Florida Board of Governors

Request to Transition to a Doctor of Physical Therapy Program

Florida A&M University  August 28, 2008
University Submitting Proposal  Proposed Implementation Date

School of Allied Health Sciences  Division of Physical Therapy
Name of College or School  Name of Department(s)

Physical Therapy (51.2308)  Doctor of Physical Therapy
Academic Specialty or Field  Complete Name of Degree
(Include Proposed CIP Code)

The submission of this proposal constitutes a commitment by the university that, if the proposal is approved, the necessary financial commitment and the criteria for establishing new programs have been met prior to the initiation of the program.

Barbara Barnes, Interim Provost and Vice President for Academic Affairs  Date  James H. Ammons, President  Date

Indicate the dollar amounts appearing as totals for the first and the fifth years of implementation as shown in the appropriate summary columns in DCU Table Four. Provide headcount and FTE estimates of majors for years one through five. Headcount and FTE estimates should be identical to those in DCU Table Three.

<table>
<thead>
<tr>
<th>Projected Student Enrollment</th>
<th>Total Estimated Costs</th>
<th>Headcount</th>
<th>FTE</th>
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<tbody>
<tr>
<td>First Year of Implementation</td>
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<td>Second Year of Implementation</td>
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<td>Third Year of Implementation</td>
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<td>Fifth Year of Implementation</td>
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INTRODUCTION

1. Program Description (one page or less)
   Briefly describe the degree program under consideration, including specific changes that will be made to the current program to effect the transition to the DPT. Please describe how this program will compare to or contrast with other DPT’s offered in the nation.

The Division of Physical Therapy at Florida A&M University has historical significance in the State of Florida. In the early 1970’s, the United States Court of Appeals for the District of Columbia Circuit ruled the Florida’s Desegregation Plan for public higher education was unacceptable. In a 1977 Supplemental Order, Florida was called upon to renew and recommit its efforts toward full equalization of educational opportunity in public higher education. In response, the State University System (SUS) reaffirmed its commitment to the continued enhancement of Florida A&M University. Among enhancement actions was the Board of Regents’ approval of baccalaureate degree programs in Health Care Management, Medical Record Administration, Physical Therapy, and Respiratory Therapy for implementation at Florida A&M University. It was the intent of the Board of Regents to demonstrate a “good faith effort” in fulfilling its stated commitment to the “enhancement” of Florida A&M University. It is within this rich historical and receptive environment that the Division of Physical Therapy was envisioned, planned, and established”. Subsequently, the Division of Physical Therapy at Florida A&M University was established in 1981, becoming the second oldest physical therapy program in the State University System (SUS) of Florida. The first class of students was admitted to the baccalaureate program in 1982 and graduated in August 1984.

The current program of study is a two-and-a-half-year, seven semester sequence of didactic courses and clinical experiences. The approved curriculum model is a 4 + 3 and all applicants for the Master of Physical Therapy Program must have completed a bachelor’s degree and have met all FAMU graduate school admission requirements prior to admission to the program.

In response to the American Physical Therapy Association (APTA) advocating for Physical Therapy Practice at the Clinical Doctorate Level, in 2004 the Florida A&M University, Division of Physical Therapy completely restructured its curriculum to come into compliance with the latest CAPTE evaluative criteria and rapidly evolving changes within the profession. The restructured curriculum resulted in an increase in credit hours from 72 to 91 and reflects many of the requirements expected of entry–level DPT programs, though the degree currently offered is still at the masters level (MPT). To complete the transition to the DPT level we anticipate the addition of one (1) semester and four new courses to the MPT curriculum (Diagnostic Testing, Differential Diagnosis, Wellness and Promotion, Advanced Evidenced Based Practice (Orthopedic, Neurology, Cardiopulmonary PT). The addition of these courses is consistent with the content areas of most entry-level DPT programs. This will increase the total credit hours to 103 and increase the program length from 2.5 years to 3.0 years. These changes are consistent with the average credit hours and program length of other entry DPT programs throughout the country, which is currently at 110 hours and 3.0 years, respectively. In response to our restructuring efforts, the program has met all (100%) of CAPTE’s evaluated criteria and has been granted reaffirmation of its accreditation to 2012 by the Commission and has satisfied all of the necessary requirements to be designated as an accredited DPT program, pending institutional and state approvals.
Readiness

II. Institutional Mission and Strength (one to two pages)

A. Please discuss how transition of the program to the DPT relates to institutional mission and strengths. Will the transition result in a need for a substantive accreditation change, or will the transition conflict with the mission of the institution in any other manner? If so, please explain and describe how this will be resolved prior to implementation of the transition.

Florida A&M University gives recognition to health care professionals and graduate education as contributors to the University's Mission. The Board of Trustees has designated the university as an 1890 land-grant institution providing an enlightened and enriched academic, intellectual, moral, cultural, ethical, technological and student-centered environment, conducive to the development of highly qualified individuals who are prepared and capable of serving as leaders and contributors in our ever-evolving society and offering a broad range of instruction, research and service at both undergraduate and graduate levels. The statement further affirms its historic mission of educating African-Americans as well as, encouraging persons of all races, ethnic origins and nationalities to remain life-long members of the university community.

The mission of the Division of Physical Therapy supports the overall mission of Florida A&M University in its commitment to meeting the educational needs of African-Americans and other ethnic minorities so that they develop the knowledge, skills and attitudes for successful entry into practice, in the profession of Physical Therapy. Currently, nearly ninety percent of physical therapy programs have transitioned to the DPT or have submitted applications to do so. This number includes five of the eight programs at Historically Black Colleges and Universities (HBCUs) which are currently offering the DPT degree. The transition to the DPT will enable Florida A&M University, Division of Physical Therapy to continue to produce graduate practitioners who will serve the University, Community and Profession of Physical Therapy, as leaders in providing equal access and cultural diversity in health care delivery, and promoting the elimination of health disparities among underserved segments of the population.

Furthermore, the goals and objectives of the physical therapy program are an integral part of the mission of the institution. The philosophy of the Division of Physical Therapy is based on the belief that our graduate physical therapy practitioners will be able to function as independent and autonomous health care practitioners who often function as the point-of-entry for the delivery of health care services. Additionally, our program seeks to prepare graduate physical therapy practitioners who contribute to the improvement of the quality of physical therapy care and the knowledge base for evidence-based physical therapy practice. Consequently, our program addresses these issues throughout the didactic and clinical curricula to provide the student the highly specialized knowledge, skills and attitudes for successful entry into practice in the profession of Physical Therapy.

B. Describe the planning process leading up to submission of this proposal, including university personnel and external
Preparation for transition to the DPT began approximately three years ago. A curriculum retreat was conducted to review the curriculum in light of its content and to initiate the development of a plan for its restructuring. As part of that process, the vision statement, goals, and objectives of the physical therapy program were discussed and restructured by the faculty and the curriculum consultants. CAPTE was notified, in writing, of our intent to restructure the curriculum and the faculty, along with both formal and informal input from students, clinicians and graduates began the process. New course outlines and objectives were generated and the curricular changes were submitted to both school and university curriculum committees for approval. The narrative was submitted to the University administration for review and signature.

It is anticipated that the Florida A&M University Entry-Level DPT Program in Physical Therapy will be implemented in Fall 2008 with the admission of the first DPT class. The second class will be admitted Fall 2009 and the third class will be admitted Fall 2010. The first Entry-Level DPT class will graduate in May 2011. Students currently matriculating in the MPT will be given the option of completing the additional course requirements and graduating with the entry-level DPT degree or completing their MPT program of study, as scheduled. If the MPT-to-DPT option is approved, the requested additional courses and requirements will be implemented effective January, 2009.

III. Program Quality - Reviews and Accreditation (one to two pages)

If there have been program reviews, accreditation visits, or internal reviews of the MPT Program, provide a brief summary of any recommendations made, as well as progress in implementing them.

In recent years, the Division of Physical Therapy has undergone considerable review of its academic program and curriculum. In December, 2003 the program submitted its Self Study document to the Commission on Accreditation Physical Therapy Education (CAPTE). In January, 2004, the program received an On-Site Visit in which each aspect of the program was reviewed. In March, 2004 the program responded to the On-Site Visit Report. In August, 2004 the program responded to the Commission’s Report. In October 2004, the Program was granted reaffirmation of its accreditation for a ten-year period with the recommendation of Progress Reports to address substantial changes made to the program’s curriculum. In March 2005 the program submitted the first Progress Report addressing its new curriculum model and other course related issues. In August 2005 the program submitted the second progress report addressing curricular and course related issues. In October, 2006 the Division of Physical Therapy received notification that it had met all 100% of CAPTE evaluative criteria and subsequently had received CAPTE accreditation until 2012. Thus, upon approval, the University will simply need to notify CAPTE that the program is transitioning to a DPT, in order for the DPT to be an accredited program. Included during this timeframe, the program submitted its Biennial Accreditation Report (BAR) in March 2004 and Annual Accreditation Reports (AAR) in September 2005 and 2006, respectively. Additionally, the Division of Physical Therapy submitted a Substantive Change Report to and had its graduate program reviewed by the Southern Association of Colleges and Schools (SACS). To date, the program is in good standing with all appropriate accrediting agencies and has satisfied all recommendations, with none outstanding.

