by student administrative services. The final
responsibility for meeting all program/degree requirements and being informed of College regulations and procedures rests with the student. Any questions regarding registration may be directed to the Registrar’s Office (244-4621) or Student Administrative Services staff (244-4418) in the Conlan Center.

D. ACADEMIC HONESTY – THE PHYSICAL THERAPY DEPARTMENT HONOR SYSTEM

The Division of Health Sciences values intellectual and moral integrity. Faculty and students have the responsibility of behaving honestly in whatever ways and by whatever means they use and share information.

Honesty is a characteristic trait that underlies how we communicate in written, spoken, artistic, scientific, symbolic, and cybernetic ways.

Academic dishonesty includes cheating on tests, plagiarism, falsification of records or assignments, or unprofessional/ unethical conduct which brings disrepute or disgrace upon the student, the physical Therapy program, or the physical therapy profession.

ACADEMIC DISHONESTY WILL NOT BE TOLERATED BY THE DIVISION OF HEALTH SCIENCES AND MAY RESULT IN DISMISSAL FROM THE PROGRAM. The Graduate Catalog of the College of Mount St. Joseph defines in detail the Academic Honesty Policy including the procedures for Restitution and Discipline. It is the student’s responsibility to be aware of these standards and conduct him/herself accordingly.

E. ACADEMIC DISPUTES - MEDIATION AND RESOLUTION

Students are encouraged to present an issue for resolution as soon as it occurs. If a student believes he/she has a legitimate complaint or appeal, the student must comply with the procedures which are consistent with the College’s procedures outlined in the College of Mount St. Joseph Student Handbook.

It is recommended that a student consult with his/her academic advisor before and while initiating a complaint or appeal. The advisor will help the student define the issue and the legitimacy of the complaint.

F. ATTENDANCE

Classroom

Students are expected to attend classes and laboratories regularly. Content missed through absences from lecture or lab must be made up. The student must notify the course instructor prior to the absence if at all possible. The student must arrange to make up the missed work within one week of the absence. If prior notification is impossible, the student must notify the course instructor immediately following the absence and arrange to make up the missed work within one week. Course instructors in the DPT program may have further ramifications for missed classes specified in individual course syllabi.

Clinical

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Policies for attendance at assigned internships is detailed in the Clinical Education section of this Handbook. Students are to view their clinical assignments as they would employment, and therefore if illness or other unexpected event prevents attendance or results in tardiness, the student must notify their clinical instructor immediately as well as call Director of Clinical Education for the physical therapy program. Any time missed must be made up.

G. DRESS CODE

Classroom

Classroom attire will consist of regular street clothing except when guest speakers or patients are present; students are to dress in professional attire.

Labs

For most labs, students are to wear shorts and women are to wear a sports bra or halter top. Lab clothes should be laundered regularly. When attending a clinic site for laboratory sessions, students are to dress in professional attire. During Practicals and Competencies students are to be in professional attire unless otherwise instructed by course faculty.

H. POLICIES AND PROCEDURE FOR THE USE OF THE HEALTH SCIENCES CLASSROOMS

Introduction

The Health Sciences (HS) Classrooms, Aquinas classroom, and G1 have been designed primarily for use of the students enrolled in the health science programs at the College (physical therapy, athletic training, and nursing). The primary purpose of these classrooms is to provide a space for the learning/practice of clinical skills related to each discipline. The HS and Aquinas classrooms contain expensive equipment which requires specialized training to use correctly, therefore the space and equipment should only be used in accordance with the established policies and procedures. Health Science Majors must complete a Laboratory Consent Form (Appendix S) prior to participating in laboratory experiences in these classrooms.

Use of the HS and Aquinas classrooms

Priority in scheduling of the HS and Aquinas classrooms is given to those courses incorporating laboratory experiences which require space and specialized equipment. HS majors may access the classrooms for educational purposes during open lab times provided they follow the policies and procedures outlined below.

Atmosphere

Policy Statement: A professional atmosphere should be maintained at all times.
Responsibility: Faculty and Students
Implementation:
1. The dignity of all persons should be respected. All subjects should be properly draped and positioned
2. Equipment should be used only by those students trained in its use. It should be used safely and in a manner consistent with classroom instruction at all times. Following its use equipment should be cleaned and put away.

3. All linen (sheets, towel and pillowcases) should be placed in the yellow linen bags for washing when soiled. All unsoiled linen should be returned to its appropriate location. Full linen bags should be placed near the classroom doors and replaced with new bags.

4. Order and cleanliness of the HS and Aquinas classrooms should be maintained by cleaning mats, mat tables and equipment, returning supplies and equipment to appropriate storage areas, properly disposing of soiled linen, and returning the classroom to its original order.

5. Food and drink are not allowed in HS classroom 4 and Aquinas 22.

Access

Policy Statement: HS students will be allowed to access the HS and Aquinas classrooms outside of regularly scheduled class time to allow additional opportunities for learning and practice.

Responsibility: Faculty, Staff and Students

Implementation:
1. Scheduled classes and examinations have first priority. When HS classrooms 2 and 4 and Aquinas 22 and 24 are not scheduled for classes/practical examinations they are open for student practice.
2. Outside of regularly scheduled class times the students may access HS classrooms 2 and 4, and Aquinas 22 and 24 by using the keypad outside of the door.
3. Students are responsible for maintaining the order and cleanliness of the classrooms.
4. Should access not be handled responsibly (i.e. equipment not taken care of, cleanliness not maintained) restrictions will be place on unsupervised access.

Equipment and Supplies

Policy Statement: HS students will be allowed to utilize equipment in the HS classrooms outside of regularly scheduled class time to allow additional opportunities for learning and practice.

Responsibility: Faculty, Staff and Students

Implementation:
1. Students may access equipment that is stored in locked areas by requesting a key from the PT Administrative Assistant between the hours of 9am and 4 pm. Keys must be returned within 24 hours. Students are responsible for any equipment they utilize during unsupervised practice session and returning it to its appropriate storage location.
2. Equipment and supplies may not leave the HS classrooms without written permission which may be obtained by completing an equipment loan form. Students are responsible for returning equipment without damage. (see appendix T)
3. Students are expected to handle supplies and equipment responsibly. Failure to do so may result in loss of privileges, financial consequence related to repair and replacement costs, and ultimately dismissal from their program.
4. Students are expected to notify the faculty or department secretary immediately about damaged or malfunctioning equipment.
5. Equipment in the HS classrooms was purchased for the purpose of student learning, research, and supervised patient care activities. Use of this equipment for recreational purposes is not permitted.
Maintenance of Equipment

Policy Statement: Equipment will be maintained in good working order with an emphasis on safety.
Responsibility: Clinical and Laboratory Coordinator (Staff position), Faculty
Implementation:
1. Annual machine calibration and repair by the distributor will be conducted during the summer months each year and record of this will be stored in the secretary office.
2. Biannual equipment check and inspection will be conducted at the start of each semester by PT and AT faculty members teaching laboratory courses that semester.
3. Operating manuals for all lab equipment will be kept in three ring binders in each respective lab room.
4. Equipment failure or disrepair of equipment will be reported to the laboratory task force team immediately.
5. Unsafe or improperly working equipment will be removed from laboratory classrooms immediately (or identified as unusable).
6. Servicing or replacement of equipment will be investigated by the laboratory task force team and recommendations will be brought to the next scheduled department faculty meeting.

Cleaning Supplies/Hazardous Materials

Policy Statement: Cleaning supplies for the lab facilities will be stored within each lab.
Responsibility: Laboratory task force team:
Implementation:
1. Super Sani-Cloth Germicidal Cloths, considered a hazardous material, are located under plinths and in storage areas.
Material safety data sheets will be kept in a file within each lab and be accessible to all faculty, staff and students.

HS and Aquinas Classroom Cleaning/Maintenance Policy

Policy Statement: Maintaining the cleanliness and order of the HS and Aquinas classrooms is the responsibility of all HS faculty, staff and students.
Responsibility: Faculty, staff, and students
Implementation: Consistent with the policy on the Use of the Health Science and Aquinas Classrooms a professional atmosphere should be maintained at all times and
1. Equipment should be used only by those students trained in its use. It should be used safely and in a manner consistent with classroom instruction at all times. Following its use equipment should be cleaned and put away
2. All linen (sheets, towel and pillowcases) should be placed in the yellow linen bags for washing when soiled. All unsoiled linen should be returned to its appropriate location. Full linen bags should be placed near the classroom doors and replaced with new bags
3. Order and cleanliness of the HS and Aquinas classrooms should be maintained by cleaning mats, mat tables and equipment, returning supplies and equipment to appropriate storage areas, properly disposing of soiled linen, and returning the classroom to its original order.
In order to ensure that cleanliness and order are maintained, HS and Aquinas classrooms will be cleaned on a daily basis by students and faculty.

