



***Standards for the Accreditation of Entry-Level Athletic  
Training Education Programs***

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## **Standards for the Accreditation of Entry-Level Athletic Training Education Programs**

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum standards of quality of entry level Athletic Training education programs. CAATE is sponsored by The American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers' Association (NATA).

The *Standards for the Accreditation of Entry Level Educational Programs for the Athletic Trainer (Standards)* are used to prepare entry-level athletic trainers. It is each institution's responsibility to demonstrate compliance with these *Standards* in order to obtain and maintain recognition as a CAATE-accredited Athletic Training Education Program (ATEP). A list of accredited programs is published and available to the public.

These *Standards* are to be used for the development, evaluation, analysis, and maintenance of ATEPs. The *Standards* also contain a glossary of terms used throughout the document; the definitions provided in the glossary must be applied as stated. Via comprehensive and annual review processes, CAATE is responsible for the evaluation of a program's compliance with the *Standards*. The *Standards* provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these *Standards*.

### **Description of the Professional**

The Certified Athletic Trainer (ATC ®) works with physicians and other medical personnel, employers, patients, parents, guardians, and athletic personnel in the development and coordination of efficient and responsive health care delivery systems. Athletic trainers are integral members of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, corporate /industrial, and other health care settings.

The athletic trainer's professional preparation is based on the development of specified educational competencies and clinical proficiencies. Through a combination of formal classroom and clinical instruction and clinical experience, the athletic trainer is prepared to provide health care within each of the following content areas:

- Risk management and injury prevention
- Pathology of injuries and illnesses
- Orthopedic clinical examination and diagnosis
- Acute care of injury and illness
- Pharmacology
- Therapeutic modalities
- Conditioning and rehabilitative exercise
- Medical conditions and disabilities
- Nutritional aspects of injury and illness
- Psychosocial intervention and referral
- Health care administration
- Professional development and responsibility

### **General Requirements for Accreditation**

#### **Section A: Sponsorship**

- A1.** The sponsoring institution must be accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation.
- A2.** Sponsoring institutions must submit documentation that it is authorized, under applicable law or other acceptable authority, to provide a program of postsecondary education. Institutions outside of the United States must submit documentation that the institution is recognized and authorized by a national or international authority to provide a program of postsecondary education.

- A3.** Current formal affiliation agreement(s) or memorandum(s) of understanding must be developed and endorsed by appropriate administrative personnel from all institutions (i.e., bearing signature authority). The agreement must delineate responsibilities for:
- A3.1** program administration,
  - A3.2** instruction,
  - A3.3** supervision, and
  - A3.4** other functions as deemed appropriate by the sponsoring institution or the affiliate institution.
- A4.** Each affiliated clinical setting where students are assigned to a clinical instructor for student learning and/or clinical practice (excluding the ATEP sponsoring institution) must have an affiliation agreement. In the case where the administrative oversight of the clinical instructor differs from the affiliate site, formal agreements must be obtained from both parties.

## **Section B: Personnel**

### **B1. Program Director**

#### **B1.1 Requirements of the Position**

The program director must:

- B1.11** be a full-time position of the sponsoring institution,
- B1.12** have full faculty status, rights, responsibilities, and privileges as defined by institution policy and be consistent with other similar positions at the institution,
- B1.13** have programmatic administrative and supervisory responsibility recognized as a department assignment consistent with other similar assignments at the institution, and
- B1.14** have an amount of released/reassigned workload that is necessary to meet the administrative responsibilities of this assignment. This released/reassigned workload must be consistent with similar assignments at the institution.

#### **B1.2 Responsibilities of the Position**

The Program Director must have input to and assurance of the following program features:

- B1.21** organization and administration of all aspects of the educational program,
- B1.22** curricula planning and development,
- B1.23** fiscal and budgetary input and management as determined by the institution,
- B1.24** equitable distribution of educational opportunities at all clinical and classroom sites. This responsibility may be shared with a faculty member designated as a clinical coordinator; however, the Program Director has ultimate responsibility, and
- B1.25** recognizable institutional responsibility or oversight for the day-to-day operation, coordination, supervision, and evaluation of all components (academic and clinical education) of the ATEP.

#### **B1.3 Qualifications**

The Program Director must:

- B1.31** hold current national certification and be in good standing with the Board of Certification (BOC),
- B1.32** have a minimum of five years experience as a BOC-certified athletic trainer,
- B1.33** possess a current state athletic training credential for those states that require professional credentialing for athletic trainers, and
- B1.34** demonstrate teaching, scholarship, and service consistent with institutional standards.