IV. Curriculum
A. Provide a sequenced course of study and list the expected specific learning outcomes and the total number of credit hours for the degree. Indicate the number of credit hours for the required core courses, other courses, dissertation hours and the total hours for the degree. Please specifically explain any changes that are being made to the current program to ensure consistency with other DPT programs in the nation.

**Curriculum Plan**

**Professional Program**

**Target date for implementation: 2008-2009 Academic Year.**

The Florida A&M University professional physical therapy program is built on a broad based foundation of liberal arts, and social and basic sciences. In addition to the breadth of general education the students will have completed a baccalaureate degree program prior to admission to the DPT program. The undergraduate major will have given the opportunity to develop skills in independent thinking, problem solving techniques for solving complex and simple situations, weighing values and setting priorities, understanding fundamental theory, responsible social behavior, professional collegiality and good citizenship, and effective communication both orally and in writing.

Course work within the professional DPT curriculum includes a balance of foundational and clinical sciences; critical inquiry; clinical practice; and studies of society, health care delivery, and physical therapy practice. The educational philosophy and values of the institution, the program, and the individuals who teach in it and the knowledge of and beliefs about learning are central aspects of the curriculum. Collective input from the core faculty, clinicians and students regarding curriculum development served as the nucleus of the restructuring of the DPT curriculum in the Division of Physical Therapy.

The curriculum plan emphasizes a student learning-centered experience, which utilizes various learning strategies from the cognitive, psychomotor, and affective domains. The curriculum plan is a sequential and integrated series of didactic, research, and clinical learning experiences that provide the student the highly specialized knowledge, skills, and attitudes for successful entry into practice in the profession of Physical Therapy.

The new curriculum model is based on the patient/client model recommended in the *APTA’s Guide to Physical Therapy Practice*. In this model, the three central concepts in Physical Therapy Practice are horizontally integrated through the curriculum.

- **The Disablement Model** - looks at the impact or consequences of pathology/disease/trauma on a person, on hierarchical levels of dysfunction: Pathology/Disease → Impairment → Functional Limitation → Disability.

- **The 5 Elements of Patient Client Management**: Examination, Evaluation, Diagnosis, Prognosis, & Intervention.

- **The Scope of Physical Therapy Practice** involving disorders of 4 primary physiological systems: Orthopedic, Neuromuscular, Cardiopulmonary and Integumentary.

The curriculum progresses from basic science or foundational courses to clinical courses. Knowledge of basic sciences begins in Tier I (Gross Anatomy, Human Physiology, Functional Analysis of Human Motion, Neuroscience) and progresses through increasingly complex levels of those skills.
until entry-level or greater abilities in all of those skills are achieved in Tier III. This design assures that each graduate at minimum exhibits entry-level skills in all criteria as outlined in CAPTE 3.8.3. The students will have experienced a continuing process of increasing depth and breadth culminating in the achievement of the entry-level cognitive, psychomotor, and affective domain skills required of a professional physical therapist entering the job market.

Supervised laboratory experiences (Orthopedic PT I Lab, Neurological PT I Lab, Cardiopulmonary PT I Lab, Integumentary Lab) are an integral part of the clinical science courses, which stress the transition from theory, to application of theory (practice). This provides greater integration of didactic learning and more opportunities for students to develop their practical skills. The DPT curriculum will have three levels of research activity which students are required to participate: Scientific Inquiry I, Scientific Inquiry II, and Scientific Inquiry III. In these courses students will participate in a research project in collaboration with their research advisors. Students will be engaged in proposal writing, data collection, data analysis, and interpreting and reporting their findings. Students will disseminate the findings of their study in a formal presentation at a research forum, scientific meeting, or submission of manuscript for publication. These concepts are vertically integrated through the curriculum.

The curriculum is designed to integrate the horizontal and vertical tracts of information through the incorporation of clinical integration courses (Clinical Integration I, Clinical Integration II and Clinical Integration III) which develop critical thinking and clinical decision making skills, prior to their clinical education internships. At their clinical education experiences students are prepared to effectively manage patients with multiple co-morbidities. These concepts are diagonally integrated through the curriculum.

The integration and reinforcement of learning experiences through the curriculum prepares our graduates for successful entry into professional practice, and to contribute to the improvement of the quality of physical therapy care, and the knowledge base for evidence-based physical therapy practice. Additionally, clinical rotations (Clinical Education I, II, III, IV) in different types of health care facilities across the United States will be a part of the Physical Therapy curriculum beginning the third semester of the DPT program, after the student has had considerable exposure to basic science, clinical and medical science, and professional issues courses in the curriculum. With a variety of clinical practice settings, the student is exposed to a variety of diagnostices and has the opportunity to be supervised by a variety of clinical instructors with different levels of clinical experience and expertise (recent graduate, experienced clinician, master clinician, and clinical specialist).

Different clinical experiences will provide the student with a vast array of exposure to different types of practice settings in which they are involved in hands-on treatment, teaching of patients and their families, observation of clinical procedures and surgery, and learning to function in an administrative role with exposure to billing, personnel management, scheduling, budgeting, and purchase of equipment. The student will interact with a variety of health care professionals and will learn how to delegate tasks to support personnel to ensure competent and effective time management in the clinical setting. Clinical experiences are continuously sought that will provide the student a favorable and optimal learning environment. In 2004 the Division of Physical Therapy completely restructured its curriculum to come into compliance with the latest CAPTE 1998 or (2006) evaluative criteria and rapidly evolving changes within the profession. The restructured curriculum resulted in an increase in credit hours from 72 to 91 and in many ways reflected the requirements expected of entry-level DPT programs, though the degree currently offered is still at the masters level (MPT). To ensure all content areas are covered, we anticipate that the transition to the DPT will require the addition of one (1) semester and four new
courses (Diagnostic Testing, Differential Diagnosis, Wellness and Promotion, Advanced Evidenced Based Practice (Orthopedic, Neurology, Cardiopulmonary PT). Having the final clinical rotation prior to the additional semester of advanced evidenced based courses will enable students to better integrate their clinical experiences with the scientific literature, which is at the core of evidence based practice. Furthermore, students will use data collected from the final clinical rotation to critique their clinical decisions. This will increase the total credit hours to 103 and increase the program length from 2.5 years to 3.0 years. These changes are consistent with the average credit hours and program length of other entry DPT programs throughout the country, which is currently at 110 hours and 3.0 years, respectively. In response to our restructuring efforts, the program has met all 100% of the evaluated criteria and has been granted reaffirmation of its accreditation to 2012 by the Commission. Programs that have been reviewed and approved under the 1998 or (2006) Evaluative Criteria are only required to submit a one page General Information Sheet along with institutional, state and regional approvals to convert to the DPT.

**Expected Learning Outcomes**

1. **Critical Thinking**: Graduates of the DPT program will demonstrate the ability to critically analyze and use published literature for the foundation of critical thinking, problem solving and evidence based practice relevant to the role of physical therapy practitioners.

2. **Content Knowledge**: Graduates of the DPT program will demonstrate the ability to screen individuals to determine the need for physical therapy or referral to other health professionals; examine and evaluate the patient/client and make an appropriate diagnosis; design a comprehensive plan of care; monitor and systematically assess outcomes.

3. **Professional Behavior**: Graduates of the DPT program will demonstrate personal behaviors that reflect one’s role and responsibility as a professional physical therapist serving as an advocate for health promotion and disease prevention especially in underserved segments of the population; recognize the influence of social, economic, legislative, and demographic factors on the delivery of healthcare.

4. **Oral Communication**: Graduates of the DPT program will demonstrate proficiency in oral communications.

5. **Written Communication**: Graduates of the DPT program will demonstrate proficiency in written communications.

6. **Promote Lifelong Learning**: Graduates of the DPT program will demonstrate a commitment to professional development.

7. **Technology Literacy**: Graduates will demonstrate proficiency in the use of spreadsheet programs and advanced word processing and other software technologies.

8. **Research Techniques and Information Literacy**: Students and graduates will demonstrate the ability to access and retrieve information from electronic databases.

**DPT Physical Therapy Curriculum**

<table>
<thead>
<tr>
<th>Fall Semester, Year 1</th>
<th>Spring Semester, Year 1</th>
<th>Summer Semester, Year 1</th>
</tr>
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</table>
B. Describe the admission standards and graduation requirements for the program.
Admission Standards
Division of Physical Therapy

The prospective student must submit the following materials:

1. Evidence of application for admission to the Florida A&M University School of Graduate Studies and Research.

2. Evidence that the prerequisite courses have been completed with enclosed transcripts and that all pre-professional coursework requirements, as outlined in this application packet will be completed prior to the first day of classes for the professional physical therapy program at Florida A&M University.