1. Clean up plinths/tables: including picking up any trash left & throwing it away
2. Straighten plinths/tables, chairs and equipment
3. Wipe down all mat tables with Sani-Cloths
4. Return all equipment and supplies to appropriate storage areas
5. Remove any linen on/under plinths, change pillow cases on pillows and place all soiled linen in yellow linen bags
6. Remove full/partially full linen bags and place them near the entrance of the HS suite (inside glass doors). Making sure there are empty linen bags in the hampers of HSC 1A, 2 & 4
7. Make sure there is water (up to the fill line) in the hot pack machine
8. Make sure the white boards are cleaned/wiped off

Section VIII: REQUIREMENTS FOR CLINICAL EXPERIENCES/INTERNSHIPS

A. OVERVIEW

Students in the Division of Health Sciences/Physical Therapy Department will be functioning in various clinical facilities as part of their learning experiences. The various clinical facilities have specific requirements regarding disease prevention activities, immunizations, insurance, and certification in CPR. The faculty in the Division of Health Sciences affirm these requirements in order to protect the health of the students, faculty and clients.

STUDENTS WHO FAIL TO COMPLETE ANY OF THE CLINICAL EDUCATION REQUIREMENTS BELOW (1-6) WILL NOT BE ALLOWED TO PARTICIPATE IN ANY CLINICAL EXPERIENCE OR INTERNSHIP.

B. CLINICAL EDUCATION REQUIREMENTS

1. PHYSICAL EXAM - CERTIFICATION OF PHYSICAL HEALTH:

All students must complete the CERTIFICATION OF PHYSICAL HEALTH form (Appendix V). The completion of this form is required prior to program matriculation and annually thereafter. The physical exam is good for one year. Students must use the attached form; other forms will not be accepted. A clinical faculty member has the right to request another physical exam as warranted. PLEASE NOTE: Some clinical sites may require immunizations above and beyond what the College of Mount St. Joseph requires.

2. CPR CERTIFICATION IN ADULT, INFANT, AND CHILD

Prior to any clinical experiences, the student must be certified in adult, infant and child CPR. The required CPR course is American Red Cross CPR for the Professional Rescuer or the American Heart Association Course for Basic Life Support. CPR certification must be maintained throughout the physical therapy program. CPR certification may be offered through the Health Sciences Department but ultimately is the responsibility of each student.
3. LIABILITY INSURANCE

Each student enrolled in the DPT program is required to have liability insurance coverage. The policy is to cover professional negligence and general patient liability with limits in the amount of no less than $1,000,000.00/$5,000,000 aggregate per year. This insurance will be provided for each student by the Division of Health Sciences prior to beginning the Introductory Clinical Experiences.

4. STUDENT HEALTH INSURANCE

The Division of Health Sciences requires that all physical therapy students carry health insurance, either independently or through their parents or their spouse. Proof of insurance will be required prior to each clinical experience. The Wellness Center can provide students with insurance coverage.

5. FIRST AID & SAFETY TRAINING

Some facilities require first aid and safety training prior to full-time internships. This is the responsibility of the student.

6. CRIMINAL BACKGROUND CHECKS

Each student must obtain a criminal background check prior to program matriculation. There are a variety of agencies that can be used to complete this. The Program’s suggested option is Certified Background Services Inc. Their website is www.certifiedbackground.com. Students will need to have this completed and submitted prior to program matriculation. PLEASE NOTE: many clinical sites will require additional background checks and/or drug screens prior to clinicals. These are at the students’ expense.

C. SUPPORT FOR STUDENTS WITH DISABILITIES

The College of Mount St. Joseph seeks to provide reasonable accommodations for all qualified individuals with disabilities. The College and the DPT Program will adhere to all applicable federal, state, and local laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity. It is the student’s responsibility to register with Academic Support Services in a timely manner to arrange for appropriate accommodations.

If you have specific physical, psychological or learning disabilities and require accommodations, please let your course instructor know early in the semester so that your learning needs may be appropriately met.

D. CLINICAL EDUCATION GUIDELINES

1. Certification of Health

Students will complete the Certification of Health form (Appendix L) prior to each year of clinical internships. This form includes a physical examination, appropriate vaccinations, and clearance from TB. The student will retain a copy of this form with them during all clinical internships and the original will be kept on file in the Program Clinical
and Lab coordinator’s office.
It is the student’s responsibility to schedule and complete this form by the deadline set by the DCE. Failure to comply with this may result in canceling one or more clinical internships.

Some clinical sites will require additional health related testing. Please consult the Clinical Site Information Form (CSIF) located in the student files.

2. Travel

1) Because the number of clinical affiliations in the Greater Cincinnati area is limited, all students should expect to complete at least one full-time Clinical Internship out of this geographic area.
2) Any extenuating circumstance including children or other family members under the student’s direct care that impact student travel should be brought in writing to the DCE, and will be considered, then decided, by a faculty vote.
3) In cases in which students must travel greater than eight hours for a full-time Clinical Internship, they shall be permitted one travel day either before or after the internship.

3. Communication

In keeping with our standards as a professional program and in compliance with federal laws, communication regarding all aspects of clinical education will only be between faculty of The College of Mount St. Joseph and the student. Questions and comments should come from the student directly to the DCE first and every attempt will be made to resolve any issues that arise.

4. Developing clinical education partnerships

Students, faculty, alumni, and professional colleagues may recommend potential clinical education facilities. Students should not contact facilities on behalf of the College, but rather should forward pertinent contact information to the DCE. Students may request a maximum of three facilities for consideration during their time in the program. Priority and preference will be given to sites which: complement the MSJ DPT program philosophy, are sustainable and repeatable, offer unique learning opportunities, exist in desirable locations, offer educational stipends or housing, or employ alumni of the MSJ physical therapy program.

It is solely the responsibility of the DCE to initiate contact with potential clinical education facilities, evaluate their merits according to the APTA Guidelines for Clinical Education Sites, and develop a mutually agreed upon clinical contract for execution by representatives of both the facility and College. In this role the DCE acts as the College’s liaison for communication between the facility and the College. The DCE will contact the facility director and/or appointed CCCE to discuss the potential for a clinical education partnership, to exchange information about the facility and the College, and to work on developing a clinical contract mutually agreed upon by both parties. Final approval of new clinical education partnerships will be reviewed with DPT faculty.

The following timeline must be met in order for a potential clinical education partnership to be pursued:
1) Facility information must be received by the DCE no later than three months prior to the clinical.

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2) Verbal commitment from the facility must be received no later than two months prior to the clinical.
3) Completed contracts and paperwork must be completed no later than one month prior to the clinical.

If a new clinical education partnership is established on behalf of a student, the student shall be required to work with that facility except for cases of unexpected medical or family emergency.
Section IX: STUDENT AWARDS DESCRIPTIONS AND PROCEDURES

A. COLLEGE LEADERSHIP AND ACADEMIC AWARDS

Graduate students are eligible for the College of Mount St. Joseph Distinguished Student Award. This is the highest honor the Mount bestows. The recipients must demonstrate superior academic performance; community service in keeping with the Christian mission of the College; and dynamic interpersonal communication skills in academic and community settings. The award is presented to one matriculating graduate degree student. The award recipient will have the honor of presenting the Student Address at their respective commencement ceremonies.

To qualify, a student must:
1. Have made formal application for a degree.
2. Complete a personal essay describing how he/she exemplifies the criteria of academic performance, community service, and interpersonal communication skills as outlined above.
3. Provide confidential recommendations from a faculty member and a community resource person.
4. Be willing to address his/her classmates, faculty, and guests at the commencement ceremony.
5. Have a cumulative grade point average of 4.0 by the end of the fall term prior to graduation.
6. Be enrolled at the Mount for at least one course for credit during the term when he/she applies for graduation (August, December, or May).

B. DPT PROGRAM AWARDS

In addition to college-wide awards, the DPT program sponsors student awards. The DPT Awards and Scholarship Committee, with DPT faculty input, will select and recognize recipients at the MSJ DPT Pre-Commencement Convocation. Every award need not be awarded by the program in every academic year if the faculty do not feel a particular award is merited.

Student Awards

1. **Outstanding Scholastic Achievement Award**: The Outstanding Scholastic Achievement Award honors the DPT student or students demonstrating academic excellence with the highest cumulative grade point average at or above 3.8 4.0.

2. **Program Award**: This award is presented to a distinguished student for productivity and potential demonstrated by academic achievement, leadership, and service to the program, community, and the profession. Students will be considered for this award by faculty/advisor nomination, according to the following merits:

   1. Superior scholastic performance. (3.5/4.0 or greater)
   2. Past productivity. (As illustrated by curricular, professional, and community achievements)
   3. Evidence of potential contribution to physical therapy. (Nominated students will be invited to submit a two-page, double-spaced essay on the topics: “What goals have you established for yourself, and how
Do you plan to contribute to the profession of physical therapy in the next three to five years? How has your education and experiences prepared you for a career in physical therapy?

4. Service to the American Physical Therapy Association (APTA), (as documented in activity files for participation in professional activities, conferences, and service).