**B2. Faculty and Instructional Staff**

**B2.1 Qualifications**

All faculty and instructional staff members assigned and responsible for the instruction of required coursework must be:

**B2.11** qualified through professional preparation and experienced in their respective academic areas as determined by the institution,

**B2.12** recognized by the institution as faculty or instructional staff, and

**B2.13** familiar with and incorporate the *Athletic Training Educational Competencies* as they pertain to their respective teaching areas.

**B2.2 Number**

There must be sufficient faculty and instructional staff to:

**B2.21** advise and mentor students,

**B2.22** provide oversight of program clinical education and experiences,

**B2.23** provide instruction and supervision on a regular planned basis, and

**B2.24** maintain student to faculty and instructional staff ratios to allow for educational classroom and laboratory instruction and evaluation as consistent with institutional practice.

**B3. Clinical Faculty and Staff**

**B3.1 Clinical Instructor Educator (CIE)**

A CIE must be:

**B3.11** recognized and designated by the institution as the CIE for the educational program,

**B3.12** BOC credentialed for a minimum of three years,

**B3.13** designated and authorized by the institution to oversee Approved Clinical Instructor (ACI) training, and

**B3.14** knowledgeable in the content areas required for the training of Approved Clinical Instructors (ACI).

**B3.15** If more than one individual is designated as the CIE for the educational program, then at least one of those individuals must be a BOC credentialed athletic trainer.

**B3.2 Approved Clinical Instructor (ACI) Qualifications**

An ACI must:

**B3.21** be credentialed in a health care profession (see glossary),

**B3.22** be an ATC ® or appropriately credentialed health care professional for a minimum of one year, and

**B3.23** not be currently enrolled in the entry level athletic training education program at the institution,

**B3.24** ACI training must include the following content areas:

**B3.241** learning styles and instructional skills,

**B3.242** review of the *Athletic Training Educational Competencies*,

**B3.243** evaluation of student performance and feedback,

**B3.244** instructional skills of supervision, mentoring, and administration,

**B3.245** program/institution-specific policies, procedures, and clinical education requirements,

**B3.246** legal and ethical behaviors,

**B3.247** communication skills,

**B3.248** appropriate interpersonal relationships, and

**B3.249** appropriate clinical skills and knowledge.

**B3.25** be trained/re-trained by the institution's CIE at least once every three years.

**B3.3 Approved Clinical Instructor (ACI) Responsibilities**

An ACI must function to:

**B3.31** provide instruction and/or evaluation of the *Athletic Training Educational Competencies*,

**B3.32** provide assessment of athletic training students' clinical proficiency

- B3.33** have regular communication with the appropriate ATEP administrator, and
- B3.34** demonstrate understanding of and compliance with the policies and procedures of the ATEP.

**B3.4 Clinical Instructor (CI) Qualifications**

A CI must:

- B3.41** be a credentialed health care professional (see glossary);
- B3.42** be appropriately credentialed for a minimum of one year. If a CI is credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced credentialed CI that ensures the quality of instruction provided to the athletic training students.
- B3.43** not be currently enrolled in the athletic training education program at the institution.

**B3.5 Clinical Instructor (CI) Responsibilities**

A CI must:

- B3.51** supervise the students during clinical and/or field experiences,
- B3.52** have regular communication with the appropriate ATEP administrator, and
- B3.53** demonstrate understanding of, and compliance, with the policies and procedures of the ATEP.

**B3.6 Medical and Other Health Care Personnel**

There must be involvement of various medical and other health care personnel in formal classroom settings on a planned, annual, and continuing basis.

- B3.61** A minimum of two physicians (MD, DO) with differing specialties must participate in formal, scheduled classroom instruction that is a component of a required course(s).
- B3.62** A minimum of two allied health care professionals (refer to glossary) other than physicians, with differing specialties, with professional credentials other than, or in addition to, Certified Athletic Trainer must participate in formal, scheduled classroom instruction that is a component of a required course(s).

**B4. ATEP Medical Director**

The medical director must:

- B4.1** be an MD/DO who is licensed to practice in the state housing the ATEP, and
- B4.2** in coordination with the program director, act as a resource and expert for the medical content of the ATEP in both formal classroom and supervised clinical experiences.

**B5. Administrative and Support Staff**

- B5.1** Equitable professional clerical/secretarial and other support staff must be available to support program personnel comparable to that provided to similar academic programs in the institution.
- B5.2** Clerical/secretarial and other support staff must be sufficient to support the program's mission and goals.

