Early Assurance BS/DPT Program Consortium Meeting Agenda October 7, 2016 Phoenix, AZ

Attending:

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- I. Welcome and Introductions of each member institution present
- II. Institutional aid/scholarship policies for students with undergraduate status in year one of the DPT program discussion: Mike discussed institutional aid or scholarship for the fourth year student/first year in DPT and whether institutions are taking away the aid. Discussion of various policies occurred with some schools eliminating undergraduate aid the fourth year and having only graduate scholarships, graduate loans available; some schools continue to allow the undergraduate institutional aid because considered baccalaureate level; some have the BS degree coming the fifth year so they

have institutional aid the entire fourth year; and some have financial aid for all 6 years to be competitive. Differentiated rates in many programs do occur with regards to tuition. Some schools trying to get tuition into a block model for graduate vs. per credit hour but have not been successful at this time. Some schools have one price for the whole program and then they divide it up into seven different payments which helps students with financial aid planning.

- III. Diane Heislein lead discussion on whether there should be PTCAS options for Early Assurance program student admissions (as Libby Ross provided in the attached document) were desired by the membership. Members could not see the added value and many universities would say "no" due to increased costs to university and applying students. Some programs do have Early Assurance students apply through PTCAS to help foster moving into graduate school, having the students follow the same admission process as everyone else but the student already had a guaranteed seat in the program. The advantage would be to help have all information needed for reports on file already (things for CAPTE reports and academic program review). Many programs have Early Assurance students take GRE and are just monitoring results. As far as interviewing candidates--most do not interview but a few do. PTCAS may be looking at rolling the information from the DPT application into residency applications with the same database. Members agreed we do need a database that encompasses all students in physical therapy education for the profession to have data. Concern expressed for FERPA. Need large aggregate data about the professional students to determine excellence. Argument in the past was the EA applicant pool is less qualified and that is not what we want in the PT profession but that is not as audible now. The members agreed we would not ask PTCAS to pursue building Early Assurance into the database at this time.
- IV. Diane Heislein announced the CAPTE standard with implications for early assurance programs is 6B. 3+3 programs with students entering without a BS degree—may want to look at this with closer scrutiny as a minor or minor equivalent is currently required. The minor requirements depend on the institution and what constitutes a minor. The members discussed what different programs were using to meet this standard and some have their own minor, use a psychology minor or biology minor, or work with a department to get more upper division classes for a minor with the department.
- V. Diane Heislein announced ACAPT has written rules of order for consortiums and this consortium needed at minimum to add a vice chair to the current chair and secretary leadership. A discussion regarding how this would best be done occurred and the membership agreed to have a call to nominate

candidates electronically following the conference and then vote electronically. Early Assurance Consortium members now have a place on the website to discuss various topics of concern. Mark Reinking also stated the consortium has money to use if we'd like and he encouraged the consortium to determine how these funds could be used to help all of us.

- VI. Benchmarking Excellence in Physical Therapy Survey portal open in ACAPT and the task force is working on data collection. A question was asked if there should be an additional filter on the portal options for Early Assurance programs. If we benchmark against like institutions, that would be good data to have? A concern was expressed that there is a difference between Early Assurance only programs and those with a mix of student applicants. It was suggested to have an Early Assurance header with more detailed subcategories such as: first header--are you Early Assurance followed by a second header--what % of your applicants are Early Assurance. On the portal, you cannot see only one program -you can only see yourself against 5 others (so if there is only one Early Assurance only program in the country they would not be able to benchmark against others. The next survey opens up dependent on your graduation date—there will be a questionnaire coming out asking when you want your survey. Have to have enough data to benchmark on nationally before the taskforce will be able to begin waiting three years to send out the survey for data collection.
- VII. Open forum for other issues/concerns: A question was asked if programs had policies to prevent over-enrollment. Some institutions want Early Assurance PT programs to accept more freshman than the current class size and CAPTE wants to know what happens if all the students make it through to the DPT program causing an over-enrollment. One program put a GPA cut at the end of sophomore, junior year and if they don't have it, they lose the seat (3.0 sophomore, 3.1 junior, 3.2 senior). One program has 3.4 cut point. Many admissions are concerned about the shrinking pool of high school coming in—want all qualified students coming in to have the opportunity. Some programs have bumped up SAT scores for incoming freshman and had to work through making sure admissions understands the profession's benchmarking data and the level of student required.
- VIII. Next meeting of the Consortium will be at CSM and will be scheduled at a later date.
- IX. Adjournment with meeting minutes to be posted on ACAPT website.

Respectfully submitted, Jean Weaver