

**Commission on Accreditation in Physical Therapy Education**  
**American Physical Therapy Association**

**SUMMARY OF ACTION**

Physical Therapist Assistant Program  
Seminole State College-Gordon Cooper Technology Center  
One John C Bruton Blvd  
Shawnee, OK  
74804

On October 29, 2024, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the Physical Therapist Assistant education program at Seminole State College-Gordon Cooper Technology Center.

**Status:** **ACCREDITATION**

**Action Taken:** Reaffirm Accreditation with WARNING

**Effective Date:** October 29, 2024

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

**Reason for Decision:** The Commission's decision to reaffirm accreditation status [for a period of ten years] is based on the program's general compliance with the intent of the Standards and Required Elements and on the expectation that the program can and will, within the next two years, bring itself into compliance with the following elements noted in the Commission's Findings: **1C5, 4F, 4G, and 8G**.

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

**Next Activity:** Compliance Report due February 1, 2025

## NOTICES

### REQUIRED STATEMENT OF ACCREDITATION STATUS

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

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

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

### TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE

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

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

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

### PUBLIC NOTICE OF REASONS FOR DECISIONS

Pursuant to expectations of the Council for Higher Education Accreditation, CAPTE provides public notice of the reasons for its decisions to grant candidacy or grant or reaffirm accreditation. These notices are in addition to the notices of reasons for probation and for final adverse actions as required by the US Department of Education. The front page of this Summary of Action will be used for this purpose.

**ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION**

The institution and program must make accurate public disclosure of the accreditation or pre-accreditation status awarded to the program. Further, the United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or pre-accreditation status, contents of reports of on-site reviews, and accreditation or pre-accreditation actions with respect to the institution or program [34 CFR 602.23(d) and 602.23(e)]. If the institution or program chooses to disclose any additional information, beyond the accreditation or pre-accreditation status that is within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency's street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; [accreditation@apta.org](mailto:accreditation@apta.org); (703) 684-2782 or (703) 706-3245. If the Accreditation staff finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE the Accreditation staff will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

**PUBLIC NOTICE OF DECISIONS BY CAPTE**

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

**RESPONSIBILITY TO REPORT CHANGE(S)**

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

**Commission's Findings and Reasons for Decision:**

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

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

**1C The program meets required student achievement measures<sup>1</sup> and its mission and goals as demonstrated by actual program outcomes.**

**1.) 1C5 The program graduates meet the expected outcomes as defined by the program.**

The Commission recognizes that the program has indicated that they have Student/Graduate goals. The goals as written refer only to students. In the assessment of the four “Student/Graduate” goals, the program responded that for goal #2, Students will develop skills to perform as entry-level clinicians working under the direction of a physical therapist,” and that the outcome to assess graduate performance was the graduation rate for the program cohort. Graduation rate does not assess graduate performance but does indicate student performance. Other outcomes reflect graduate performance -- pass rates greater than 90% on the NPTE, and 80% of the employers surveyed indicating that program graduates seek life-long learning opportunities and demonstrate a commitment to service of the community and profession.

In the Compliance Report, provide an assessment of the Graduate Goals that demonstrates that the graduates are meeting the outcomes as defined by the program. Provide the graduate goal(s), the associated outcomes, the data sources used to assess the outcomes, and the thresholds for determining if the outcomes have been achieved. For any outcomes not achieved, indicate a plan of action including the timeline for implementation and reevaluation.

**INSTITUTION COMMENTS:**

The program identifies that two goals listed as combined student/ graduate goals should have been solely graduate goals. In addition, another goal is listed to fully assess that graduates are meeting outcomes as defined by the program.

Graduates, who pass the licensure examination, will secure employment as a PTA within 12 months of graduation. The expected outcome is employment rates of at least 90% within 12 months of graduation. This is assessed by the Program Director through contact with graduates via email, phone call, or text message. The graduating cohort of 2019 achieved the threshold with 100%, 2020 achieved the threshold with 100%, 2021 achieved the threshold with 100%, 2022 achieved the threshold with 100%, 2023 achieved the threshold with 100%.