**Section C: Resources**

**C1. Financial Resources**

- C1.1** The academic unit of the sponsoring institution must provide and manage adequate (as defined by C1.3), equitable and continuing resources necessary to operate an athletic training education program.
- C1.2** The ATEP budget must be consistent and comparable with other academic programs funded by the sponsoring institution.
- C1.3** Funding must be available for the following essential needs and functions:

- C1.31 expendable supplies,
- C1.32 capital equipment,
- C1.33 course instruction,
- C1.34 operating expenses, and
- C1.35 professional development.

**Section D: Physical Resources**

**D1. Facilities**

- D1.1 Physical facilities must include:
  - D1.11 classrooms that are consistent in size and quality with classrooms used for similar academic programs at the sponsoring institution,
  - D1.12 laboratories that are consistent in size and quality with laboratories used for similar academic programs at the sponsoring institution,
  - D1.13 clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution, and
  - D1.14 administrative offices must be provided for program staff and faculty on a consistent basis similar to other academic programs at the sponsoring institution.
- D1.2 An athletic training facility and other clinical settings must provide the primary setting(s) in which the clinical portion of the athletic training educational program is conducted.
- D1.3 The educational facilities for all instructional sites used for classroom and laboratory instruction must be equitable for students at each site; this includes distance or remote education sites.
- D1.4 Classroom and laboratories must have seating, lighting, heating/cooling, and ventilation that will provide an atmosphere to facilitate the learning process.
- D1.5 There must be designated space for confidential counseling of students by ATEP faculty.
- D1.6 There must be secure, private storage space for student files and records.

**D2. Learning and Instructional Resources**

- D2.1 The number and quality of instructional aids must allow for learning, practice, and evaluation during formal instruction and the clinical practice components of the ATEP.
- D2.2 Instructional aids must be available to provide instruction and student practice of the clinical proficiencies and psychomotor competencies as identified in the *Athletic Training Educational Competencies*.
- D2.3 At all distance or remote education sites, learning and instructional equipment and supplies used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students.
- D2.4 At all distance or remote education sites, educational technology used for formal instruction and assessment must be comparable and equally accessible to all students regardless of location.

**D3. Therapeutic Modalities and Rehabilitation Resources**

- D3.1 The therapeutic modalities and rehabilitation equipment, identified in the psychomotor and clinical proficiency sections of the *Athletic Training Educational Competencies*, must be available for formal instruction and practice.
- D3.2 Therapeutic modalities and rehabilitation equipment appropriate for clinical use must be available for clinical education purposes.
- D3.3 At all distance or remote education sites, all therapeutic modalities and rehabilitation equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

**D4. First Aid and Emergency Care Equipment**

- D4.1 The first aid and emergency care equipment, identified in the *Athletic Training Educational Competencies*, must be available for formal instruction and practice.
- D4.2 First aid and emergency care equipment, appropriate to the emergency action plan of the clinical setting, must be available for clinical education purposes.

**D4.3** At all distance or remote education sites, all first aid and emergency equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

**D5. Library and other Information Sources**

**D5.1** Students must have reasonable access to the information resources needed to adequately prepare them to be entry-level professionals. This includes current editions of books, periodicals, and other reference materials in contemporary formats related to the programmatic goals.

**D5.2** At all distance or remote education sites, all library and other information resources used for classroom and laboratory instruction and student assessment must be comparable and equally accessible to all students regardless of location.

**Section E: Operational Policies and Fair Practices**

**E1. Program Admission and Advertisements**

**E1.1** Program admission criteria (E1.11-E1.13) must be clearly defined and published consistently in official institutional academic documents, handbooks, and/or other published and announced information sources. It is not necessary to have all information in all documents, but there must be appropriate reference to a publicly accessible document that includes all program admission criteria. Program admission criteria must include the:

**E1.11** technical standards,

**E1.12** competitive admissions process, and

**E1.13** transfer and retention policies.

**E1.2** Program admission criteria must be available to prospective and current students.

**E1.3** Program policies, procedures, and requirements must be accurate and consistent in all published and announced information sources (e.g., web-sites, catalogs, recruiting materials).

**E1.4** Announcements and advertising must accurately reflect current terminology of the profession and program offered (e.g., BOC, athletic training student, and the ATEP title of athletic training).

**E1.5** Student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory with respect to race, color, creed, gender, sexual orientation, age, disabling conditions (handicaps), and national origin and must be consistent with defined institutional policy.

**E1.6** Academic tuition, fees, and other ATEP required costs to the student must be made known to all applicants and current students in official institutional documents (e.g., published and announced information sources).