The GPA, student essay, and documented curricular, professional, and service activity/achievements will be given to the faculty for consideration. Each faculty member choosing to participate shall rank order the nominees based on the above four criteria. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the program director shall choose the recipient of the award.

3. **Outstanding Clinical Performance Award**

This award recognizes the student who has excelled during the four clinical internships. This student must have one of the three highest average CPI performance indicator scores for the first three internships, must have an excellent midterm review for the final internship, and must not receive any performance indicator marks below the passing expectations stipulated in the *Clinical Education Handbook* and internship syllabi for any of his or her first three internships. The clinical instructors of students meeting the criteria will be solicited for their written support of the student’s nomination for the award.

The topic for requested written support of the nominee shall be “During his/her clinical internship, this student embodied the APTA Core Values: accountability, caring/compassion, excellence, integrity, professional duty, altruism, social responsibility...” The nomination need not address each core value, but rather illustrate the student’s commitment to the spirit of the Core Values.

Clinical instructors’ supporting comments will be gathered and given to the faculty for consideration. Each faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the DCE shall choose the recipient of the award or opt to award more than one individual.

4. **Outstanding Professional Service Award**

This award is given to the student who exemplifies sustained service to the physical therapy profession through service to, participation in, and leadership of the Student Physical Therapy Association (SPTA), state Physical Therapy Association, and the American Physical Therapy Association (APTA). In order to be considered for this award, a student must have held a leadership position in the SPTA, the state Physical Therapy Association, the APTA, or affiliated organizations for at least one year. Further he or she must have demonstrated a consistent commitment to professional service throughout his or her program progression. Nominations will be brought forth to the faculty by the SPTA liaison.

The faculty will review each nominee’s documented service to, participation in, and leadership to the SPTA, OPTA, and APTA according to their professional service files. Each faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the
number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the SPTA faculty liaison shall choose the recipient of the award or opt to award more than one individual.

5. **Outstanding Research Award**

This award is merited by the student who exceeds the research requirements of the DPT curriculum. The student deserving this award will have his or her superior research achievement recognized by acceptance for publication or public presentation beyond the MSJ campus audience. Nominations will be accepted from MSJ DPT faculty, other MSJ faculty, clinical instructors or community clinical researchers.

Students who present their research in an off-campus, public forum shall have the product of that research (poster, platform, manuscript, or the like) considered by the faculty. Faculty members choosing to participate shall rank order the candidates. Points shall be awarded to each nominee reciprocal to the number of submissions. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the faculty member coordinating the curricular research series shall choose the recipient of the award or opt to award more than one individual.

**Professional Awards**

The DPT Awards and Scholarship Committee with DPT faculty input will select and recognize recipients at the DPT Pre-Commencement Convocation. Every award need not be awarded by the program in every academic year if the faculty does not feel a particular award is merited.

1. **Distinguished Physical Therapy Administrator**

The recipient of the Distinguished Physical Therapy Administrator Award is recognized for outstanding leadership and management skills within the field of physical therapy administration, has a minimum of a BS in physical therapy and is presently employed in the field of physical therapy administration. Nominations will be solicited from faculty, students, alumni, clinical facilities, and the physical therapy community at large. The nominating individual shall submit the nominee’s CV or resume with a brief nomination statement with written documentation illustrating how the nominee:

- Promotes a positive work place through collaboration, respect and support of colleagues
- Assists colleagues to grow professionally and personally within the profession
- Considers the welfare of clients, colleagues and the organization in matters affecting employment and practice
- Effectively maintains delivery of quality physical therapy care through proactive responses in management of health care delivery

The nominating materials shall be considered by the faculty. Each Faculty member choosing to participate shall rank order the nominees based on the above criteria. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking,
2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the program director shall choose the recipient of the award or opt to award more than one individual.

2. Distinguished Physical Therapy Educator

The recipient of the Distinguished Physical Therapy Educator Award is recognized by both students and colleagues for commitment to academia and the advancement of physical therapy knowledge; is presently employed in a physical therapy faculty position and holds a master’s or doctoral degree. Nominations will be solicited from faculty, students, alumni, clinical facilities, and the physical therapy community at large. The nominating individual shall submit the nominee’s CV or resume with a brief nomination statement with written documentation illustrating how the nominee:

- Advances physical therapy knowledge through research, publications and/or presentations
- Employs creative and innovative teaching strategies, responding to the needs of a diverse student population and promoting high levels of competence
- Collaborates with clients and health care professionals to enhance wellness
- Demonstrates commitment to community service through active involvement

The nominating materials shall be considered by the faculty (excepting any nominated faculty). Each Faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the program director shall choose the recipient of the award or opt to award more than one individual.

3. Distinguished Physical Therapy Clinical Instructor

The recipient of this award must have served as a primary clinical instructor for a student from the graduating cohort and be nominated by the student whom he or she instructed. Nominations will be solicited from students of the graduating class. The nominating individual shall submit a brief nomination statement with written documentation illustrating how the nominee:

- Employs creative and innovative teaching strategies, responding to the needs of a student while promoting high levels of competence
- Upholds the Core Values of the American Physical Therapy Association (accountability, caring/compassion, excellence, integrity, professional duty, altruism, social responsibility)
  The nomination need not address each core value, but rather illustrate the student’s commitment to the spirit of the Core Values.
- Demonstrates significant achievement in delivering physical therapy care

Note: Special consideration shall also be given to individuals who have instructed multiple students in the given cohort or a given year and are APTA Credentialed Clinical Instructors.

The nominating materials shall be considered by the faculty. Each Faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). In addition, CIs shall receive one extra point each for each multiple student
instructed in the cohort or given year, APTA Basic Credentialing, and APTA Advanced Credentialing. Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the DCE shall choose the recipient of the award or opt to award more than one individual.

4. **Distinguished Physical Therapist Researcher**

The recipient of the Distinguished Physical Therapist Researcher Award is recognized for significant research activities which have positively affected physical therapy practice, has a master's or doctoral degree and demonstrates recent involvement in research endeavors related to physical therapy. Nominations will be solicited from faculty, students, alumni, clinical facilities, and the physical therapy community at large. The nominating individual shall submit the nominee’s CV or resume with a brief nomination statement with written documentation illustrating how the nominee:

- Encourages the development and effective use of physical therapy research among individuals practicing physical therapy
- Disseminates research results through presentations and/or publications
- Receives funded support from local, regional and national agencies

The nominating materials shall be considered by the faculty (excepting any nominated faculty). Each Faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the Faculty and awards committee at-large member coordinating the curricular research series shall choose the recipient of the award or opt to award more than one individual.

5. **Lifetime Achievement in Physical Therapy**

The Lifetime Achievement in Physical Therapy Award recognizes a physical therapy leader whose career has significantly impacted the profession of physical therapy, health care and the community; who has at least a BS in physical therapy and has practiced physical therapy for over twenty years. Nominations will be solicited from faculty, students, alumni, clinical facilities, and the physical therapy community at large. The nominating individual shall submit the nominee’s CV or resume with a brief nomination statement with written documentation illustrating how the nominee:

- Has demonstrated a proactive response to changing health care needs
- Has demonstrated resourcefulness and creative approaches to implement change
- Has demonstrated significant achievement in improving physical therapy and health care

The nominating materials shall be considered by the faculty (excepting any nominated faculty). Each Faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the program director shall choose the recipient of the award or opt to award more than one individual.

6. **Alumni Physical Therapy Leader**
The Alumni Physical Therapy Leader Award recognizes an alumnus who earned a physical therapy degree at the College of Mount St. Joseph and is a leader in physical therapy practice. Nominations will be solicited from faculty, students, alumni, clinical facilities, and the physical therapy community at large. The nominating individual shall submit the nominee’s CV or resume with a brief nomination statement with written documentation illustrating how the nominee:

- Has contributed to promoting a positive image of the physical therapy profession
- Has upheld the Core Values of the American Physical Therapy Association (accountability, caring/compassion, excellence, integrity, professional duty, altruism, social responsibility)
  The nomination need not address each core value, but rather illustrate the student’s commitment to the spirit of the Core Values.
- Has demonstrated significant leadership and achievement in improving physical therapy and health care

The nominating materials shall be considered by the faculty (excepting any nominated faculty). Each Faculty member choosing to participate shall rank order the nominees. Points shall be awarded to each nominee reciprocal to the number of nominees. (In the case of three nominees: 1 point for 3rd ranking, 2 points for 2nd ranking, 3 points for 1st ranking). Points shall be tallied by the Scholarship and Awards Committee. The nominee receiving the highest point total shall receive the award. In case of a tie, the senior most Faculty and awards committee at-large member shall choose the recipient of the award or opt to award more than one individual.

**Dr. Peter D. Mosher DPT Book Scholarship Award**

**Purpose of the Award:**

To recognize current MSJ DPT students for their scholastic, professional, and service achievements who contribute to the profession of physical therapy. The award is intended to support the integration of life and learning into professional practice as a compassionate and competent health care provider. The Dr. Peter D. Mosher DPT Book Scholarship shall be an award of three core texts that are utilized extensively in the second and third years of the DPT curriculum and are representative of the major practice patterns in physical therapy as defined by The Guide to PT Practice.