Graduates will seek lifelong learning opportunities to enhance their skills and positively impact the profession. It is expected that 80% of employers indicate that students are above average or excellent in the area of seeking lifelong learning opportunities. This is assessed by the Program Director 6 months post-graduation and as needed by a phone survey to employers. Of those employers participating in the survey, the graduating cohort of 2019 achieved the threshold with 100%, 2020 achieved the threshold with 100%, 2021 achieved the threshold with 100%, 2022 achieved the threshold with 100%, 2023 achieved the threshold with 100%.

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<sup>1</sup> **Graduate and student achievement measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

Graduates will display a commitment to service for both their communities and the profession. It is expected that 80% of employers indicate that students are above average or excellent in the area of displaying a commitment to service for both their communities and the profession. This is assessed by the Program Director 6 months post-graduation and as needed by a phone survey to employers. Of those employers participating in the survey, the graduating cohort of 2019 achieved the threshold with 100%, 2020 achieved the threshold with 100%, 2021 achieved the threshold with 100%, 2022 achieved the threshold with 100%, 2023 achieved the threshold with 100%.

**2.) 4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.**

The Commission recognizes that there is a process for associated faculty evaluation with evidence demonstrated in the Institutional Response that the associated faculty received classroom evaluations according to the program policy. The Institutional Response also included Faculty Development Plans for the associated faculty. The associated faculty evaluations indicated that all evaluation elements were “satisfactory” or “exemplary”. Although the associated faculty performance on the classroom evaluations were varied, the Faculty Development Plans were identical. It is not clear how the faculty development plans are linked to the associated faculty evaluations.

In the Compliance Report, explain how needs identified in the associated faculty evaluations result in individual faculty development plans.

**INSTITUTION COMMENTS:**

The associated faculty member, Jason Gates was evaluated by the Program Director using the Formal Classroom Evaluation. Findings indicated exemplary performance in all areas of Learning Climate except 1. Creates a classroom climate that is warm and inviting. Promotes the development of positive self-concept for all students. 2. Provides concise presentations and engaging, thought provoking classroom activities to help students learn. In these two areas Mr. Gates received a satisfactory performance rating.

As part of the Faculty Development Plan put into place, Mr. Gates will take the following course from the APTA Learning Center. Academy of Education: Team-Based Learning: Transitioning from Guru to Guide. The timeline for completion is by end of year 2025.

The associated faculty member, Aaron Hayes was evaluated by the Program Director using the Formal Classroom Evaluation. Findings indicated exemplary performance in all areas of Learning Climate. In the area of instruction Dr. Hayes received exemplary performance in all areas except receiving a satisfactory performance in 2 areas. 4. Grades tests, papers, and assignments based on established guidelines and provides feedback to students in a timely manner. 5. Routinely provides students access to information about student progress in the course.

As part of the Faculty Development Plan put into place Dr. Hayes will take the following course from the APTA Learning Center Academy of Education: Assessment Validity in Health Professions Education: Making a Case for Your Assessment. The timeline for completion is by end of year 2025.

**3.) Program Director<sup>2</sup>**

**4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate**

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<sup>2</sup> **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the physical therapist assistant education program's academic administrator: Chair, Director, Coordinator, etc.

**for leadership in physical therapist assistant education. These qualifications include all of the following:**

- is a physical therapist or physical therapist assistant who holds an active, unrestricted PT license or PTA license/certification in any United States jurisdiction and the state where the program is located if required by that state's jurisdiction;
- a minimum of a master's degree;
- a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience within any US jurisdiction;
- didactic and/or clinical teaching experience;
- experience in administration/management;
- experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations, or previous CAPTE granted exemption.

The Commission recognizes that the program director has met all CAPTE qualifications with the exception of the required coursework in educational foundations. She stated she plans to complete the program director requirements for 4F in the 2025 SREs by the time her next Compliance Report is due in February of 2025. Standard 4F requires a minimum of 60 contact hours of professional development or education comprising exclusively and comprehensively the four content areas of: education theory and methodology, instructional design, student evaluation, and outcome assessment."

The program director has completed the following courses through Coursera:

- Instructional Methods in Health Professions Education, 12 hours
- Assessment in Higher Education: Professional Development for Teachers, 17 hours
- University Teaching, Online Learning Design for Educators, 17 hours
- Teaching and Assessing Clinical Skills, 12 hours.