**E1.7** The institution must have a published procedure available for processing student and faculty grievances.

**E1.8** Policies and processes for student withdrawal and for refund of tuition and fees must be published in official institutional publications or other announced information sources and made available to applicants.

**E1.9** Policies and procedures governing the award of available funding for work-study, scholarship, or other funding opportunities must be accessible by all students.

**E1.10** Work-study, scholarship, or other funding opportunities must not require students to perform athletic training skills or services as a replacement of certified athletic training staff.

**E1.11a** The welfare of all athletic training students must be protected by liability insurance that can be documented through policy declaration pages or other legally-binding documents.

**Section F: Health and Safety**

- F1.** A physical examination by a MD/DO/NP/PA must verify that the student is able to meet the physical and mental requirements - with or without reasonable accommodation - of an athletic trainer. This examination must include:
  - F1.1** a medical history,
  - F1.2** an immunization review, and
  - F1.3** evidence of a physical examination that is maintained by the institution in accordance with established confidentiality statutes.
- F2.** Technical standards required for admission to the program must be clearly defined, published, and approved by appropriate institutional representatives having the authority to act on behalf of the institution; these requirements must be readily accessible to current and prospective students. Students who are unable to meet the technical standards and who require accommodations must attain verification by a physician or appropriate institution disability officer as defined by sponsoring institution policy.
- F3.** Athletic training students must be officially enrolled in the clinical portion of the program, be formally instructed and formally assessed on athletic training clinical skills as part of a required course prior to performing those skills on patients.
- F4.** An active communicable disease policy must be established, published in program documents that are accessible to current students, and enforced for ATEP students by program personnel.
- F5.** Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites.
- F6.** The students must comply with Occupational Safety and Health Administration or appropriate blood-borne pathogen procedures. Students must receive:
  - F6.1** formal blood-borne pathogen training before being placed in a potential exposure situation. This includes participation in all clinical settings and situations including the clinical observation portion of the clinical education experience (if applicable).
  - F6.2** annual education in pathogen and infection control,
  - F6.3** access to and utilize appropriate blood-borne pathogen barriers,
  - F6.4** access to and utilize proper sanitary precautions, and
  - F6.5** access to appropriate biohazard disposal equipment and procedures at each clinical site.
- F7.** Students must have access to a written emergency action plan at each clinical site where assigned for clinical education.

**Section G: Student Records**

- G1.** Student records must be maintained in a secure location(s), be accessible to only designated program personnel, and document the following:
  - G1.1** evidence of completion of published admission criteria,
  - G1.2** verification of all completed clinical experiences,
  - G1.3** student and ACI/CI signed clinical experience evaluations,
  - G1.4** completed clinical competencies and proficiencies including skill/technique acquisition and learning over time evaluations,
  - G1.5** completed and signed technical standards,
  - G1.6** written documentation of a physical examination, including immunizations, by a MD/DO, NP, or PA,
  - G1.7** remediation and disciplinary actions,
  - G1.8** appropriate academic progress (e.g., grade tracking/completion forms, advisement forms),
  - G1.9** written documentation of current first aid, CPR, and AED training consistent with the *Athletic Training Educational Competencies*, and
  - G1.10** written documentation of annual blood-borne pathogen training.

## **Section H: Outcomes**

- H1.** Programs must routinely secure qualitative and quantitative data to determine the outcomes and effectiveness of the program. These outcomes must relate to the program's stated educational mission and goals and include measures related to didactic and clinical instruction, student learning (both clinical and didactic), and overall program effectiveness. The specific volume and nature of outcome information is influenced by the individual character of the institution and should be in keeping with other academic programs within the institution.
- H2.** There must be a comprehensive (master) assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, employer and/or alumni surveys, senior exit evaluations, and BOC examination passing rates.
- H2.1** The evaluation plan must include, minimally, assessments that are designed to evaluate:
- H2.11** achievement outcomes relative to the educational mission and goals of the program,
  - H2.12** effectiveness of learning,
  - H2.13** quality of didactic instruction, and
  - H2.14** quality of clinical instruction.
- H2.2** The ATEP must provide data that demonstrates effectiveness as related to:
- H2.21** achievement of the programs educational mission and goals,
  - H2.22** effectiveness of learning,
  - H2.23** quality of didactic instruction, and
  - H2.24** quality of clinical instruction.
- H2.3** The program must document an ongoing plan for obtaining the outcome data delineated in H2.2
- H3** Programs that include distance education (i.e., online learning), or remote education components, must provide documentation of instructional effectiveness of any distance education or off-campus educational components in relation to the overall program and its impact on all students of the program of both on and off-site locations.