**General Qualifications**

The Dr. Peter D. Mosher DPT Book Scholarship will consider students who meet the following minimum criteria:

The student must demonstrate outstanding academic achievement through a cumulative GPA of 3.6/4.0 within the professional curricula.

The student must demonstrate service to the College, profession, or the community that exceeds the requirements of specific courses in the DPT curriculum.

**Application Procedure**

Any DPT student at the College of Mount St. Joseph in their first year of the curriculum may apply for the PT Book Scholarship if they meet the general qualifications.
The award application will be announced to students during their first year of the curriculum, at the start of the spring semester.

Applications must be submitted to PT Program Administrative Assistant by March 20th.

Individuals applying for the Dr. Peter D. Mosher DPT Book Scholarship should include a brief resume summarizing their academic, professional, and community service accomplishments. Applicants should also submit a two-page (Times New Roman – 12 point font, single-spaced, 1 inch margins) essay relating their personal statement of “Why I want to be a PT” to the missions of the DPT Program and the College of Mount St Joseph.

Selection Procedure

The Book Scholarship Committee, including alumni donors, will review all applications and rank order essays to determine recipient(s).

A rank order of academic, professional, and community service records will be the determining factor for recipient(s) in the case that essay scores would be equal.

Notification Procedure

Recipient(s) of the award shall be announced at the White Coat Ceremony held at the end of the spring semester of the first year of the curriculum.
Student Handbook
Appendices
Appendix A - 2013-2016 Cohort Class Entry Level DPT Education Model (116 total credits)- Students are directed to the MSJ Academic Calendar for specific Semester start and end dates. In general, fall and spring semesters for year one and year two correlate with the College Calendar including a one week break between semesters. Specific dates in year three will be communicated during Clinical Education Practice Issue course series.

**Orientation Dates:** *Embedded in Week 1 of classes, approx. 1st week of June*

<table>
<thead>
<tr>
<th>Year 1 (42 credits)</th>
<th>Summer 2013</th>
<th>Autumn 2013</th>
<th>Spring 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BIO 526: Gross Anatomy</strong></td>
<td>8</td>
<td>PT 624: Neuro A &amp; P w/lab</td>
<td>3</td>
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<tr>
<td><strong>PT 661: Foundations of Critical Inquiry in PT</strong></td>
<td>2</td>
<td>PT 601: Foundational Science I</td>
<td>4</td>
</tr>
<tr>
<td><strong>PT 603: Surface Anatomy</strong></td>
<td>1</td>
<td>PT 605: Exercise Physiology w/Lab</td>
<td>3</td>
</tr>
<tr>
<td><strong>PT 608: Biomechanics/Kinesiology w/Lab</strong></td>
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<td>PT 650: Professional Socialization I</td>
<td>2</td>
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<tr>
<td><strong>PT 651: Professional Socialization II</strong></td>
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<th>Year 2 (49 credits)</th>
<th>Summer 2014</th>
<th>Autumn 2014</th>
<th>Spring 2015</th>
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<tbody>
<tr>
<td><strong>Clinical Experiences</strong></td>
<td></td>
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<tr>
<td><strong>PT 700 Clinical experience (May 19-May 30)</strong></td>
<td>1</td>
<td>PT 720: Orthopedic I w/lab</td>
<td>6</td>
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<tr>
<td><strong>PT 701: Clinical experience (June 2-June 13)</strong></td>
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<td>PT 715: Acute Care and Cardiopulmonary</td>
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<tr>
<td><strong>PT 745: Special Topics w/lab</strong></td>
<td></td>
<td>PT 703: Foundational Science III</td>
<td>3</td>
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<tr>
<td><strong>PT 746: Lifespan – Peds</strong></td>
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<table>
<thead>
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<th>Summer 2015</th>
<th>Autumn 2015</th>
<th>Spring 2016</th>
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</thead>
<tbody>
<tr>
<td><strong>Coursework</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PT 863: Research in PT II</strong></td>
<td>2</td>
<td>PT 882: Internship II</td>
<td>5</td>
</tr>
<tr>
<td><strong>PT 875: Electives</strong></td>
<td>1-3</td>
<td>10 weeks (any setting)</td>
<td></td>
</tr>
<tr>
<td><strong>PT 855: Prof Issues III</strong></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>PT 884 Internship IV</strong></td>
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<tr>
<td><strong>PT 881: Internship I</strong></td>
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<tr>
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<td><strong>9 weeks (any setting)</strong></td>
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<tr>
<td><strong>PT 884 Internship IV</strong></td>
<td></td>
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<tr>
<td><strong>9 weeks (any setting)</strong></td>
<td></td>
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<tr>
<td><strong>Wrap-up – week prior to graduation</strong></td>
<td></td>
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<tr>
<td><strong>May – GRADUATION</strong></td>
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<td><strong>Total</strong></td>
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<td><strong>6</strong></td>
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<td><strong>Total</strong></td>
<td>10</td>
<td><strong>Total</strong></td>
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</table>
The Doctor of Physical Therapy (DPT) Program at the College of Mount St. Joseph is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. The objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals. The technical standards set forth by the Physical Therapy Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of entry-level physical therapists, as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation of Physical Therapy Education). The following abilities and expectations must be met by all students before admission to the DPT Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodations, the student will not be admitted to the program.

Observation:
The candidate must be able to observe demonstrations and experiments in basic and applied sciences including, but not limited to human anatomy and physiology, neuroscience, as well as in didactic courses in physical therapy theory and practice for normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the use of common sense, as well as the functional use of the senses of vision, audition, olfaction, and touch.

Communication:
A candidate must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive and accurately report verbal as well as nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients and their families. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently with all members of the health care team in both immediate and recorded modes.

Motor
Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, positioning of body segments and other evaluative procedures. A candidate should be able to demonstrate various cognitive and psychomotor skills including, but not limited to: basic screening and examination (e.g. physiological measures such as heart rate, blood pressure, and respiration), diagnostic procedures (e.g. palpation, manual muscle testing, goniometry, sensory evaluation, gait analysis, balance assessment), and evaluate EKGs and X-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physical therapists are cardiopulmonary resuscitation, and application of pressure to stop bleeding. Additionally, candidates must be able to perform debridement of wounds and other physical assessment maneuvers, where such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Conceptual-Integrative and Quantitative Analysis
Candidates must possess conceptual-integrative and quantitative analysis skills. These include measurement, calculation, reasoning, analysis, synthesis, and retention of complex information.
Problem solving, the critical skill demanded of physical therapist practitioners, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

**Behavioral/Social Attitudes**
Candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the evaluation, diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients, family members, and peers. Candidates must be able to tolerate physically-taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admissions and education process.

Candidates for selection to the College of Mount St. Joseph DPT program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet them.

The College of Mount St. Joseph’s Human Resource department will evaluate a student who states he/she could meet the program’s technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation, this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the DPT program.

Signature of Applicant: ______________________________  Date: _____________

**Alternative statement for students requesting accommodations**

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the College of Mount St. Joseph’s Human Resource department to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the DPT program.

Signature of Applicant: ______________________________  Date: _____________
APPENDIX C

Professionalism in Physical Therapy: APTA Core Values

Seven core values were identified during the consensus-based conference that furthered defined the critical elements that comprise professionalism. These core values are listed below in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of physical therapist professionalism. The group made every effort to find the optimum nomenclature to capture these values such that physical therapists could resonate with each value and would clearly understand the value as provided by the accompanying definition and indicators.

For each core value listed, the table that follows explicates these values by providing a core value definition and sample indicators (not exhaustive) that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

1. Accountability
2. Altruism
3. Compassion/Caring
4. Excellence
5. Integrity
6. Professional Duty
7. Social Responsibility

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

For each core value listed, a definition is provided with sample indicators (not exhaustive) that describe what one would see if the physical therapist were demonstrating that core value in his/her daily practice.