3. A brief, typed, autobiographical essay (300-500 words) describing reasons for desiring to enter the profession of Physical Therapy.

4. Two letters of recommendation from persons who can address those qualities identified in the attached memorandum regarding “Letters of Recommendation.”

5. An OFFICIAL copy of transcripts from ALL colleges and/or universities attended.

6. Evidence of inquiry into the profession by completing a minimum of 20 hours of volunteer/observation/work experience in at least one physical therapy setting. (Evidence should be in the form of letters(s), on physical therapy department letterhead, signed by the department physical therapist(s), or the designated facility volunteer coordinator).

7. A completed application packet for admission to the SOAHS Division of Physical Therapy.

Coursework Prerequisites

Required science prerequisites include:

1. General Biology I and II w/ Lab (8 credits)
2. Anatomy and Physiology I and II w/Lab (8 credits)
3. General Chemistry I and II w/Lab (8 credits)
4. Physics I and II w/ Lab (8 credits)

Non-science prerequisites include:

5. Human Growth and Development (Lifespan Development) (3 credits)
6. Psychology (3 credits)
7. Statistics (3 credits)

Other Admissions Requirements
• A combined score of a 1,000 on the Verbal and Quantitative sections of the Aptitude Test of the Graduate Record Examination (GRE), or
• A 3.00 (on a 4.00 scale) cumulative grade point average (GPA) during the last 60 semester hours (or 90 quarter hours) of undergraduate preparation, or
• Possession of a graduate degree from an accredited institution of higher education.
• Each student must show evidence of a GRE score.

In addition to the above criteria, the overall science GPA is considered in the process of admission into the Division of Physical Therapy, entry-level Masters degree program.

GRADUATION REQUIREMENTS

• Pass all required courses ≥ 3.0 GPA
• Pass the Physical Therapy Program's Comprehensive Exam (≥ 70%)
• Pass all Clinical Internships and fully master all CPI competencies (100%) upon completion of final internship.

Additionally, the Division of Physical Therapy will graduate only those students it deems ready to accept the moral, ethical, and professional responsibilities of the practice of physical therapy. Consequently, the Division reserves the right to withhold recommendation for graduation of any student who does not conform to these standards of readiness.

C. Provide a one or two sentence description of each required or elective course.

DPT COURSE DESCRIPTIONS

PHT 5024 Health Care Systems & Administration: This course provides an overview of business and financial management principles for physical therapy operations. Emphasis will be placed on important current issues confronting physical therapists, areas that have direct fiscal implications for physical therapists and the health care environment today and how it is anticipated to change in the future.

PHT 5025 Professional Behavior: An overview of professional behavior, communication and ethics. Students will be introduced to behaviors of an individual in a service profession and strategies for development of these behaviors. Topics in Ethics include deontological and teleological ethics, methods to identify and analyze ethical dilemmas in the practice of physical therapy, application of the APTA Code of Ethics and Guide for Professional Conduct to solving ethical dilemmas, and state and federal laws that apply to physical therapy.

PHT 5115 and PHT 5115 L Gross Anatomy/Lab: Basic description of the musculoskeletal system. Lecture and laboratory with emphasis placed on locating muscle, associated joints, ligaments, tendons, nerves, and blood supply. Human structures are reviewed by regions and include clinical correlations.

PHT 5125 and PHT 5125 L Analysis of Human Motion I/Lab: An introductory course on the scientific study of human motion (Kinesiology) emphasizing the basic concepts of Kinesiology, the study of human
arthrology, myology and gait with a focus on muscle and joint kinematics and pathokinemtics.

**PHT 5149 Life Span Development**: This course covers human development from conception to death with special emphasis on normal and abnormal movement development. Critical stages in movement development, such as infancy and aging, will be examined. The course will include physical, cognitive, psychological and social aspects of development that influence the lives of individuals. Cultural factors important to development will also be identified.

**PHT 5154 Human Physiology**: Introduction to Human Physiology. Course will emphasize the function and coordinated activities of selected cellular processes and organ systems and the interdependence of these systems for normal whole body function. Physical Therapists must understand normal physiologic principles in order to remedy impairments and maximize function in one's environment.

**PHT 5156 and PHT 5156 L Exercise Physiology/Lab**: Study of the human body's physiological responses to acute exercise, and chronic physical training.

**PHT 5161 and PHT 5161 L Neurology PT I/Lab**: This course will introduce the Physical Therapy student to the examination, evaluation, diagnosis, prognosis and treatment of clients with neuromuscular disorders. Testing for sensation, cognition, perception, muscle tone, vestibular function, balance and gait will be covered. The concepts of motor learning and control will be covered as a scientific basis for PT treatments of clients with neuromuscular disorders such as cerebral vascular accidents.

**PHT 5166 Neuroscience**: Study of gross features and development of the brain and spinal cord including internal organization and structure, pathways, blood supply, and somatosensory, motor, and integrative systems. Will include neurophysiological concepts, clinical manifestations of the central nervous system, pain pathways and clinical correlations.

**PHT 5178 and PHT 5178 L Analysis of Human Motion II/Lab**: A biomechanics course with an emphasis on the lower quarter and gait. Students will be introduced to isokinetic testing, electromyography and motion analysis equipment and methods, develop their observational gait analysis skills, be involved in small group projects and write critiques on biomechanics related research articles. The integration of biomechanics into clinical application and practice in the physical management of musculoskeletal tissues and joints are absolutely necessary for all students.

**PHT 5202 Patient Care Skills/Lab**: Introduction to primary clinical Physical Therapy skills, bed mobility skills, positioning, draping, transfers, wheelchair prescriptions and mobility skills, basic gait patterns and gait training with assistive devices, gross assessment of activities of daily living, home site evaluations and modifications of architectural barriers and introduction to adaptive equipment.

**PHT 5243 Integument PT/Lab**: Overview of the management of the integumentary system in practice, including: normal wound healing, patient examination and evaluation, diagnosis, prognosis, treatment interventions, and outcomes.

**PHT 5246 and PHT 5246 L Orthopedic PT I/Lab**: Principles of physical therapy management of individuals with orthopedic diseases and dysfunction.
PHT 5306 Pathology & Pharmacology: An introductory course on pathology and pharmacology and its implications on Physical Therapy practice. Students will appraise relevant pathologies and psychological and medication induced conditions that could affect their patient care management.

PHT 5380 and PHT 5380 L Cardiopulmonary PT I/Lab: Principles of physical therapy management of individuals with diseases and dysfunction of the cardiopulmonary systems.

PHT 5606 Scientific Inquiry I: This course is designed to introduce students to the principles of scientific inquiry in health care. The course will include research design, research methods and data critique and analysis. The students will be required to access and critique research literature.

PHT 5805 Clinical Ed. I: Students are introduced to professional physical therapy practice through a clinical-observation experience. Students observe Physical Therapist practitioners managing patients/clients with musculoskeletal, neuromuscular, cardiopulmonary and integumentary disorders. Students observe practitioners apply examination, evaluation and diagnostic procedures, and develop and implement of a plan of care that includes determining prognoses and intervention measures. Students also have opportunities to develop communication skills and observe various supervisory and administrative functions that a Physical Therapist Practitioner performs.

PHT 5932 Clinical Integration I: Integration of foundational and clinical science courses to develop clinical decision making skills for physical therapy practice. Students are presented clinical case studies of complex patients with multiple co-morbidities involving orthopedic, neurological, cardiopulmonary, and integumentary disorders, commonly seen in physical therapy practice. Students then formulate an evidence-based practice Physical Therapy Plan of Care.

PHT 6219 and PHT 6219 L Physical Agents & Electrotherapy/Lab: Theory and practice of Physical Therapy agents such as light, sound, water, superficial and deep heat, and electrical current as interventions for clinical problems such as edema, pain loss of motion, and tissue dysfunction.

PHT 6248 and PHT 6248 L Orthopedics PT II/Lab: Advanced principles of physical therapy management of individuals with orthopedic diseases and dysfunction.

PHT 6381 and PHT 6381 L Cardiopulmonary PT II/Lab: Advanced principles of the physical therapy management of individuals with diseases and dysfunction of the cardiopulmonary systems.

PHT 6719 and PHT 6719 L Neurology PT II/Lab: This course will explore, in depth, the examination, evaluation, diagnosis, prognosis and treatment of clients with neuromuscular disorders such as Multiple Sclerosis, Parkinson’s Disease, balance disorders and closed head injuries. The Physical Therapy Student will be taught neurophysiological PT treatments for clients with neuromuscular disorders.