## **Section I. Curriculum and Instruction**

- I1.** Description of the Program - The athletic training education program must be an undergraduate or graduate program that offers a major or graduate equivalent in athletic training. The undergraduate major or graduate major equivalent must be:
- I1.1** consistent with other majors offered within the institution,
  - I1.2** identified as an academic athletic training major program in institutional academic publications, and
  - I1.3** indicated on the official transcript of the student as is normally designated for other undergraduate majors or graduate major equivalents at the institution.
- I2.** Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include:
- I2.1** program mission and goals,
  - I2.2** curriculum and course sequence,
  - I2.3** clinical education, and
  - I2.4** clinical and didactic requirements for completion of the major or graduate major equivalent.
- I3.** The content of the curriculum must include formal instruction in the expanded subject matter as identified in the *Athletic Training Educational Competencies*. Formal instruction must involve teaching of required subject matter with instructional emphasis in structured classroom and laboratory environments.

- 14. Clinical experiences must follow a logical progression that allows for increasing amounts of clinically-supervised responsibility. The clinical education plan must follow and reinforce the sequence of formal classroom and psychomotor skill learning.
- 15. Clearly written course syllabi are required for all courses that deliver content contained in the *Athletic Training Educational Competencies*. Syllabi must include:
  - 15.1 course title, number, and term,
  - 15.2 course instructor,
  - 15.3 learning objectives,
  - 15.4 specific evaluation criteria and weightings,
  - 15.5 objective course completion criteria, and
  - 15.6 daily/weekly topics in sufficient detail to determine course content relative to assigned competencies and clinical proficiencies.

**Section J: Clinical Education**

- J1. The athletic training curriculum must include provision for clinical experiences under the direct supervision of a qualified ACI or CI (see Section B) in an appropriate clinical setting.
  - J1.1 ACI or CI must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education.
  - J1.2 The ACI or CI must consistently and physically interact with the athletic training student at the site of the clinical experience.
  - J1.3 There must be regular planned communication between the ATEP and the ACI or CI.
  - J1.4 The number of students assigned to an ACI or CI in the clinical experience component must be of a ratio that will ensure effective education and should not exceed a ratio of eight students to an ACI or CI in the clinical setting.
- J2. Clinical experiences must provide students with opportunities to practice and integrate the cognitive learning, with the associated psychomotor skills requirements of the profession, to develop entry-level clinical proficiency and professional behavior as an Athletic Trainer as defined by the *NATA Educational Competencies*.
- J3. Clinical experiences must be contained in individual courses that are completed over a minimum of two academic years.
  - J3.1 Course credit must be consistent with institutional policy or institutional practice.
  - J3.2 Courses must include objective criteria for successful completion.
  - J3.3 There must be opportunities for students to gain clinical experiences associated with a variety of different populations including genders, varying levels of risk, protective equipment (to minimally include helmets and shoulder pads), and medical experiences that address the continuum of care that would prepare a student to function in a variety of settings and meet the domains of practice delineated for a certified athletic trainer in the profession.
  - J3.4 Student clinical experiences must be conducted in such a way to allow the ATEP faculty/staff to regularly and frequently evaluate student progress and learning, as well as the effectiveness of the experience.
  - J3.5 The students' clinical experience requirements must be carefully monitored.
    - J3.51 The length of clinical experiences should be consistent with other comparable academic programs requiring a clinical or supervised practice component. Such policies must be consistent with federal or state student work-study guidelines as applicable to the campus setting.
    - J3.52 Consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs).

- J4.** The clinical experience must allow students opportunities to practice with different patient populations and in different athletic or allied health care settings.
- J5.** All clinical education sites where students are gaining clinical experience must be evaluated by the ATEP on an annual and planned basis.
- J6.** At least 75% of the student's clinical experiences must occur under the direct supervision of an ACI or CI who is an ATC®.

## **Administering and Maintaining Accreditation**

### **Section K: Program and Sponsoring Institution Responsibilities**

The policies and procedures described in Sections K through M are subject to change. Programs will be notified prior to any policy or procedural changes.

#### **K1. Accreditation**

Initial or continuing accreditation actions occur on cycles that are no longer than five years for initial accreditation and seven years for continuing accreditation. The initiation of an accreditation cycle requires a comprehensive review to determine compliance with the Standards.

##### **K1.1 Application for Accreditation**

Currently-accredited programs or those requesting initial accreditation review must apply for a comprehensive review for accreditation on or before June 1<sup>st</sup> or September 15<sup>th</sup> of the year preceding the end of their accreditation cycle. Application materials must include:

**K1.11** CAATE Application for Accreditation Services,

**K1.12** \$500 application fee, and

**K1.13** Comprehensive self-study report.

##### **K1.2 Accreditation Process**

**K1.21** Self-study documents submitted by an ATEP are reviewed by a designated Site Visit Team consisting of two qualified evaluators.