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
<td>1. Responding to patient’s/client’s goals and needs. 2. Seeking and responding to feedback from multiple sources. 3. Acknowledging and accepting consequences of his/her actions. 4. Assuming responsibility for learning and change. 5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. 6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions. 7. Participating in the achievement of health goals of patients/clients and society. 8. Seeking continuous improvement in quality of care. 9. Maintaining membership in APTA and other organizations. 10. Educating students in a manner that facilitates the pursuit of learning.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
</tr>
<tr>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Altruism</td>
<td>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest.</td>
<td>1. Placing patient’s/client’s needs above the physical therapists. 2. Providing pro-bono services. 3. Providing physical therapy services to underserved and underrepresented populations. 4. Providing patient/client services that go beyond expected standards of practice. 5. Completing patient/client care and professional responsibility prior to personal needs.</td>
</tr>
<tr>
<td>Compassion/</td>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>1. Understanding the socio-cultural, psychological and economic influences on the individual’s life in their environment. 2. Understanding an individual’s perspective. 3. Being an advocate for patient’s/client’s needs. 4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc. 5. Designing patient/client programs/interventions that are congruent with patient/client needs. 6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. 7. Focusing on achieving the greatest well-being and the highest potential for a patient/client. 8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases. 9. Embracing the patient’s/client’s emotional and psychological aspects of care. 10. Attending to the patient’s/client’s personal needs and comforts. 11. Demonstrating respect for others and considers others as unique and of value.</td>
</tr>
<tr>
<td>Caring</td>
<td></td>
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<tr>
<td>Excellence</td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</td>
<td>1. Demonstrating investment in the profession of physical therapy. 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions. 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity. 8. Pursuing new evidence to expand knowledge. 9. Engaging in acquisition of new knowledge throughout one’s professional career. 10. Sharing one’s knowledge with others. 11. Contributing to the development and shaping of excellence in all professional roles.</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
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</tr>
<tr>
<td><strong>Integrity</strong></td>
<td>Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession. 2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc). 3. Articulating and internalizing stated ideals and professional values. 4. Using power (including avoidance of use of unearned privilege) judiciously. 5. Resolving dilemmas with respect to a consistent set of core values. 6. Being trustworthy. 7. Taking responsibility to be an integral part in the continuing management of patients/clients. 8. Knowing one’s limitations and acting accordingly. 9. Confronting harassment and bias among ourselves and others. 10. Recognizing the limits of one’s expertise and making referrals appropriately. 11. Choosing employment situations that are congruent with practice values and professional ethical standards. 12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
</tr>
<tr>
<td><strong>Professional Duty</strong></td>
<td>Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.</td>
<td>1. Demonstrating beneficence by providing “optimal care”. 2. Facilitating each individual’s achievement of goals for function, health, and wellness. 3. Preserving the safety, security and confidentiality of individuals in all professional contexts. 4. Involved in professional activities beyond the practice setting. 5. Promoting the profession of physical therapy. 6. Mentoring others to realize their potential. 7. Taking pride in one’s profession.</td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services. Promoting cultural competence within the profession and the larger public. 2. Promoting social policy that effect function, health, and wellness needs of patients/clients. 3. Ensuring that existing social policy is in the best interest of the patient/client. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision. 4. 5. Participating in political activism. 6. Participating in achievement of societal health goals. 7. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy. 8. Providing leadership in the community. 9. Participating in collaborative relationships with other health practitioners and the public at large. 10. Ensuring the blending of social justice and economic efficiency of services. 11. Promoting community volunteerism.</td>
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<tr>
<td>Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
<td>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services. Promoting cultural competence within the profession and the larger public. 2. Promoting social policy that effect function, health, and wellness needs of patients/clients. 3. Ensuring that existing social policy is in the best interest of the patient/client. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision. 4. 5. Participating in political activism. 6. Participating in achievement of societal health goals. 7. Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy. 8. Providing leadership in the community. 9. Participating in collaborative relationships with other health practitioners and the public at large. 10. Ensuring the blending of social justice and economic efficiency of services. 11. Promoting community volunteerism.</td>
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</tbody>
</table>
APPENDIX D

Action Plan/Remediation Contract

Areas of Concern:

Action Plan for Improving my Performance:

REFERRALS MADE BY ADVISOR TO:
(e.g. Academic Performance Center, Writing Center, Math Lab, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Next Advising Appointment ________________________________________________
(Date)

Student’s Signature ______________________________________________________ Date: ______
Instructor signature ______________________________________________________ Date: ______
Academic Advisor’s Signature (approval) _________________________________ Date: ______
APPENDIX E

Professional Behaviors First Written Warning

Student Name: ___________________________________________________

Advisor Name: ___________________________________________________

Date: _____________________

Professional behaviors related to the APTA Core Values that have resulted in this warning:

Discussion with student regarding their professional behaviors:

Recheck date (scheduled meeting): ______________________

It is my understanding that this is my first warning related to professional behaviors as outlined in the APTA Core Values. If I do not improve my performance, I may receive a second warning that will result in an action plan.

__________________________________________________________

Student signature Date

__________________________________________________________

Advisor/Faculty/DCE signature Date
APPENDIX F
Professional Behaviors Action Plan
(attach additional pages as needed)

Student Name: _______________________________________________________________________

Advisor Name: _______________________________________________________________________

Date Initiated: ___________________

1. Identify professional behaviors related to the APTA Core Values that need to be addressed.  
   *(completed by advisor)*

2. Determine specific objectives to address each core value indicated in #1.  **Include a target date** 
   for completing each outlined objective.  *(completed by advisor and student)*

3. Identify a plan of action to achieve the objectives  *(student to develop)*

4. Recheck date (scheduled meeting): _____________________________

It is my understanding that this is my second warning related to my professional behaviors as 
   described by the APTA Core Values, and that I have been given one semester to demonstrate 
   improvement in my professional behaviors in order to remain enrolled in the physical therapy 
   program at the College of Mount St. Joseph.  I am committed to the following action plan to 
   demonstrate significant improvement.

____________________________________________________________________________________

Student signature  Date

____________________________________________________________________________________

Advisor/faculty/ACCE signature  Date

Date Completed: _________________________

Objectives met: Yes or No  If no, action taken:
APPENDIX G

Academic Condition/Academic Improvement Plan First Written Warning

It is my understanding that I have been given one semester to demonstrate improvement in my academic performance in order to remain enrolled in the DPT Program at the College of Mount St. Joseph. I am committed to the following action plan for raising my cumulative grade point average to a 3.0.

AREAS OF CONCERN:

ACTION PLAN FOR RAISING MY GPA:

REFERRALS MADE BY ADVISOR TO:
(e.g. Academic Performance Center, Writing Center, Math Lab, etc.)

Next Advising Appointment ____________________________
(Date)

I understand that if I do not raise my cumulative GPA to 3.0, I will be dismissed from the physical therapy program.

Student’s Signature ________________________________ Date: ______
Academic Advisor’s Signature (approval) ________________ Date: ______
Academic Dept. Chairperson’s Signature of Receipt ________ Date: ______
APPENDIX H

Academic Condition/Academic Improvement Plan Final opportunity

Following my recent appeal to the faculty, it is my understanding that I have been given one additional semester to demonstrate improvement in my academic performance in order to remain enrolled in the physical therapy program at the College of Mount St. Joseph. I am committed to the following action plan for raising my cumulative grade point average to a 3.0.

AREAS OF CONCERN:

ACTION PLAN FOR RAISING MY GPA:

REFERRALS MADE BY ADVISOR TO:
(e.g. Academic Performance Center, Writing Center, Math Lab, etc.)

Next Advising Appointment ___________________________ (Date)

I understand that if I do not raise my cumulative GPA to 3.0, I will be dismissed from the physical therapy program, with no further opportunity for appeal.

Student’s Signature ___________________________ Date: ______
Academic Advisor’s Signature (approval) ___________________________ Date: ______
Academic Dept. Chairperson’s Signature of Receipt _________ Date: ______
APPENDIX I

APTA Code of Ethics

Preamble
The Code of Ethics (COE) for the Physical Therapist (PT) delineates the ethical obligations of all PTs as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this COE are to:
1. Define the ethical principles that form the foundation of PT practice in patient/client management, consultation, education, research, and administration.
2. Prove standards of behavior and performance that form the basis of professional roles and responsibilities.
3. Provide guidance for PTs facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate PTs, students, other healthcare professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the PT.
5. Establish the standards by which the APTA can determine if a PT has engaged in unethical conduct.

No COE is exhaustive nor can it address every situation. PTs are encouraged to seek additional advice or consultation in instances where the guidance of the COE may not be definitive.

This COE is built upon the 5 roles of the PT (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). PT practice is guided by a set of 7 core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the 5 roles of the PT. Fundamental to the COE is the special obligation of PTs to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles
Principle #1: PTs shall respect the inherent dignity and rights of all individuals (core values: compassion, integrity)
   • 1A. PT shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability
   • 1B. PTs shall recognize their personal biases and shall not discriminate against others in pt practice, consultation, education, research, and administration.

Principle #2: PTs shall be trustworthy and compassionate in addressing the rights and needs of patients/clients (core values: altruism, compassion, professional duty)
   • 2A. PTs shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the PT.
   • 2B. PTs shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
• 2C. PTs shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
• 2D. PTs shall collaborate with patients/clients to empower them in decisions about their health care.
• 2E. PTs shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: PTs shall be accountable for making sound professional judgments (core values: excellence, integrity)
• 3A. PTs shall demonstrate independent and objective professional judgment in the patient’s/clients best interest in all practice settings.
• 3B. PTs shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
• 3C. PTs shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
• 3D. PTs shall not engage in conflicts of interest that interfere with professional judgment.
• 3E. PTs shall provide appropriate direction of communication with physical therapist assistants and support personnel.