PHT 6312 and PHT 6312 L Orthopedic III PT/Lab: Advanced course on artrology, joint evaluations, joint mobilization techniques, indications and contraindications for joint mobilization of the extremities, spine and TMJ. Students will be introduced to screening for medical diseases and orthopedic differential diagnosis. Selected manipulation techniques for the spine will be included in this course.
**PHT 6328 Pediatric PT**: The course will cover principles of pediatric examination, evaluation, diagnosis, prognosis and treatment.

**PHT 6373 Gerontology**: Identification of the unique challenges presented by the well and ill older individual with the identification of strategies to manage these problems.

**PHT 6402 Psychological Aspects of Disability**: The study of the psychosocial aspects of rehabilitation in physical therapy care.

**PHT 6420 Teaching and Learning**: Introduction to learning theory and teaching methods used to identify individual learning styles and enable the learner to have a successful learning experience. This information will relate to learners in multiple learning situations.

**PHT 6618 Scientific Inquiry II**: Students participate in research projects in collaboration with their research advisor. Students may be engaged in proposal writing, data collection, data analysis, and interpreting and reporting their findings.

**PHT 6620 Scientific Inquiry III**: Students will participate in a research project in collaboration with their research advisor. Students may be engaged in proposal writing, data collection, data analysis, and interpreting and reporting their findings. Students will disseminate the findings of their study in a formal presentation, such as a poster presentation in a research forum, or scientific meeting.

**PHT 6713 and PHT 6713 L Prosthetics and Orthotics/Lab**: Management of the upper and lower extremity amputee and overview of the phases of prosthetic management, including the rationale and guidance for selecting orthoses for orthopedic and neurologically impaired patients of all ages.

**PHT 6733 Special Topics in Physical Therapy**: The purpose of this course is to provide the physical therapy student additional information concerning medical special interest groups, issues, or conditions, such as women’s health. This knowledge will be integrated and applied into the physical therapy plan of care.

**PHT 6934 Clinical Integration II**: Integration of foundational and clinical science courses to develop clinical decision making skills for physical therapy practice. Students are presented clinical case studies of complex patients with multiple co-morbidities involving orthopedic, neurological, cardiopulmonary, and integumentary disorders, commonly seen in physical therapy practice. Students then formulate an evidence-based practice Physical Therapy Plan of Care.

**PHT 6822 Clinical Ed. II**: A supervised full-time, eight-week clinical education experience in a selected physical therapy setting which is designed to provide students the opportunity for mastery of a variety of skills, as well as administration and supervision in physical therapy, under the supervision of a licensed physical therapist. Students are expected to practice in a safe, professional, ethical manner with adherence to legal standards.
PHT 6823 Clinical Ed. III: A supervised full-time, eight-week clinical education experience in a selected physical therapy setting which is designed to provide students the opportunity for mastery of a variety of skills, as well as administration and supervision in physical therapy, under the supervision of a licensed physical therapist. Students are expected to practice in a safe, professional, ethical manner with adherence to legal standards.

PHT 6824 Clinical Ed. IV: A supervised full-time, sixteen-week clinical education experience in a selected physical therapy setting which is designed to provide students the opportunity for mastery of a variety of skills, as well as administration and supervision in physical therapy, under the supervision of a licensed physical therapist. Students are expected to practice in a safe, professional, ethical manner with adherence to legal standards.

PHT 6935 Clinical Integration III: Integration of foundational and clinical science courses to develop clinical decision making skills for physical therapy practice. Students are presented clinical case studies of complex patients with multiple co-morbidities involving orthopedic, neurological, cardiopulmonary, and integumentary disorders, commonly seen in physical therapy practice. Students then formulate an evidence-based Practice Physical Therapy Plan of Care.

PHT 6960 Professional PT Practice: This course is designed to examine and evaluate student’s preparation for professional Physical Therapy practice, prior to the third and fourth clinical education experiences. It will review the current physical therapy licensure examination test blueprint and the strategies for successful completion of the licensure exam. It will also test current preparation via diagnostic tests in particular content areas and will be administered by the professors who have previously taught in the curriculum. A final Comprehensive Exam will be administered during the last week of the course.

PHT XXXX Health Promotion and Wellness: This course will provide an extensive study of wellness principles with practical application of skills to enhance the physical therapist’s ability to be able to assess family health care needs and access and practice and consult in the area of health promotion and wellness. Students will learn to seek out community resources and develop specific fitness and wellness strategies for physical therapy populations over the life span, including basic nutrition, education and marketing strategies.

PHT XXXX Diagnostic Testing in PT Practice: This course is designed to provide a basic understanding of the indications and implications of commonly used diagnostic imaging tests related to physical therapy practice, including x-rays, MRI, bone scans, CT scans, PET scans, ultrasound and other diagnostic procedures. Students will be required to understand indications for diagnostic tests and be able to integrate findings with physical therapy diagnoses. Emphasis will be placed on interpreting images as it relates to the physical therapy treatment.

PHT XXXX Differential Diagnosis: This course is designed to assist the physical therapy student to be able to consider and identify signs and symptoms associated with a broad spectrum of conditions and pathologies represented by musculoskeletal, cardiopulmonary, neurological and systemic diseases, specifically where differential diagnosis is important for the successful outcome of rehabilitation interventions for clients. Emphasis is placed on methods to determine the most appropriate intervention strategy for each patient or client through the diagnostic process including referral to other, appropriate, healthcare providers.
PHT XXXX Advanced Evidence Based Practice: This course will focus on a review and critique of physical therapy literature including validity and reliability of measurement and sampling procedures that will assist students in making clinical decisions that are consistent with the professional literature. Students will enhance their understanding of evidence-based practice, including how to generate clinical questions and critically apply the literature to determine its application to patients with cardiopulmonary, orthopedic, neurological, and other medical problems.

D. Describe briefly the anticipated delivery system for the proposed program.

The delivery system will consist of classroom lectures, laboratory and clinical experiences. The curriculum plan acknowledges that the curriculum will utilize various learning strategies from the cognitive, psychomotor, and affective domains. The curriculum progresses from basic science or foundational courses (i.e. theory) to clinical courses, which stress the transition from theory, to application of theory (practice). Additionally, the curriculum is designed to progress the student from learning basic skills to complex examination, evaluative, and intervention skills, and further develop the student’s critical thinking and clinical decision making skills.

In the proposed program, clinical rotations begin in the second year, 4th semester, of the program. By this time, students have completed their basic science or foundational courses as well as courses concerning professional issues and behavior, and are prepared to transition to clinical courses, which stress application of theory (practice). The organization, integration and reinforcement of learning experiences will prepare students to better manage patients with multiple co-morbidities, seen in acute-care settings, by their first full-time clinical experience (Clinical Education II). Students will be prepared to engage in all 5 elements of patient management (Examination, Evaluation, Diagnosis, Prognosis, & Intervention) with patients having Musculoskeletal, Neuromuscular, Cardiopulmonary or Integumentary disorders.

Multiple instructional methods are utilized by core academic and clinical faculty to maximize learning. These may include: Lectures; Laboratory – Demonstration and Practice; Patient/Client Demonstration; Group Discussion; Peer/Student teaching/instruction; Seminars and Clinical observation. Upon successful completion of the Professional Program in Physical Therapy, offered by the School of Allied Health Sciences, at Florida A&M University, a Doctor of Physical Therapy (DPT) degree will be awarded.

V. Assessment of Current and Anticipated Faculty (one page or less, in addition to table)

A. Use DCU DPT Table One to provide information about each existing faculty member who is expected to participate in the proposed program by the fifth year following the transition, whether additional faculty will be needed to initiate the transition, and what the estimated faculty workload will be by the fifth year following the transition. Append to the table information relating to any master’s or doctoral committee involvement and the number and type of professional publications for each faculty member.

B. Please provide a brief narrative explaining the information provided in DCU DPT Table One, as well as the plan for hiring any additional faculty. If there is no need for additional faculty, please explain briefly.

The Division of Physical Therapy currently has 6 full-time core faculty with an additional faculty in the pipeline to be hired, effective August, 2007 and two vacant positions, including the Program Director position, bringing the total core faculty number lines to nine. The current core faculty plus the new hire includes five physical therapists, and two faculty with expertise in the basic sciences. The faculty has appropriate expertise and qualifications to meet programmatic and curricular needs, including faculty
with expertise in the areas of anatomy, physiology, clinical education, orthopedics, sports physical therapy, pediatrics, motor development and neurological assessment, manual therapy, kinesiology, cardiopulmonary, women’s health and others. Collectively, faculty, including adjunct faculty, supporting faculty, and clinical education faculty’s expertise provides a sound base for ensuring adequate and appropriate instructional design, content delivery, and curricular evaluation, to meet program and curricular needs.