**K1.211** Failure to submit the required self-study documents within the designated time period will result in first a warning (30 days past deadline) for required submission, then revocation of accreditation at the end of the ATEP's accreditation cycle.

**K1.22** A site visit team is identified by CAATE and assigned to the accreditation review for the ATEP.

**K1.23** The site visit team, consisting of at least two member representatives of the professional groups comprising the accreditation commission, will be forwarded the self study materials to review and compare to the Standards in advance of the site visit.

**K1.24** The site visit team will coordinate a two or three day on-site visit that includes an agenda for visit on dates agreeable to both parties. In the event that not all courses have been or are being taught and/or not all clinical components implemented by the time of the site visit, the request for a comprehensive accreditation review will be denied.

**K1.25** Following the site visit, the Site Visit team will submit a preliminary report to a Review Committee team for review and assistance in consistent formatting.

**K1.26** The ATEP will receive a formal copy of the site visit team report and have 30 days to submit a rejoinder in response to the site visit team's findings to comment and provide clarification and/or additional data and correct factual errors.

**K1.27** The site visit team and the Review Committee will review the rejoinder and make comments and recommendations to CAATE for action.

**K1.28** Final accreditation action will be determined by CAATE, and the ATEP will be notified of that action.

- K2. Administrative Requirements for Maintaining Accreditation – Accreditation** bears with it certain institutional administrative responsibilities. Failure to meet any of the following administrative requirements may lead to administrative probationary action and ultimately to probation and the involuntary withdrawal of accreditation. Administrative probation is rescinded immediately upon the rectification and verification that all deficiencies have been corrected and/or that fees have been paid. To maintain accreditation, the following actions are required:
- K2.1** The Program must submit the *Self-Study* or, if requested, the required progress report within the timeframe determined by the CAATE based on the availability of specific documentation being requested.
  - K2.2** All CAATE-accredited programs must submit a self study and have an on-site review at least once every seven years.
  - K2.3** The institution’s administration officials must inform CAATE of changes in all required Program personnel (e.g. Program Director, Clinical Instructor Educator, Medical Director) and/or Administrative personnel (e.g. President, Dean, Department Chair) within 30 days of the change.
  - K2.4** The sponsoring institution must inform CAATE of its intent to transfer program sponsorship in accordance with CAATE policy, including the completion of a new CAATE “Application for Accreditation Services” form. Applying for a transfer of sponsorship does not guarantee that transfer of accreditation will be granted.
  - K2.5** The program must pay CAATE fees within Net 60 days. Failure to submit payment will result in the program not being reviewed if applying for initial accreditation, or for continuing programs being placed on administrative probation.
  - K2.6** The sponsoring institution must inform CAATE in writing of any adverse decision affecting its institutional or state accreditation within 30 days of such action. Written notification must contain the administrative signature of the president/CEO.
  - K2.7** The sponsoring institution must inform CAATE in writing, within 30 days, of any intended substantive changes in the institution or program. Written notification must also contain an appropriate administrative signature of an administrator who has the authority to speak and act on behalf of the institution. Specific changes that must be reported include:
    - K2.71** institution’s mission or objectives if these will affect the program,
    - K2.72** institution’s legal status or form of control,
    - K2.73** degree or credential level,
  - K2.8 Annual Reporting Requirements**  
The institution sponsoring the program must complete an annual report designed to document continued compliance with the Standards.
    - K2.81** An annual report must be submitted by the designated date.
      - K2.811** Failure to submit the annual report as required will result in administrative probation.
      - K2.812** Administrative Probation will be converted to Probation with a requirement for submission of additional materials, with the maximum penalty of a mandatory comprehensive review, if report is not received within sixty (60) days of the original submission deadline.
      - K2.813** Programs submitting annual reports after the deadline will be required to participate in the audit process.
    - K2.82** Institutions self reporting a non-compliance(s) with one or more Standard(s) will be required to submit additional documentation, as requested by CAATE, demonstrating current compliance.
    - K2.83** Additional materials may be requested as needed by CAATE for verification or clarification.
    - K2.84** Failure to demonstrate compliance with the Standards included in the Annual Report will result in accreditation action.
    - K2.85** Failure to self-report, or fail to truthfully self-report non-compliance with the Standards will result in probation.
    - K2.86** Yearly, ten percent of the annual reports will be randomly selected for a

comprehensive audit of the Standards examined in the Annual Report. Those programs submitting materials after the required deadline will be included in that 10% of programs audited