Principle #4: PTs shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public (core value: integrity)
• 4A. PT shall provide truthful, accurate, and relevant information and shall not make misleading representations.
• 4B. PTs shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).
• 4C. PTs shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
• 4D. PTs shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
• 4E. PTs shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
• 4F. PTs shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: PTs shall fulfill their legal and professional obligations (core values: professional duty, accountability)
• 5A. PTs shall comply with applicable local, state, and federal laws and regulations.
• 5B. PTs shall have primary responsibility for supervision of physical therapist assistants and support personnel.
• 5C. PTs involved in research shall abide by accepted standards governing protection of research participants.
• 5D. PTs shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
• 5E. PTs who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
• 5F. PTs shall provide notice and information about alternatives for obtaining care in the event the PT terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: PTs shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors (core value: excellence)
• 6A. PTs shall achieve and maintain professional competence.
• 6B. PTs shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
• 6C. PTs shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
• 6D. PTs shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: PTs shall promote organizational behaviors and business practices that benefit patients/clients and society (core values: integrity, accountability)
• 7A. PTs shall promote practice environments that support autonomous and accountable professional judgments
• 7B. PTs shall seek remuneration as is deserved and reasonable for PT services.
• 7C. PTs shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
• 7D. PTs shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
• 7E. PTs shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
• 7F. PTs shall refrain from employment arrangements, or other arrangements, that prevent PTs from fulfilling professional obligations to patients/clients.

Principle #8: PTs shall participate in efforts to meet the health needs of people locally, nationally, or globally (core value: social responsibility)
• 8A. PTs shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
• 8B. PTs shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
• 8C. PTs shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
• 8D. PTs shall educate members of the public about the benefits of physical therapy and the unique role of the PT.
APPENDIX J

Student Physical Therapy Association Information Form

Submit this completed form to the SPTA “inbox” located in the PT function room, Seton, W130.

__________________________________________________________________________
Name
__________________________________________________________________________
__________________________________________________________________________
Address

(H) ___________________ (W) ___________________
Phone Home and Work

What committee are your interested in serving on?

1.  

2.  

3.  
APPENDIX K

Student Professional Activity and Service Documentation Form

Student Name: ___________________________ Date completed: _____________

Academic Advisor Name: ______________________________________

In section I, please document your professional activities during the current academic year.

Definition: A professional activity is one that enhances your knowledge of the profession of physical therapy or your professional competence as a physical therapist. The knowledge or skill gained may be varied and may include, but is not limited to:

1) specific educational content related to patient management (such as that provided by a continuing education course, grand rounds, shadowing a therapist)
2) leadership and professional networking/collaboration within the PT profession at the local, state, or national level
3) provision of educational or screening program

__________ Academic Year

Section I: Professional Activities

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See back for documentation of service activities
If you need additional space for your activities, please attach to this form
In section II, please document your service activities during the current academic year.

Definition: A service activity is one that benefits or contributes to the welfare of another. Service activities may benefit the profession, the College, Department or Program, or community or faith based groups and organizations. The service cannot be provided for a financial incentive (ie you cannot be compensated for providing the service). The contribution of the service/the type of service may be varied and may include, but is not limited to:

1) fundraising (participating in benefit walks, runs etc)
2) provision of educational or screening programs
3) caregiving for those with medical issues or disabilities
4) administrative support and organization

Section II: Service

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<tr>
<th>Event Name</th>
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NOTE:
The faculty recognize that, in many cases, there will be overlap between professional activities and service, however we expect that there will be a primary goal for your participation in each activity. If the primary goal is to enhance your professional knowledge or competence the activity would best be categorized as a professional activity, if the primary goal is to contribute to the welfare of others the activity would best be categorized as a service activity (thus the primary goal of the activity should help you to determine the category under which the activity best falls). If you are still unsure, consult with your advisor for guidance.

The Physical Therapy Program agrees to pay 1000% of the membership in the APTA for the first program year for each student. The program will continue to pay 50% of APTA dues for the next 2 years if students complete at least two activities per semester (during an academic year, June through May) by the deadline noted on form (Appendix L). Suggestions include professional activities such as attending Southwest District meetings, State or National Association meetings; and/or community activities that relate to the profession of Physical Therapy.

The first year you are in the program, you may count the service or professional activities that are required in a course towards your yearly requirement for APTA dues renewal.

In the second and third years in the program, what is done as part of a course is not to be counted toward your yearly requirement for APTA dues renewal.
APPENDIX L

Student Physical Therapy Association Executive Board

Policies and Procedures

Purpose

1. Serves as a channel of communication between students and the Division of Health Sciences and the Department of Physical Therapy in matters related to the physical therapy program.
2. Supports the rights and responsibilities of students in the physical therapy program.
3. Continues to formulate and revise policies that affect students throughout their time in the physical therapy program, and make recommendations to faculty organization.
4. Act as an ombudsman for physical therapy students in curricular and extra curricular activities related to physical therapy.

Function

1. Recommends to the faculty organization, new policies and revisions of existing student policies. Approval is contingent upon physical therapy department faculty vote.
2. Channels student concerns and input to appropriate committees and/or persons.
3. Communicates rights, responsibilities and policies regarding the physical therapy program to students. This process will be facilitated through the Division of Health Sciences, Physical Therapy STUDENT HANDBOOK and first year orientation.
4. Establishes criteria and facilitates election of students to committees in the Division of Health Sciences.
5. Provides guidance to the Student Physical Therapy Association.
6. Recommends extra curricular student activities carried out in the name of the Division of Health Sciences, Physical Therapy Program at the College of Mount St. Joseph.

Membership

1. Faculty advisor to SPTA.
2. Executive Board of SPTA.

Voting

All members have voting privileges. The goal is to reach decisions by consensus.
APPENDIX M

CURRICULAR COMMITTEE

Purpose: To develop, implement, and modify the DPT curriculum to assure continued excellence.

Functions:

1. Develop, implement, and modify the DPT curriculum using multiple resources:
   - Normative Model of Physical Therapist Education
   - Content outline for Federation of State Board of Physical Therapist Examination
   - APTA documents: core values, minimum required skills of PT graduates at entry level, defensible documentation, and standards in clinical education (draft document) to name a few
2. Use assessment data from program assessment findings of terminal learning objectives and performance indicators to drive decisions for modifying the curriculum
3. Use data received from midterm clinical education site visits of students and clinical instructors
4. Use information received from the Physical Therapy Advisory Committee
5. Bring any recommendations of curricular change to graduate council for approval

Membership:

1. All faculty with the Department Chair serving as chair of the committee
2. Survey of students will be conducted prior to graduation, otherwise will include students on an as-needed basis

Voting: Simple majority

There will be at least one meeting per year that focuses on the curriculum as a whole, with smaller task force groups meeting throughout the year about specific content areas and how to thread the content in the curriculum (for example, professional behaviors task force group).
APPENDIX N

PHYSICAL THERAPY ADVISORY BOARD COMMITTEE

Purpose:

The PT Advisory Board (AB) facilitates communication between the Physical Therapy (PT) Program (faculty, staff and students) and the health-care community to ensure the curriculum reflects contemporary theories and practice.

Functions:

- Identifies specific challenges, needs and opportunities affecting the practice of physical therapy
- Identifies trends in health care delivery
- Evaluates the impact of contemporary clinical practice on the academic and clinical education of future physical therapists
- Provides feedback to the PT Program regarding preparedness of student physical therapists to improve academic and clinical education
- Assists in the development of resources for the program (i.e., clinical, financial, recruitment)
- Participates in the activities of the PT Program as requested
- Makes appropriate recommendations to the PT Program Chairperson

Membership:

Members will be nominated/recommended by PT faculty, staff, and students and appointed by the President of the College to serve as representatives of diverse aspects of professional practice. Appointments to the Advisory Board will be for a period of two (2) or three (3) years based on member preference. Appointments may be made at any AB meeting with effort to preserve AB continuity. Members may be reappointed for a second consecutive term. No member may serve more than two (2) consecutive terms; however, after an absence of one (1) year, they may be reappointed.

The membership must include:

- Practicing physical therapists who are American Physical Therapy Association (APTA) members
- A representative from the PT faculty (elected by PT faculty or appointed by the PT Program Chairperson)
- One (1) to three (3) student members (nominated by PT faculty and/or appointed by the PT Program Chairperson)
- Health-care professionals (e.g. physicians, clinicians)

The membership may also include:

- Professionals in Higher Education
- Other members of the Greater Cincinnati community (e.g. consumers, other relevant stakeholders)

Ex-Officio members include:
Meetings:

Meetings shall be held no less than two (2) times each academic year. Called meetings are held at the discretion of the Chairperson in consultation with the Faculty Liaison. An agenda for all regular meetings shall be distributed to all members no later than one (1) week in advance.

Officers:

Officers include the Chairperson and Secretary, who will be elected from the members of the AB. Officers will hold their positions for two (2) years and assume their duties at the next (Spring) regularly scheduled meeting. Officers may be re-elected, but not serve more than two (2) consecutive terms. After an absence of one (1) year they may be re-elected.