The average number of core faculty for entry-level DPT programs across the country is nine. While we have sufficient faculty to initiate the program, based upon our curricular needs to complete the transition to the DPT, the program needs to hire 2-3 core faculty in addition to a Program Director, bringing the total number of faculty lines to ten (two positions above what the program has budgeted for the MPT degree) in the next five years. It is anticipated that the additional lines will be used to hire faculty in the Cardiopulmonary and Neurology components of the curriculum and to add an additional Physical Therapist with varied experiences (generalist) to free-up existing faculty to focus on their specialty areas. With the addition of the faculty, as stated above, there will be sufficient numbers with appropriate expertise to meet program curricular areas and successfully transition the program to DPT.

VI. Assessment of Current and Anticipated Resources (one to two pages, in addition to table)

A. In narrative form, briefly assess current facilities and resources available for the proposed DPT program (such as library volumes, serials, classroom, teaching laboratory, office space, equipment, fellowships, scholarships, graduate assistantships, internships, and any other related resources).

PHYSICAL FACILITIES

The Division of Physical Therapy contributes to the achievement of the goals and objectives of the professional program through the provision of offices and space in sufficient quantity and quality for the delivery of the educational program. Divisional activities are conducted in the Lewis-Beck Allied Health Building and the Frederick Humphries Sciences Research Facility. These facilities are in walking distance of each other and are, therefore, easily accessed.

Classrooms are of adequate size and number and are available for scheduled use by the program. Approximately 40-50 students are expected to be admitted to the Doctoral degree program in physical therapy each year. Laboratory classes are generally 25 or less in number. Seminars and lectures with its combined classes of P.T.s and O.T.s are held in the Tiered “Smart” classroom, Room 107 or 113, Lewis-Beck Allied Health building. The classrooms in this building are available for classes of over fifty students and sized up to seventy-five students. The assignment of classrooms is based on the size of the class, and is made through the Office of the Associate Dean.

Laboratory sessions are held in designated places. Anatomy laboratory sessions are held in the Gross Anatomy laboratory in Room 001 Lewis-Beck Allied Health Building. The Musculoskeletal/Modalities laboratory is located in Room 221 Lewis-Beck Allied Health building. The Neuro-Developmental/Exercise laboratories are located in Room 219, Lewis-Beck Allied Health building. Additionally, the Division of Physical Therapy has a multi-purpose gymnasium which is used for any additional activities. The classroom space is available in sufficient quantity to allow for concurrently scheduled courses without conflict.
The present facilities accommodate the current needs of the program and are adequate to accommodate the needs of the entry-level doctoral degree (DPT) program. Each laboratory has storage rooms for equipment and audio-visual materials. Washrooms and toilets are available on each floor. Additionally, the gymnasium has separate men/women shower stalls and lockers. Each laboratory in the Lewis-Beck Allied Health building has large storage closets as well as built-in wall cupboards for teaching supplies and materials. Most of the drawers and cabinets can be locked.

**EQUIPMENT**

Clinical equipment is available in the laboratories and kept in good operating condition, is safe for students and faculty to use and is replaced as needed in order to keep up with recent technologies. The Modalities Laboratory has electrodiagnostic equipment, Ultra Sound, and all the material needed to practice with these devices, in addition to ten plinths. Bone sets are available for study and can be checked out by students. A single station Biodex is used in teaching isokinetic evaluation and treatment in the laboratory space dedicated to it.

The Neuro-Developmental/Exercise Laboratory, Lewis-Beck has 5 large floor mats, one set of parallel bars, several different sizes of bolsters, balls, two mat tables, graduated stepping stools, a tilt table, three plinths, wall bars, and a wall pulley-system. There are four wheelchairs for student practice and an array of the various assistive walking devices for use in this laboratory space.

Clinical equipment needed for instruction that is not available to students at the school e.g. hydrotherapy and ICU is secured by arranging visits to local clinical facilities for demonstration and class instruction. Core faculty trained in Aquatic Therapy is available to assist in making these arrangements.

Audio-visual materials are available for students to complement classroom instruction and usually kept on reserve at the Coleman Library Media department for check-out. Additional reading material and books are available for students to check out at the reference desk at Coleman Library or the Health Sciences Library located in the Frederick Humphries Science Research Building.

The campus copy center is available for large quantities of material and has a quick return rate for duplicating class and other materials. The SOAHS has a copy-machine available in Lewis-Beck Allied Health building for the faculty to use without restriction. Overhead projectors are available for each classroom and each building has a VCR and slide-projector. Each building has a separate room where the equipment is stored and faculty members have a key to check-out materials as needed. The office machines are maintained by service contracts.

Faculty offices are equipped with a desktop computers and laser printers. The secretary pool utilized by the Division of Physical Therapy also has computers (Gateway Pentium) and laser printers and appropriate software to complete correspondence, administrative materials, and other projects as needed by the faculty members.

The Lewis-Beck Allied Health building and the Frederick Humphries Science Research building, together, provide adequate space for faculty to conduct research. Research equipment that is currently available include:
Sensormedics VMAX 229 Metabolic Cart; Exercise Gas Exchange Measurements: VO₂, VCO₂, Ventilation, Anaerobic Threshold; Sensormedics V6200 Body Plethysmograph Pulmonary Function Testing: Spirometry & Lung Volumes, Diffusion Capacity, etc. Sensormedics 800 Cycle Ergometer; Electronic Cycle Ergometer; Sensormedics Pulse Oximeter %SpO₂ Measurements; Quinton Q4500 12-lead ECG Stress Testing System; Exercise Testing System; Quinton ST 65 Treadmill; Electronic Treadmill; Jamar Hand Dynamometer; Stabilizer Pressure Biofeedback device; Peak Performance Motion Analysis System, Video Monitoring Deck and Software; Shuttle, Balance equipment (Balance boards and Docker Board); Protein and DNA Electrophoresis Equipment; DNA Transfer Units; Cadwell 4-channel and 6-channel EMG System with Software.

Four rooms in the Lewis-Beck building have been designated as a faculty research laboratories. Additionally, faculty has access to the biological sciences laboratories as well as the laboratories of the Frederick Humphries Science Research building and College of Pharmacy to do collaborative research work. Additional research opportunities are provided through collaboration with the University’s athletic department, particularly in the area of sports medicine.

Clinical equipment is available in the laboratories and kept in good operating condition, is safe for students and faculty to use and is replaced as needed in order to keep up with recent technologies. The Modalities Laboratory has electrodiagnostic equipment, Ultrasound, and all the material needed to practice with these devices, in addition to plinths and electrodiagnostic equipment. A single station Biodex is used in teaching isokinetic evaluation and treatment in the laboratory space dedicated to it.

The Neuro-Developmental/Exercise Laboratory, has 5 large floor mats, one set of parallel bars, several different sizes of bolsters, balls, two mat tables, graduated stepping stools, a tilt table, three plinths, wall bars, and a wall pulley-system. There are four wheelchairs for student practice and an array of the various assistive walking devices for use in this laboratory space. Additional research and teaching equipment that is currently available include: Sensormedics VMAX 229 Metabolic Cart; Exercise Gas Exchange Measurements: VO₂, VCO₂, Ventilation, Anaerobic Threshold; Sensormedics V6200 Body Plethysmograph Pulmonary Function Testing: Spirometry & Lung Volumes, Diffusion Capacity, etc. Sensormedics 800 Cycle Ergometer; Electronic Cycle Ergometer; Sensormedics Pulse Oximeter %SpO₂ Measurements; Quinton Q4500 12-lead ECG Stress Testing System; Exercise Testing System; Quinton ST 65 Treadmill; Electronic Treadmill; Jamar Hand Dynamometer; Stabilizer Pressure Biofeedback device; Peak Performance Motion Analysis System, Video Monitoring Deck and Software; Shuttle, Balance equipment (Balance boards and Docker Board); Protein and DNA Electrophoresis Equipment; DNA Transfer Units; Cadwell 4-channel and 6-channel EMG System with Software.

Audio-visual materials are available for students to complement classroom instruction and usually kept on reserve at the Coleman Library Media department and the School of Allied Health Sciences Computer Lab for check-out. Additional reading material and books are available for students to check out at the reference desk at Coleman Library or the library located in the Science Research Building.

Clinical Affiliations

At the present time, there are approximately 231 clinical facilities in our database; therefore, adequate numbers of contracts are available to support the transition to the DPT. Contracts include a variety of settings, such as: Outpatient Rehabilitation Centers, General Hospitals, Teaching Hospitals, Extended Care Centers, Nursing Homes, Intermediate and Long Term Care Facilities, Sports Orthopedic Physical Therapy Centers, Childrens
Hospitals, School System, Early Intervention Programs, and Private Practice Physical Therapy Offices.
Clinical affiliation agreements to these facilities are maintained in a file in the ACCE's office. Copies are also filed in the Associate General Counsel's office. An information package (CSIF) of each contracted affiliation is filed in the physical therapy main office and may be reviewed by the students.