**K2.861** Failure to provide requested audit materials or discovery of a misrepresentation will result in probation.

**K2.9 Voluntary Withdrawal of Accreditation**

Any institution sponsoring a program may request a voluntary withdrawal of accreditation from CAATE at any time. To initiate a voluntary withdrawal the institution must notify the CAATE executive office in writing of its desire to discontinue the program's accreditation status. The notification must:

**K2.91** be signed by the president/CEO or an administrator who has the authority to speak and act on behalf of the institution,

**K2.92** indicate when the last class of students graduated or will graduate,

**K2.93** the desired effective date of the voluntary withdrawal, and

**K2.94** the location where all records for students who have completed the program will be kept.

**Section L: Accreditation Actions**

**L1. Initial Accreditation**

Initial accreditation refers to the first time a program receives accreditation through CAATE. The maximum length of initial accreditation is five (5) years.

**L2. Continuing Accreditation**

Accreditation status awarded to programs currently accredited by CAATE. The maximum length of continuing accreditation is seven (7) years.

**L3. Probation**

**L3.1** Probationary actions are levied on currently accredited programs that fail to maintain compliance with the Standards.

**L3.2** If the recommendation of the CAATE is probation, then the sponsoring institution is provided the opportunity to request reconsideration within 15 days of notification or to demonstrate compliance with the designated Standard(s) within a specified time.

**L3.3** Reconsideration of a recommendation for probationary accreditation is based on conditions existing both when the Commission arrived at its recommendation and on subsequent documented evidence of corrected deficiencies provided by the institution.

**L3.4** Failure to provide evidence documenting compliance with the designated Standard(s) may result in either a withdrawal of accreditation or require the submission of a comprehensive self-study and site visit at a time outside of the ATEP's normal accreditation cycle.

**L4. Administrative Probation**

**L4.1** Administrative probationary actions are levied on currently accredited programs that fail to follow administrative requirements of an accredited program.

**L4.2** Administrative probation may be converted to Probation within 60 days of non-response by the ATEP.

**L4.3** CAATE awards of Probationary Accreditation are final and are not subject to appeal. However, the sponsoring institution may voluntarily withdraw its application for accreditation anytime prior to CAATE's action for probation.

**L5. Withholding or Withdrawing Accreditation**

**L5.1** Before accreditation can be withheld or withdrawn, the CAATE must provide the sponsoring institution with the opportunity to request reconsideration within 15 days of notification. CAATE's reconsideration of a recommendation for

withholding or withdrawing accreditation is based on conditions existing both when the committee arrived at its recommendation and on subsequent documented evidence of corrected deficiencies provided by the institution. The sponsoring institution may choose to voluntarily withdraw its application for accreditation anytime prior to CAATE's final action.

**L5.2** CAATE decisions to withhold or withdraw accreditation may be appealed. A copy of the CAATE Appeals Procedures for Withholding or Withdrawing Accreditation is enclosed with the letter of notification of negative accreditation actions.

**L5.3** When accreditation is withheld or withdrawn, the sponsoring institution's chief executive officer is provided with a clear statement of each deficiency and is informed that if the institution chooses not to appeal that the institution may newly apply for accreditation once the program is believed to be in compliance with the accreditation Standards.

#### **L.6 Tabled Action**

On rare occasions, an accreditation action may be tabled to allow sufficient time for necessary documentation to be submitted. Tabled actions may not be used in situations where non-compliances with the Standards will negatively impact the students' education and/or health and safety.

#### **Section M: Inactive Programs**

**M1.** A program may request inactive status from CAATE for up to, but not exceeding, two years. No students may be admitted or enrolled currently in an inactive program.

**M2.** The institution is responsible to provide evidence that currently enrolled students have been notified of the inactive status and are still receiving the education delineated in the accreditation documents last received by CAATE.

**M3.** To reactivate a program, the institution must inform CAATE in writing of its intent to do so and complete a limited report documenting the current status of the program.

**M4.** The program and its sponsoring institution must continue to pay all required fees while inactive in order to maintain its accreditation status.

**M5.** A program that does not enroll students for more than two years is considered discontinued and will have its accreditation involuntarily withdrawn.

#### **Section N. Administration**

**N1.** All materials submitted to CAATE become the property of CAATE. Under no circumstances will property of CAATE be returned to an institution or to an individual.

**N2.** The policies and procedures of CAATE are not contained wholly in this Document may be found in the Policy & Procedure Manual which is available on the CAATE website. Those policies and procedures included in Sections K-N, like all CAATE policies and procedures, are subject to review and revision by CAATE. All currently-accredited programs will be notified of changes to policies and/or procedures that affect accreditation at the time of the change.