Chairperson
The Chairperson shall preside at all meetings and will develop an agenda in collaboration with the PT Faculty Liaison. Ad hoc task forces may be appointed by the Chairperson to facilitate the achievement of goals established by the AB.

Secretary
The Secretary is responsible for taking meeting minutes, and functions as AB historian (should questions arise regarding prior meeting minutes). The Secretary may also be asked by the Chairperson to assist with dissemination of meeting times, agendas, and materials. The secretary reports to the Chairperson.

In the absence of the Chairperson, the Faculty Liaison or Secretary shall perform the duties of the Chairperson for that meeting. In instances when the Chairperson will miss more than one (1) meeting per calendar year, the AB will solicit nominations and elect a new Chairperson.

The PT Program administrative assistant will provide support to the Chairperson and Secretary as requested including but not limited to, copying, printing and distributing materials, and announcements.
APPENDIX O

ASSESSMENT COMMITTEE

Purpose: To develop, implement, and revise the DPT program assessment plan based on the program’s terminal learning objectives and performance indicators, including writing the annual program assessment report for the College of Mount St. Joseph assessment committee.

Functions:
- Determine method for collecting data on each performance indicator
- Develop mechanisms for collecting the data
- Report assessment results to college assessment committee and to physical therapy faculty and students
- Use the data to make changes in the curriculum and program as needed
- Modify performance indicators, data collected, or method of collection as needed

Membership:
- All faculty
- On-occasion, 1 to 2 DPT students selected by the Student Affairs Committee
- Department Chair or designee writes the annual program assessment report for the college.
APPENDIX P

ADMISSION COMMITTEE

Purpose: To develop, revise and implement the DPT admission policies and procedures

Function:
- Develop and revise the DPT admission criteria and admission rubric, as necessary
- Develop and revise the DPT admission procedures and policies which entail coordination with the College Graduate Admissions office
- Participate in graduate information sessions held by Graduate Admissions office
- Process and verify candidate applications which include calculating interview scores, and tabulating total admission scores as received through PTCAS
- Assist the Department Chair in organizing and implementing the interview
- Set the cutoff score for admission to the program for each incoming class, based on the admission rubric score, and data from previous classes.
- Invite candidates to interview and ultimately invite candidates to enroll in the DPT program

Membership:
- 3 faculty members (one of whom serves as chairperson) and Program Chair
- 2 to 4 student members (at least one from the 2nd year class and one from the 3rd year class)

Voting: Each committee member present has a single vote (including the Department Chair and student members).
APPENDIX Q

Additional Sources of Financial Aid

The Scholarship and Financial Aid Program of MSJ provides a number of campus-based opportunities for assistance. For a complete list of all Financial Aid Assistance Programs and Scholarships available you will need to contact the Financial Aid Office of the MSJ. The AMBUCS Organization also provides scholarships for physical therapy students.

They may be contacted at: AMBUCS Resource Center
PO Box 5127
High Point, NC 27262
(910) 869-2166

Many health care facilities and corporations also provide financial assistance for physical therapy students in return for varying periods of obligated service. Students should familiarize themselves with Appendix S before committing to any contractual obligations.
APPENDIX R

APTA Guidelines on Corporate Contracts

HOD G06-08-08-09 (Program 60) [Amend HOD G06-92-14-28] [Previously titled: Guidelines: Student and Employer Contracts] [Guideline]

These guidelines are designed to assist the student/new graduate in negotiating appropriate agreements that provide financial assistance in exchange for a promise of future employment.

1. A student's/new graduate's interests are best served by obtaining appropriate counsel prior to signing any agreement.
2. Any employment agreement should include and set forth in clear language:
   A) A statement that the agreement must not interfere with the process and planning of the student’s education.
   B) Fair and reasonable terms for any repayment provisions to the employer of the student’s/new graduate’s education expenses.
   C) Specific conditions under which the student/new graduate may choose to leave employment without penalty (eg, change of ownership).
   D) Specific conditions under which repayment of part or all of the education-related expenses may be required (eg, personal choice).
   E) A statement that if the student's/new graduate's employment is terminated by the employer, repayment of any employer-incurred education-related expenses should not be required unless the termination is for cause (eg, poor performance).
   F) Reasonable restrictions in duration and geographic extent of any non-compete clause, if one is incorporated in the agreement.
3. The student's/new graduate's interests also are best served by:
   A) Obtaining full disclosure of ownership of the practice.
   B) Determining whether the practice is involved in any situation in which a referring practitioner can profit as a result of referring patients/clients for physical therapy.
   C) Reviewing the American Physical Therapy Association policies on opposition to referral for profit (Ethical and Legal Considerations for Clinical Education, Financial Considerations in Practice, Opposition to Physician Ownership of Physical Therapy Services, and Referral Relationships).
   D) Understanding that the student's/new graduate's educational program is not a party to the said agreement and is not bound by the terms of the agreement.
   E) Understanding potential tax obligations for deferred income that may be incurred upon graduation or during employment as a result of the employer carrying out its obligation under the agreement.
   F) Discussing the employer's policies regarding access to mentoring and regular collegial relationships and resources for professional growth and development.
G) Reviewing other applicable Association documents including American Physical Therapy Association Considerations for Practice Opportunities and Professional Development.
LABORATORY CONSENT FORM

Under the supervision of a physical therapy faculty member, I, ____________________, give consent for physical therapy students and instructors to practice or demonstrate examination and treatment techniques on me as part of the learning experience in the classroom and during laboratory competency and practical examinations. It is my responsibility to let faculty and students know if there are any precautions or restrictions that may preclude my participation in specific activities.

________________________________________                      ________________
Signature       Date

List below any known medical or surgical conditions that would preclude you from participating as a subject for practice or demonstration without your specific consent. This includes any conditions that require special precautions and therefore are exceptions.
DIVISION OF HEALTH SCIENCES
Physical Therapy Program

EQUIPMENT LOAN FORM

Name of Student(s) _______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

Equipments on loan _______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

Date loaned out  _______________________________________________________

Date of return   _______________________________________________________

(Date of return must be completed prior to lending out equipment)

Students are responsible for returning equipment without damage. All repairs of damaged equipment will be the responsibility of the student.

_______________________________________________________

(Physical Therapy Faculty Signature Required Here)

___________________ Equipment was returned on ______________________ in acceptable condition
Faculty/Student Initial

___________________ Equipment was returned on ______________________ needing repair.
Faculty/Student Initial
**DPT MEDICAL HISTORY AND PHYSICAL FORM**

TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER

<table>
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<th>STUDENT NAME</th>
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<th>DATE OF EXAM</th>
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**MEDICAL CONDITIONS**

- ALLERGIES
- CANCER
- DIABETES
- EMOTIONAL DISORDERS
- EPILEPSY/SEIZURES
- HEADACHES
- HEARING DISORDERS
- HEART DISEASE/HIGH BP
- HEMOPHILIA
- HEPATITIS
- HIV/AIDS
- JOINT/SKELETAL DISORDERS
- LUNG DISORDERS/ASTHMA
- MONONUCLEOSIS
- MUSCULAR DISORDERS
- RHEUMATIC FEVER
- VISUAL DISORDERS
- OTHERS

**SURGICAL/INJURY HISTORY**

| ____________________________________________________________ |

**MEDICATIONS**

( Prescription, over the counter)

| ____________________________________________________________ |

**VITALS SCREEN**

| Height: ____________ | Weight: _____________ | BP: ____________________ | TPR: ____________________ |

**Health Care Provider Release**: (complete one of the following)

a. The above named student had a complete physical examination on _______________ and does not have any restrictions for performing as a student physical therapist in the classroom, labs, or during clinical education internships.
b. The above named student had a complete physical examination on _______________ and does have restrictions for performing as a student physical therapist in the classroom, labs, or during clinical education internships.