Affiliations are assigned by the ACCE and are dependant upon student need and variety of clinical experience. The ACCE carefully assesses the feedback from students with regard to each facility at the end of each clinical term. The ACCE visits facilities periodically to check-out the facility and to assess or re-assess whether the facility reflects the expectations of the program and whether the level of practice meets the standards set forth by the clinical education committee.

Clinical education internships (rotations) in different types of community health care facilities (acute care, sub-acute care, neurological and orthopedic rehabilitation, outpatient, pediatrics, skilled nursing, home health) across the United States, are part of the Physical Therapy curriculum. In the current program, clinical rotations begin in the second year, fourth semester, of the program. These different clinical education settings provide students an array of experiences in which they are able to engage in all elements of patient management (Examination, Evaluation, Diagnosis, Prognosis, & Intervention) with patients that are representative of those commonly seen in Physical Therapy Practice, i.e. having primarily musculoskeletal, neuromuscular, cardiopulmonary or integumentary disorders. During clinical rotations, students have opportunities to be supervised by a variety of clinical instructors, with different levels of experience and expertise (recent graduate, experienced clinician, clinical specialists, etc.) and interact with and refer to other health professionals. Furthermore, during these clinical rotations, students also have opportunities to educate patients and families, manage supportive personnel, perform administrative and quality assurance duties, observe clinical procedures and surgeries, participate in clinical research, and learn effective time management in the clinical setting.

Clinical education experiences are continually being sought that will provide the student a favorable and optimal learning environment. There is regular dialogue between the ACCE and clinical education faculty concerning a student’s level of matriculation in the program, to facilitate appropriate placement, supervision and guidance within a facility. Each year, local clinicians are invited to meet at the school, to allow clinical faculty to meet core faculty, familiarize clinical faculty with the curriculum, and discuss any previous or potential problems perceived with the curriculum. During these meetings, the local clinicians have expressed their support and strong interest in the doctoral degree and many of them have either attained the DPT or are enrolled in transitional DPT (tDPT) programs.

Library/Learning Resources


Samuel H. Coleman Memorial Library, the University's main library, was built in 1948, renovated in 1972 and in 1990. Coleman Library was expanded by a 5 story 47,100 gross square feet in 2004. Library collections, including
Law, presently number over 901,201 cataloged volumes over 416,163 microforms over 76,000 non-print resources and over 6,000 serial and/or journal titles. Designated as a selective depository for United States government publications, the libraries hold over 562,000 items in the government documents depository collection. The libraries also provide access to 136,379 electronic resources, including full text journals (81,375), government documents (502), and e-books (54,502). The Libraries provide electronic access to 312 online databases.

The Instructional Media Center
The Instructional Media Center (IMC) at FAMU is accessible to all faculty and students. The IMC is a comprehensive network of facilities, services and professionals dedicated to enhancing and facilitating the teaching, research and learning process through the judicious acquisition, dissemination, and use of on-print media and instructional technologies. The Center provides three instructional support services: (1) distribution services (2) media production services (3) teleconference services. The distribution services section of the Center acquires and distributes hardware and non-print media, delivers and sets up classroom media, schedules viewing facilities, and manages a closed-circuit television system. Media production services designs and produces instructional audio and television programs, graphics and photography; the teleconference section manages downlink satellite conferences, schedules teleconferences and provides Distance Learning Programs, electronic classrooms and other media services.

Computer Lab
The School of Allied Health Sciences' computer applications laboratory is open from 9 a.m. until 5 p.m., Monday through Friday, and on weekends by special request. Discipline-specific software, including anatomy tutorials, Animated Dissection for Anatomy (A.D.A.M.), MacBrain Lesions software, Anatomy Practicum and Practice Exams, Radiology Practicum and Practice Exams, Virtual Modalities ultrasound software, electrical muscle stimulation software, and therapeutic exercise software targets the physical therapy student. In addition, other software available includes medical terminology tutorials, word processing, data base, spreadsheet, and desktop publishing. A computer laboratory assistant is employed to manage the laboratory and assist students in using the hardware and software. The entire Ware-Rhaney Annex Building is retrofitted with fiber-optic cabling, and all faculty offices, classrooms, and laboratories are able to access the internet.
Additionally, students have access to branch libraries, which are located in selected schools and colleges, and offer resources and services in their respective disciplines. They include the Architecture Library, the Journalism, Media and Graphic Arts Resource Center, the FAMU/FSU College of Engineering Reading Room and the Frederick S. Humphries Science Research Center (SRC) Library. The SRC Library, a 10,000 square feet facility, provides rapid network access to information resources owned and/or licensed by the University, as well as to resources in remote health science libraries through interlibrary loan. The SRC Library has a collection of 22,326 volumes. Most journals related to Physical Therapy and Allied Health are located in the Coleman Library and the Science Research Library.

**Student Funding**

The Entry-Level Doctoral Degree program in Physical Therapy will be an integral part of the School of Graduate Studies, Research, and Continuing Education. Through this association, students may apply for financial assistance in the form of (1) Graduate Assistantship (2) In-State Tuition Waivers (3) Out-of-State Tuition Waivers and (4) Fellowships.

<table>
<thead>
<tr>
<th>Physical Therapy Courses</th>
<th>Use of Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHT 5125 (Analysis of Human Motion)</td>
<td>Peak Performance Motion Analysis System and software; EMG System with Software</td>
</tr>
<tr>
<td>PHT 5154 (Human Physiology)</td>
<td>Interactive Simulated Physiology lab software</td>
</tr>
<tr>
<td>PHT 5149 (Life-Span Development)</td>
<td>Video-tapes and CDs</td>
</tr>
<tr>
<td>PHT 5606 (Scientific Inquiry)</td>
<td>Computer database searches (Medline, CINAHL) Power-Point presentations</td>
</tr>
<tr>
<td>PHT 5166 (Neuroscience)</td>
<td>MacBrain Lesion software; Neuro Web-links</td>
</tr>
<tr>
<td>PHT 5161 (Neurology PT)</td>
<td>Video-tapes; Neuro Web-Links; Video Monitoring Deck and Software</td>
</tr>
<tr>
<td>PHT 5156 (Exercise Physiology)</td>
<td>ECG Stress Testing System; Exercise Testing System and software</td>
</tr>
<tr>
<td>PHT 6381 (Cardiopulmonary PT)</td>
<td>Plethysmograph Pulmonary Function Testing and software; Sensormedics Pulse Oximeter VO2, VCO2 Ventilation System and software</td>
</tr>
<tr>
<td>PHT 6219 (Physical Agents and Electrotherapy)</td>
<td>Virtual Modalities ultrasound software, Electrical muscle stimulation software</td>
</tr>
<tr>
<td>PHT 6248 (Orthopedic PT II)</td>
<td>Stabilizer Pressure Biofeedback device and software</td>
</tr>
</tbody>
</table>

*B. Describe any additional facilities and resources required for transition to the DPT. If a new capital expenditure for*
With recent increases in enrollment in the MPT program and an anticipated higher enrollment in the DPT program, there is a need for additional equipment items including, electrodiagnostic equipment, treadmills, recumbent cycles, traction tables, and other support items for instruction and student use. It is expected that part of the additional funding to support growth and purchase of equipment for the transition to will come through externally funded awards to the School of Allied Health Sciences, which currently total approximately 6 million annually. Sponsored research funds are monitored by the Division of Sponsored Research at Florida A&M University.

ACCOUNTABILITY

VII. Assessment of Need and Demand (one to two pages, in addition to table)

A. What national, state, or local data support the need for more people to be prepared in this program at this level? (This should include any statement or rationale made by the accrediting body with regard to transition to the DPT; national, state, or local plans or reports that support the need for this transition; demand for transition of the program emanating from a perceived need by agencies or industries in your service area; and summaries of prospective student inquiries.) Indicate potential employment options for graduates for the program, and how this would differ from options for current graduates of the MPT program. Summarize the outcome of communication with existing DPT programs, as well as communication with other programs considering this transition.

The scope of Physical Therapy practice changed dramatically in the past few years. The professional association (APTA) in its Vision 2010 Statement began focusing on Physical Therapists as independent, autonomous practitioners with direct access to patients (similar to the scope of practice of Physicians, Optometrists, or Dentists). Additionally, physicians are becoming more dependent on physical therapists to make decisions on the type and amount of treatment for their patients. Furthermore, the APTA has begun to advocate that Physical Therapy Practice should be at the Clinical Doctorate Level and that entry-level Doctor of Physical Therapy (DPT) programs more accurately reflect the scope, depth, breadth, and rigor of the high-quality education preparation needed for current and future practice.