**N3.** All CAATE accreditation actions will be made available in a public forum and are required as part of the accreditation process.

### Athletic Training Standards Glossary

<b>Ability to Intervene</b>	The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being “physically present.”
<b>Academic Catalog/Bulletin</b>	The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.
<b>Academic Plan</b>	The plan that encompasses all aspects of the student’s academic classroom and clinical experiences.
<b>Adequate</b>	Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.
<b>Administrative Support Staff</b>	Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
<b>Affiliate (Affiliated Setting)</b>	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.
<b>Affiliation Agreement</b>	A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.
<b>Allied Health Care Professional</b>	Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty. Same as other health care professionals. (12-7-07)
<b>Approved Clinical Instructor (ACI)</b>	An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATEP. Please refer to the CAATE list of Allied Health Care Professionals’ in the glossary and/or posted on the CAATE website.
<b>Appropriate Credential</b>	An appropriate credential refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the ATEP. Where indicated, an appropriate credential is a required qualification of the program director, the medical director, approved clinical instructor (ACI), and the clinical instructor (CI) regardless of whether the individual is currently practicing his/her profession.
<b>ATEP</b>	Athletic Training Education Program.

<b>ATEP Faculty</b>	BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.
<b>Athletic Training Facility/Clinic</b>	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
<b>Athletic Training Student (ATS)</b>	A student enrolled in the athletic training major or graduate major equivalent.
<b>Clinical Coordinator</b>	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.
<b>Clinical Education</b>	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.
<b>Clinical Experiences</b>	Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
<b>Clinical Instruction Site</b>	The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.
<b>Clinical Instructor (CI)</b>	An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATEP. Please refer to the CAATE list of Allied Health Care Professionals' in the glossary and/or posted on the CAATE website.
<b>Clinical Instructor Educator (CIE)</b>	The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.
<b>Clinical Plan</b>	The plan that encompasses all aspects of the clinical education and clinical experiences.
<b>Clinical Ratio</b>	The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.
<b>Communicable Disease Policy</b>	A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC
<b>Contemporary Instructional Aid</b>	Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.
<b>Contemporary Information Formats</b>	Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.

<b>Didactic Instruction</b>	See: Formal classroom and laboratory instruction.
<b>Direct Patient Care</b>	The application of professional knowledge and skills in the provision of health care.
<b>Direct Supervision</b>	Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
<b>Directed Observation Athletic Training Student</b>	A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.
<b>Distance Education</b>	Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.
<b>Equitable</b>	Not exact but can be documented as comparable with other similar situations or resources.
<b>Expanded Subject Area</b>	Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medial ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.
<b>Formal Instruction</b>	Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.
<b>Full-time Faculty</b>	Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.
<b>Funding Opportunities</b>	Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.
<b>General Medical Experience</b>	Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.
<b>Geographic Proximity</b>	Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATEP faculty/staff.

<b>Learning Over Time (Mastery of Skills)</b>	The process by which professional knowledge and skills are learned, integrated, and evaluated. This process involves initial formal instruction and evaluation of knowledge and skill as defined by the NATA Educational Competencies, followed by a time of sufficient length to allow for practice and integration of discrete knowledge and skill into a demonstration of comprehensive clinical (actual or simulated) proficiency. Clinical proficiencies must be evaluated by Approved Clinical Instructors (ACIs)
<b>Major</b>	In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.
<b>Master Plan</b>	The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.
<b>Medical Director</b>	The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.
<b>Memorandum of Understanding</b>	See: Affiliation agreement.
<b>Other Health Care Personnel</b>	See: Allied health care personnel.
<b>Outcome Assessment Instruments</b>	The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
<b>Outcomes</b>	The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
<b>Physical Examination</b>	An examination performed by an appropriate health care provider (MD, DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
<b>Physically Interact</b>	See: Ability to intervene and physically present.
<b>Physically Present</b>	See: Ability to intervene.
<b>Physician</b>	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.
<b>Pre-Professional Student</b>	A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training

	Student.
<b>Professional Development</b>	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services, that allow for the continuation of eligibility for professional credentials.
<b>Program Director</b>	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.
<b>Remote Education</b>	See Distance education.
<b>Service Work</b>	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
<b>Sponsoring Institution</b>	The college or university that awards the degree associated with the ATEP and offers the academic program in Athletic Training.
<b>Sufficient</b>	See: Adequate.
<b>Team Physician</b>	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.
<b>Technical Standards</b>	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.