Restrictions (if any):

Printed Name: _____________________   Title: ____________________ Phone: ___________________________
Address: ______________________________________________________________________________________
Signature: ____________________________________________________ Date: ____________________

MSJ DPT IMMUNIZATION RECORD
TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER

STUDENT NAME_______________________________________________  DATE: ______________________

ADDRESS ______________________________________________________
                              Street                     City                          State       ZIP

A. Immunity to Measles (Rubeola) Required and defined by any one of the following criteria:
   1. A positive antibody titer to measles (rubeola) on serologic testing. Date of serology _________________
   2. Receipt of two (2) measles-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart,
      one dose of which was administered in 1980 or later:  Dose 1:___________ Dose 2: ________________
   3. If born before 1957, receipt of at least one measles-containing vaccine after 1980. Vaccine date: _________

B. Immunity to Mumps: Required and defined by any one of the following:
   1. A positive antibody titer to mumps virus on serologic testing. Date of serology ______________________
   2. Receipt of two (2) mumps-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart.
      Vaccine date: ________________    Vaccine date: ________________

C. Immunity to Rubeola: Required and defined by any one of the following:
   1. A positive antibody titer to rubella on serologic testing. Date of serology ___________________________
   2. Receipt of one (1) rubella-containing vaccine (e.g., MMR) after 12 months of age. Vaccine date: __________

D. Polio Required
   1. Completed primary series of polio immunizations Yes_____ No_____ Date of last booster ________________
   2. Type of vaccine:   Oral (OPV) ____   Injected (IPV) ____   IPV/OPV Sequential ________

E. Varicella Zoster Virus (VZV) (Chickenpox). Required and defined by any one of the following:
1. History of varicella (chicken pox) or zoster (shingles)  Yes ______  Date: ______________________

2. Two (2) doses of VZV vaccine 6 – 8 wks apart.  Date: _______________  Date: _______________

**Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose.**

3. Serologic testing for antibody to VZV that demonstrates a positive titer.
   a. Individuals who have never received VZV vaccine, positive serology will be considered proof of durable immunity.  Date of serology: ______________________
   b. In individuals with a history of VZV vaccine before serologic testing, positive serology cannot be assumed to be proof of durable immunity.  Date of serology: ______________________

_Students meeting criteria 3b should inform their facility’s infection control department.
Post exposure serologic testing may be required._

F. **Tetanus-Diphtheria(-Pertussis) Required every 10 years**

1. Tetanus-Diphtheria (Td) booster must be within the last 10 years  mo/yr ______________

2. **Recommended** Tetanus-Diphtheria-Pertussis (Tdap) if Td is over 5 years old  mo/yr ______________

**IMMUNIZATION RECORD IS CONTINUED ON NEXT PAGE**

E. **Immunity to Hepatitis B Virus Required.**  All individuals with potential exposure to human tissues (e.g., biopsy, or pathology specimens), human blood or human body fluids must have documented immunity to or be immunize against Hepatitis B virus.  The standard is defined by meeting any one of the following criteria:

1. A positive serologic test for Hepatitis B surface antibody at 10 IU (international units) or greater:
   Date of serology: ______________________

2. Documentation of vaccination with three doses of Hepatitis B vaccine; the first 2 doses given at least 1 month apart, and the 3rd dose given at least 4 months after the 2nd.
   Injection #1 _________  Injection #2 _________  Injection #3 _________

H. **Tuberculosis Screening. Required**

1. **PPD** (Mantoux) within the past 12 months (tine or monovac not acceptable)

   **Step 1:**  Date given ______  Date read ______  Result Neg _____ Pos_____mm induration  Initials
   Day 1  Day 3

   **Step 2:**  Date given ______  Date read ______  Result Neg _____ Pos_____mm induration  Initials
   Day 15 Day 17

   _If greater than 5 mm induration, chest X-ray required_;  Result: Normal ___ Abnormal ____ mo/yr. ____ Initials

_Individuals with a history of reactive (positive) tuberculin skin tests must provide documentation that they have been evaluated and determined not to have communicable tuberculosis. A copy of the report from the_
chest radiograph must be provided to the DPT Program at the College of Mount St. Joseph. Additional information may be required of these individuals prior to going to certain facilities for clinical rotations.

If you attach evidence of a prior negative 2 step PPD with continuous annual 1 step PPD, you only need to document a 1 step PPD below:

Year 2: 1 step PPD: Date given _____ Date read _____ Result: Neg _____ Pos _____ mm induration Initials _____
                   Day 1                  Day 3

Year 3: 1 step PPD: Date given _____ Date read _____ Result: Neg _____ Pos _____ mm induration Initials _____
                   Day 1                  Day 3

I. **Influenza Required April to November** (per policies of most major health system clinical sites) mo/yr _____________

J. **Meningococcal** Recommended (One dose for students living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any student less than 25 years who wishes to reduce their risk of disease may consider the vaccine). mo/yr _______________

**Health Care Provider Verification:**

Printed Name: _____________________ Title: ____________________ Phone: ___________________________
Address: ______________________________________________________________________________________
Signature: ____________________________________________________ Date: ____________________

**Student Verification:**

I attest that the information on this Medical History, Physical Form, and Immunization Record is accurate to the best of my knowledge. I understand that I may not be allowed to continue in my program matriculation if these forms are inaccurate, incomplete, or if all immunizations and immunities are not properly documented.

Student Signature: _______________________________ Date: ______________________________
MSJ DPT MEDICAL TREATMENT CONSENT FORM

I, (the student) _________________________________, authorize the employee(s) or agent(s) of the College of Mount St. Joseph to contact the person(s) named on this form directly, and do authorize physicians to render such treatment as they may consider necessary for the health of the above-named student.

In the event of an emergency in the view of the faculty or staff of the program, I authorize the faculty or staff of the program to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or staff in connection with any such medical emergency, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

EMERGENCY CONTACT: (Authorized to give permission for treatment in an emergency)

NAME __________________________________ RELATIONSHIP __________________________

TELEPHONE: Home (_______) ______________ Work or Cell (______) ___________________

MEDICAL INSURANCE INFORMATION:

Primary Health Insurance Company: _________________________________________________

Telephone: __________________ Policy # ______________ Group # __________

Address: _____________________________________________________________________

Subscriber’s Name: _______________ Date of Birth: _____________________________

Relationship to student: __________________________

Secondary Health Insurance Company: _____________________________________________

Telephone: __________________ Policy # ______________ Group # __________

Address: _____________________________________________________________________

Subscriber’s Name: _______________ Date of Birth: _____________________________

Relationship to student: __________________________

(PLEASE PROVIDE A COPY OF CURRENT INSURANCE CARDS FOR OUR RECORDS)
Appendix V
Procedure for Filing a Complaint Related to the Program with CAPTE

Formal complaint:
Per CAPTE criteria 11.1 and 11.2, any person may submit to CAPTE a complaint about an accredited or developing program. CAPTE will investigate and take action on any complaint filed in accordance with §11.2a, against a physical therapy education program that is a candidate for accreditation or is accredited by CAPTE. Complaints must allege violation of one of the following:

1. One or more of the Evaluative Criteria for Accreditation
2. CAPTE’s statement on Academic Integrity in Accreditation, or
3. CAPTE’s statement on Integrity Related to Program Closure.

CAPTE will consider 2 types of complaints: those that involve situations subject to institutional due process policies and procedures and those that involve situations not subject to due process procedures.

1. If the complainant is involved with an institution/program grievance subject to due process and procedures, CAPTE requires that the process be completed prior to initiating CAPTE’s formal complaint process, unless the complaint includes an allegation that the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.

2. If the complaint is related to situations that fall outside of due process policies and procedures, the complaint may be filed at any time.

In all communications with individuals seeking to file a formal complaint, it is emphasized that CAPTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, or dismissal. CAPTE will take action only when it believes practices or conditions indicate the program may not be in compliance with Evaluative Criteria for Accreditation, CAPTE’s Statement of Academic Integrity Related to Program Closure, or CAPTE’s Statement on Academic Integrity in Accreditation. A copy of these documents may be obtained by contacting the Department of Accreditation.

Submission of Complaint
Complaints shall be submitted in writing, in the format provided by the Department of Accreditation, to CAPTE and shall clearly describe the specific nature of the complaint and the relationship of the complain to the Evaluative Criteria for Accreditation, provide supporting data for the charge, and identify the name(s) and relationship(s) to the education program of the individual(s) initiating the complaint. If the complaint alleges a violation of CAPTE’s Statement on Academic Integrity in Accreditation or CAPTE’s Statement on Integrity Related to
Program Closure, the complainant should provide supporting data for the allegation, and identify the name(s) and relationship(s) to the education program of the individual(s) initiating the complaint. Complaints that do not contain required information will be returned to the complainant with an explanation of why the complaint is being returned. Returned complaints may be resubmitted at any time.

Complaints that are submitted anonymously are not considered to be formal complaints and will not be reviewed. They will, however, be forwarded to the program for information purposes only. No record of anonymous complaints will be maintained by the Department of Accreditation.

Timing of Submission and Review
CAPTE will ordinarily review complaints at its next regularly scheduled meetings (late April and late October) following receipt of the complaint. In order for the process to be completed in time for considered review by CAPTE, complaints must be received by January 1 to be considered at the April meeting and by July 1 to be considered at the October meeting.

At its discretion, CAPTE may choose to consider complaints between its regularly scheduled meetings. Ordinarily, such consideration will occur only when delay in consideration of the complaint could have a serious adverse effect on either the complainant or the institution.
DIVISION OF HEALTH SCIENCES
Physical Therapy Program

I, ________________________________ I.D.__________

RECEIVED A COPY OF THE DIVISION OF HEALTH SCIENCES DOCTOR OF PHYSICAL THERAPY PROGRAM
STUDENT HANDBOOK ON ________________.
    Date

I UNDERSTAND THE PRIVILEGE AND RESPONSIBILITIES ASSOCIATED WITH BEING A PHYSICAL THERAPY
STUDENT AS RELAYED IN THIS HANDBOOK.

__________________________________________
Student Signature

__________________________________________
Date

A copy of the signed statement will be placed in the permanent record of the student's file maintained
in the Division of Health Sciences.