Currently, nearly ninety percent of physical therapy programs have transitioned to the DPT or have submitted applications to do so. This number includes five of eight programs at Historically Black Colleges and Universities (HBCUs) and seven of nine programs within the State University System of Florida (SUS). Recent demographic data from CAPTE indicates that there is a drastic decline in both the numbers of African-American students enrolled in and graduating from PT programs in the SUS, with Florida A&M University comprising approximately ninety percent of the students enrolled. Without the contributions of Florida A&M University, the presence of African-Americans in the PT profession, within the SUS, would be virtually nonexistent. In communications with Program Directors of existing and transitioning DPT programs across the SUS, the consensus is that the shift to the DPT is of critical importance for all programs within the SUS to remain competitive in the recruitment of qualified students, to meet the APTA’s goal to diversify the profession, and to meet the mission of the profession to produce graduates at the doctoral level.

B. Use DCU DPT Table Two to indicate the number of students (headcount and FTE) you expect to major in the proposed program during each of the first five years following transition, categorizing them according to their primary sources.
Please include a narrative for DCU DPT Table Two that includes the rationale for enrollment projections, an explanation of the estimated headcount to FTE ratio, and data regarding the enrollment and graduation rates for the MPT program for the previous five years.

Currently there are 60 total students enrolled in the MPT program. Annually, approximately 250 students request the application for admission. Anywhere from 75-100 students complete all the required steps for entry into the program. In communications with those who decided not to complete the application process or to enroll in the program, their primary reason was that they wanted to attain the DPT degree. Therefore, they decided to focus on institutions that offered the entry-level DPT. Over the past 3 years the MPT program has admitted an average of 20 students per admission class. It is anticipated that transitioning to the DPT will have an immediate impact on enrollment with a projection of an increase of ten students in the first year of implementation and an increase of thirty students by the fifth year. At the time of implementation of the first year class of thirty students, forty-five students who were admitted prior to transition to the DPT will have the option of transitioning to the DPT degree program, bringing the total headcount to seventy-five (75) during the first year of implementation. With the projected increases, coupled with students from the previous admission classes, it is anticipated that the total headcount will be 140 by the fifth year. Additionally, it is anticipated that faculty FTE’s will increase from 7 in the initial year to 10 by the fifth year.

The majority of the program’s graduates are employed in the State of Florida; however, some have assumed positions throughout the U.S. The table below represents data on the past 5-year period:

### Current Graduation Rates

<table>
<thead>
<tr>
<th>Academic Year Admitted</th>
<th>Expected Date Of Graduation</th>
<th>Number of Students Admitted</th>
<th>Number of Graduates</th>
<th>Graduation Rate</th>
<th>Degree Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2000</td>
<td>2002</td>
<td>9</td>
<td>7</td>
<td>78%</td>
<td>M.S.</td>
</tr>
<tr>
<td>Fall 2001</td>
<td>2003</td>
<td>15</td>
<td>8</td>
<td>53%</td>
<td>M.S.</td>
</tr>
<tr>
<td>Fall 2002</td>
<td>2004</td>
<td>12</td>
<td>12</td>
<td>100%</td>
<td>M.S.</td>
</tr>
<tr>
<td>Fall 2003*</td>
<td>2005</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Fall 2004</td>
<td>2006</td>
<td>14</td>
<td>12</td>
<td>86%</td>
<td>M.S.</td>
</tr>
<tr>
<td>Fall 2005</td>
<td>2007</td>
<td>28</td>
<td>No data</td>
<td>No data</td>
<td>M.S./DPT</td>
</tr>
<tr>
<td>Fall 2006</td>
<td>2008</td>
<td>20</td>
<td>No data</td>
<td>No data</td>
<td>M.S./DPT</td>
</tr>
</tbody>
</table>

* Program restructured curriculum, did not admit a class.

C. Will the transition have a negative impact on the number of students enrolled, either due to increased length of the program or any other elements essential to the transition? If so, please explain.

It is not anticipated that the transition to the DPT will have any negative impact on student enrollment.

______________________________  ______________________________
Carrie M. Gavin, EEO Officer      Date

D. Briefly indicate what steps will be taken to achieve a diverse student body in this program. Please create a place for signature at the end of section (VII-b-C) and have your university’s Equal Opportunity officer read, sign, and date this
The FAMU Physical Therapy Program, in fulfilling its responsibility to physical therapy education, is developed in accordance with the stated mission of Florida A&M University. In fulfilling this responsibility, the entire program’s faculty participates in recruitment activities directed towards the targeted population(s) stated in the University’s mission. Faculty participates in on and off campus health fairs and other presentations and serves as academic advisors and mentors to students enrolled in the baccalaureate Health Sciences Program. Students enrolled in this program have declared an interest in Physical Therapy and follow a curriculum that gives them the prerequisite courses needed to apply to the graduate Physical Therapy program. Additionally, information about the program is distributed to the targeted population through local, state, and national conferences and associations, as well as activities held during National Physical Therapy Month.

To date, the program in Physical Therapy, at Florida A&M University has and continues to be the most diverse program in the nation. The records show that, inclusive of the 2006 graduating class, 665 students have graduated from the Division of Physical Therapy. Of those graduates 350 were White, 26 Hispanic, 3 American Indian, 12 Asian/Islander and 274 African-American. The program’s graduates are employed by a variety of agencies throughout the United States.

VIII. Budget (one page, in addition to table)

Use DCU DPT Table Three to display dollar estimates of both current and new resources for the proposed program for the first and the fifth years following the transition. In narrative form, identify the source of both current and any new resources to be devoted to the proposed program, including any external resources or entities that may be available to support the program. If other programs will be negatively impacted by a reallocation of resources for the proposed program, identify the program and provide a justification.

The Division of Physical Therapy in the School of Allied Health Sciences at Florida A&M University is provided financial resources that are sufficient to meet its stated goals, objectives, and needs. The Division of Physical Therapy has available to it financial resources to support the continuing operation of the program at an acceptable level. The Division of Physical Therapy’s budget plan is reflective of the University’s and School’s Expenditure Plan. The divisional budget plan is suggestive of adequate support of essential program and faculty needs and ensures that obligations to potential and enrolled students are met.

The Instruction and Research Program Component of the Operating/Expenditure Plan for Florida A&M University includes: Person/years/Positions; Rate for faculty; Administration and Professional Salaries; University Support Personnel Services; and Funding (Dollars) to be used for: salaries; other personal services; operating expenses; and operating capital outlay.

The School of Allied Health Sciences is termed a Cost Center in the Educational and General Operating Budget/Expenditure Plan. The development of the Education and General (E and G) operating budget begins with an estimation of the base allocation in positions, rate, and dollars. The budget allocation for the School of Allied Health Sciences is inclusive of the five divisional budgets in the School of Allied Health Sciences. A separate line item is issued to the School for new appropriations or adjustments, such as Special Consideration issues, i.e. Academic Enhancement for Program Expansion. The budget plan for the School of Allied Health
The operating budget plan for the Division of Physical Therapy is presented in the same expenditure categories as the School of Allied Health Sciences. The divisional budget is further delineated by “Object Codes” that have significance for divisional operations. Budgetary inclusions are as follows:

1. Salaries and Benefits: for full-time faculty; Administrative and Professional Services; and University Support Personnel Services.
2. Other Personnel Services (OPS): for OPS temporary; student assistants; and adjunct faculty.
3. Operating Expenses: Inclusive of mandatory overhead expenses, i.e., telephone, postage, reproductions, maintenance supplies, including Educational/medical/agricultural supplies, (i.e., supplies for gross anatomy laboratory); Repairs and maintenance, general maintenance of laboratory equipment; office supplies; equipment rental; Travel, for professional development and clinical visitation; In-State Travel; Out-of-State Travel.
4. Special Category: Special Consideration Issues Funding. These funds may be recurring or non-recurring funds. This category includes funding for academic enhancement, and anticipated changes in program needs.

According to University policy and procedures, Operating Capital Outlay funds and Scientific and Technical Equipment dollars are granted through a separate budgetary requesting framework. The time-frame and budget allocation to the University is made known to the academic administrators. Equipment is acquired through Operating Capital Outlay funds Scientific and Technical Equipment allocations.

The Dean requests prioritized requisitions from the division directors annually. Operating Capital Outlay dollars are budgeted to an account for the School of Allied Health Sciences, and all divisional requests are processed through that account. Requests are honored based on priority ranking and budget allocation.

Additional funding to support growth and purchase of equipment for the transition to will come through externally funded awards to the School of Allied Health Sciences, which currently total approximately 6 million annually. Sponsored research funds are monitored by the Division of Sponsored Research at Florida A&M University.

Additionally, the Entry-Level Master’s Degree program in Physical Therapy is an integral part of the School of Graduate Studies, Research, and Continuing Education. Through this association, financial assistance is available to the graduate physical therapy students in the form of (1) Graduate Assistantship (2) In-State Tuition Waivers (3) Out of-State Tuition Waivers and (4) Fellowships.

The Division of Physical Therapy conducts its planning for fiscal support in accordance with the System of Strategic Planning for the State University System of Florida. Section 240.147(2) Florida Statutes, prescribes the process for development of a master plan for post-secondary education in Florida every five years.