At this time, she has completed 58 hours of applicable coursework. She plans to continue taking Coursera Courses with plans to complete Online Learning Design for Educators, Learning Experience Design: Development and Evaluation, and Diversity and Inclusion in Education this fall. The program is reminded to submit coursework for approval to CAPTE to ensure that the courses are consistent with the intent of this standard.

In the Compliance Report, provide evidence including

- Professional development or education in all of the following content areas: educational theory and methodology, instructional design, student evaluation, and outcome assessment.
- A minimum of 60 contact hours of professional development or education comprising exclusively and comprehensively the four content areas of: education theory and methodology, instructional design, student evaluation and outcome assessment.

#### INSTITUTION COMMENTS:

Shakira Stafford has completed the following professional development through Coursera for a total of 79 hours. Course modules have been included to show evidence of compliance with content in education theory and methodology, instructional design, student evaluation, and outcome assessment.

Assessment in Higher Education: Professional Development for Teachers 17 hours

-Role of Assessment in Higher Education

-Assessment Cycle

-Assessment Plan

- Feedback and Grading Design
- Assessment Construction
- Assessment Analysis and Evaluation

Instructional Methods in Health Professions Education 20 hours

- Adult Learning Theory
- Intended Learning Outcomes
- Instructional Design and Individual Assessment
- Instructional Techniques: Knowledge Transfer
- Instructional Techniques: Skill Development
- Instructional Techniques: Attitudes
- Instructional Techniques: Teaching with Technology

University Teaching, Online Learning Design for Educators 17 hours

- Teaching
- Management
- Instructional Design
- Teaching Method

Teaching and Assessing Clinical Skills 12 hours

- Providing Feedback
- Orienting the Learner
- Using the Rime Model
- Entrustment and Autonomy
- The Briefing, Intercase Teaching, Debriefing Model
- Incorporating EBP into the Clinical Environment
- Integration and Summation

Learning Experience and Design: Theories and Frameworks 13 hours

- Understanding Learners and Understanding Context
- Learning Theories that Inform Design
- Learning Taxonomies and Design Frameworks
- Ideation and Brainstorming

4.) **8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.**

The Commission recognizes that the program maintains written agreements with clinical education sites where they place their students and ensures that the agreements are current. However, the Onsite Reviewers confirmed with the program director that the current clinical agreement does not clearly include language related to who has the responsibility for patient/client care during clinical education experiences.

The program director stated in the Institutional Response that the current agreement has been submitted to the legal representative for Seminole State College to include language related to who has responsibility for patient/client care. Once the agreement is modified to include new language, it will be presented to PTA Oversight Committee for approval. Upon approval, the process will begin to update all clinical contracts with deadline for completion to be summer of 2026.

In the Compliance Report provide a copy or the draft of the revised agreement. Indicate steps in the approval process that are completed or provide dates for completion, if possible. Describe the plan for updating the clinical agreements including the projected start and end dates for the plan.

**INSTITUTION COMMENTS:**

Please find the attached revised agreement which includes the following statement in section 4.d. "Ultimately, the Facility has responsibility for patient/client care while Student(s) are assigned to the Facility for the Clinical Rotation." This has been approved by the legal representative for Seminole State College and was approved by the PTA Oversight Committee December 18, 2025.

**Consultative Comment:**

The program included a heading for Student/Graduate goals. The goals were written "Students will . . ." with no mention as to what the "Graduates will . . ." making it appear that there are only student goals and no graduate goals. The Commission recommends the program clarify which goals are student goals and which are graduate goals (Element 1B).

**Important Advisory Notice:**

If CAPTE determines that the program remains out of compliance after review of the next Compliance Report, the program will have been out of compliance for 18 months with a specific element. The Commission reminds the program of the two-year limit to come into compliance and advises the program to review the expected timelines outlined in the *Accreditation Handbook*, Sub-Part 8F, 8.26 (b) (2) and in the Notice entitled *Two Year Limitation On Being Out Of Compliance* included in this Summary of Action. **As stated in this Notice, CAPTE will place a program on probationary accreditation when a program remains out of compliance for 18 months.** This relates to the element(s) cited as being out of compliance in this Summary of Action: **4G.**