IX. Productivity (one page)
Briefly describe the productivity of the academic unit(s) associated with this degree with regard to teaching, research, and service. Such evidence may include trends for average course load, FTE productivity, student headcounts in major or service courses, degrees granted, external funding attracted, as well as any qualitative indicators of excellence.

The number of faculty and individual teaching assignments allow adequate time for faculty to engage in research and other scholarly activities. Faculty teaching loads are determined through appropriate assignment of responsibility processes are consistent with other faculty throughout the institution, and are reflective of similar professional programs nationally. Currently, there are sixty students enrolled in the existing MPT program. Since the inception of the MPT program in 2000, thirty-nine students have graduated. Each core faculty, on average, teaches at least two courses, averaging approximately six credit hours per semester. All of the core faculty members are actively involved in governance, recruitment, admissions, professional organizations and other activities that contribute to their overall professional growth and development. Additionally, all core faculty participate in various professional meetings, seminars, and professional development activities, held at the local, state, and national levels, scheduled throughout the year.

The core faculty all has a record of ongoing scholarly activity and are involved in collaborative research with students. The current MPT curriculum has three levels of research activity which students are required to participate. In these courses students will participate in a research project in collaboration with their research advisors. In collaboration with faculty, students will be engaged in proposal writing, data collection, data analysis, and interpreting and reporting their findings and will disseminate the findings of their study in a formal presentation at a research forum, scientific meeting, or submission of manuscript for publication.

The faculty has appropriate expertise and qualifications to meet programmatic and curricular needs, including faculty with expertise in the areas of anatomy, physiology, clinical education, orthopedics, sports physical therapy, pediatrics, motor development and neurology, manual therapy, kinesiology, cardiopulmonary, women’s health and others. Collectively, faculty, including adjunct faculty, supporting faculty, and clinical education faculty’s expertise provides a sound base for insuring adequate and appropriate instructional design, content delivery, and curricular evaluation, to meet program needs.

The six core faculty, in aggregate, have thirty-six (36) publications in peer-reviewed journals, sixty-four (64) abstracts and presentations; four (4) book chapters and reviews, three (3) active research grants and have directed or served on the thesis/dissertation committees of nine (9) students from various programs throughout the University.
### Faculty Participation in Proposed Degree Program by Fifth Year

<table>
<thead>
<tr>
<th>Faculty CODE</th>
<th>Faculty Name or “New Hire”</th>
<th>Academic Discipline/Specialty</th>
<th>Rank</th>
<th>Contract Status (Tenure status or equivalent)</th>
<th>Highest Degree Held</th>
<th>Initial Date for Participation in Proposed Program</th>
<th>5th Year Workload in Proposed Program (Portion of Person-year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17681</td>
<td>Arnold Bell</td>
<td>Orthopedic/Sports</td>
<td>Prof.</td>
<td>Tenured</td>
<td>Ed.D.</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td>17080</td>
<td>Mary Pope-Grattan</td>
<td>Neurology/Pediatrics</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>Ph.D.</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td>17661</td>
<td>Phyllis Reaves</td>
<td>Cardiovascular Physiology</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>Ph.D.</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td>17652</td>
<td>Bernard Smothers</td>
<td>Orthopedics</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>M.S.</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td>17970</td>
<td>Eric J. Toran</td>
<td>Anatomy</td>
<td>Assoc. Prof.</td>
<td>Tenured</td>
<td>Ph.D.</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td>18827</td>
<td>Venne S. Williams</td>
<td>Orthopedics</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>DPT</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td></td>
<td>Vacant Position</td>
<td>Director</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>PhD</td>
<td>August 2008</td>
<td>1 FTE</td>
</tr>
<tr>
<td></td>
<td>Vacant Position</td>
<td>Cardiopulmonary</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>DPT/PhD</td>
<td>August 2007</td>
<td>1 FTE</td>
</tr>
<tr>
<td></td>
<td>New Hire</td>
<td>Neurology</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>DPT/PhD</td>
<td>August 2008</td>
<td>1 FTE</td>
</tr>
<tr>
<td></td>
<td>New Hire</td>
<td>ACCE/Generalist</td>
<td>Asst. Prof.</td>
<td>Tenured Earning</td>
<td>DPT/PhD</td>
<td>August 2008</td>
<td>1 FTE</td>
</tr>
</tbody>
</table>

### Corresponding Faculty Position Category in TABLE 3 for the Fifth Year

<table>
<thead>
<tr>
<th>Faculty CODE</th>
<th>Proposed Source of Funding for Faculty</th>
<th>TOTAL 5th Year Workload by Budget Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Existing Faculty – Regular Line</td>
<td>6</td>
</tr>
<tr>
<td>B</td>
<td>New Faculty – To be Hired on Existing Vacant Line</td>
<td>2</td>
</tr>
<tr>
<td>C</td>
<td>New Faculty – To be Hired on a New Line</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>Existing Faculty – Funded on Contracts and Grants</td>
<td>-</td>
</tr>
<tr>
<td>E</td>
<td>New Faculty – To Be Hired on Contracts and Grants</td>
<td>-</td>
</tr>
</tbody>
</table>

**Overall Total for 5th Year**: 10
### DCU DPT Table Two

**Number of Anticipated Majors from Potential Sources***

<table>
<thead>
<tr>
<th>ACADEMIC YEAR</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>YEAR 4</th>
<th>YEAR 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source of Students</strong></td>
<td>HC</td>
<td>FTE</td>
<td>HC</td>
<td>FTE</td>
<td>HC</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>2</td>
<td>1.5</td>
<td>3</td>
<td>2.25</td>
</tr>
<tr>
<td>Individuals drawn from agencies/industries in your service area (e.g., older returning students)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Students who transfer from other graduate programs within the university</td>
<td>10</td>
<td>7.5</td>
<td>12</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Individuals who have recently graduated from preceding degree programs at this university**</td>
<td>10</td>
<td>7.5</td>
<td>12</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Individuals who graduated from preceding degree programs at other Florida public universities</td>
<td>8</td>
<td>6</td>
<td>10</td>
<td>7.5</td>
<td>12</td>
</tr>
<tr>
<td>Individuals who graduated from preceding degree programs at non-public Florida institutions**</td>
<td>2</td>
<td>1.5</td>
<td>1</td>
<td>.75</td>
<td>1</td>
</tr>
<tr>
<td>Additional in-state residents**</td>
<td>45</td>
<td>33.75</td>
<td>55</td>
<td>41.25</td>
<td>65</td>
</tr>
<tr>
<td>Additional out-of-state residents**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional foreign residents**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Explain)**</td>
<td>45</td>
<td>33.75</td>
<td>55</td>
<td>41.25</td>
<td>65</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>75</td>
<td>56.25</td>
<td>90</td>
<td>67.5</td>
<td>105</td>
</tr>
</tbody>
</table>

* List projected yearly cumulative ENROLLMENTS instead of admissions. Revised 8/8/03
** Do not include individuals counted in any PRIOR category in a given COLUMN.
*** If numbers appear in this category, they should go DOWN in later years.
### DCU DPT TABLE THREE
**COSTS FOR PROPOSED PROGRAM**

<table>
<thead>
<tr>
<th>INSTRUCTION &amp; RESEARCH</th>
<th>FIRST YEAR</th>
<th></th>
<th>FIFTH YEAR</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Revenue</td>
<td>Contracts &amp; Grants</td>
<td>Summary</td>
<td>General Revenue</td>
</tr>
<tr>
<td></td>
<td>Current</td>
<td>New</td>
<td></td>
<td>Current</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITIONS (Person-years)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>8</td>
<td>8</td>
<td>8*2</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A &amp; P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USPS</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Cells should relate directly to faculty numbers in Table One

<table>
<thead>
<tr>
<th>SALARY RATE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>619,323</td>
<td>619,323</td>
<td>619,323</td>
<td>150,000</td>
<td>769,323</td>
<td></td>
</tr>
<tr>
<td>A &amp; P</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USPS</td>
<td>31,575</td>
<td>31,575</td>
<td>31,575</td>
<td>31,575</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>650,898</td>
<td>650,898</td>
<td>650,898</td>
<td>150,000</td>
<td>800,898</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I &amp; R EXPENSES</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>813,622</td>
<td>813,622</td>
<td>813,622</td>
<td>187,500</td>
<td>1,001,122</td>
<td></td>
</tr>
<tr>
<td>Other Personnel Services</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>5,000</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Capital Outlay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Electronic Data Processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Library Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Special Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL I &amp; R</strong></td>
<td>833,622</td>
<td>833,622</td>
<td>833,622</td>
<td>222,500</td>
<td>1,056,122</td>
<td></td>
</tr>
</tbody>
</table>

Revised 5/6/03

Note: The University anticipates making two new lines available by the fifth year, provided the anticipated enrollment is realized.