# *Standards for the Accreditation of*

# *Professional Athletic Training Programs*

© Commission on Accreditation of Athletic Training Education

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Editorial revisions

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# Standards for the Accreditation of

# Professional Athletic Training Programs

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum education standards for quality for athletic training 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 Professional Athletic Training Programs (Standards)* are used to prepare entry-level athletic trainers. Each institution is responsible for demonstrating compliance with these *Standards* to obtain and maintain recognition as a CAATE-accredited professional athletic training program. 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 athletic training programs. 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.* The *Standards* also contain a glossary of terms used throughout the process; the definition provided in the glossary must be applied as stated.

**Description of the Professional**

Athletic Trainers are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. Athletic Training is recognized by the American Medical Association (AMA) as a healthcare profession.

The athletic trainer's professional preparation is based on the development of the current knowledge, skills, and abilities, as determined by the Commission (currently the 5th Edition of the NATA Athletic Training Education Competencies). The knowledge and skills identified in the Competencies consist of 8 Content Areas:

- Evidence-Based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility

**Note: Occasionally, as questions are posed to the CAATE, the Standards may be edited in an attempt to clarify the Standard. Most edits are for clarification purposes only and the intent of the Standards remains the same as when initially released on July 1, 2012.**

**Please note that the edits to Standard 30 regarding Faculty Number may impact some programs.**

# 2012 CAATE Standards

## Sponsorship

1. 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 and must be legally authorized to provide a program of post-secondary education. For programs outside of the United States, the institution must be accredited by a recognized post-secondary accrediting agency.
2. CAATE accredited professional athletic training programs must lead to a degree in Athletic Training. The program must be identified as an academic athletic training degree in institutional academic publications. The degree must appear on the official transcript similar to normal designations for other degrees at the institution.
3. All sites where students are involved in patient care or observation-only experience (excluding the Program's sponsoring institution) must have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site. In the case where the administrative oversight of the preceptor differs from the affiliate site, formal agreements must be obtained from all parties

## Outcomes

4. Develop a Plan: There must be a comprehensive assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose must include those defined in Standards 6 and 7. Additional assessments may include, but are not limited to, clinical site evaluations, preceptor evaluations, completed clinical proficiency evaluations, academic course performance, retention and graduation rates, graduating student exit evaluations, and alumni placement rates one year post graduation.
5. Develop a Plan: The plan must be ongoing and document regular assessment of the educational program.
6. Assessment Measures: The program's assessment measures must include those stated in this Standard (6) and Standard 7 in addition to any unique metrics that reflect the specific program, department, or college. The specific volume and nature of this information is influenced by the individual character of the institution and should be in keeping with other similar academic programs within the institution. The assessment tools must relate the program's stated educational mission, goals and objectives to the quality of instruction, student learning, and overall program effectiveness.
7. Assessment Measures: The program's BOC examination aggregate data for the most recent three test cycle years must be provided and include the following metrics: Number of students graduating from the program who took the examination, number and percentage of students who passed the examination

on the first attempt, and overall number and percentage of students who passed the examination regardless of the number of attempts.

8. Assessment Measures: Programs must post the data from Standard 7 on the program's home page or a direct link to the data must be on the program's home webpage.
9. Collect the Data: Programs must obtain data to determine program outcomes as indicated in Standards 6-8 (above).
10. Data Analysis: Programs must analyze the outcomes data to determine the extent to which the program is meeting its stated mission, goals, and objectives.
11. Data Analysis: Programs must meet or exceed a three year aggregate of 70 percent first-time pass rate on the BOC examination.
12. Action Plan: The results of the data analysis are used to develop a plan for continual program improvement. This plan must:
    a. Develop targeted goals and action plans if the program and student learning outcomes are not met; and
    b. State the specific timelines for reaching those outcomes; and
    c. Identify the person(s) responsible for those action steps; and
    d. Provide evidence of periodic updating of action steps as they are met or circumstances change.
13. Action Plan: Programs that have a three-year aggregate BOC first-time pass rate below 70% must provide an analysis of the deficiencies and develop an action plan for correction.

## Personnel

14. The Program Director must be a full-time employee of the sponsoring institution.
15. The Program Director must have full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.
16. The Program Director must have programmatic administrative and supervisory responsibility assignment that is consistent with other similar assignments within the degree-granting unit at the institution.
17. The Program Director must have administrative release time. The Program Director's release time must be equivalent to similar health care programs in the institution. If no such similar program exists at the institution, then benchmark with peer institutions.
18. The Program Director's Responsibilities must include input to and assurance of the following program features:
    a. Ongoing compliance with the Standards;
    b. Planning, development, implementation, delivery, documentation, and assessment of all components of the curriculum;
    c. Clinical education;
    d. Programmatic budget.

19. Program Director Qualifications: The Program Director must be certified, and be in good standing with the Board of Certification (BOC).
20. Program Director Qualifications: The Program Director must possess a current state athletic training credential and be in good standing with the state regulatory agency (where applicable).
21. Program Director Qualifications: The Program Director must be qualified commensurate with other administrative positions within similar health care programs in the institution. If no such similar program exists at the institution, then benchmark with peer institutions.
22. Clinical Education Coordinator: A faculty member (the Program Director or other duly appointed faculty) must be identified as the Clinical Education Coordinator.
23. Clinical Education Coordinator: The Clinical Education Coordinator must be allowed release/reassigned workload to meet the institutional responsibilities for Clinical Education.
24. Responsibilities of the Clinical Education Coordinator: The Clinical Education Coordinator must assure the following:
    a. Student clinical progression;
    b. Clinical site evaluation;
    c. Student evaluation;
    d. Preceptor training;
    e. Preceptor evaluation.
25. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must be qualified through professional preparation and experienced in their respective academic areas as determined by the institution.
26. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must be recognized by the institution as having instructional responsibilities.
27. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas.
28. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of athletic training knowledge, skills, and abilities in required coursework must possess a current state credential and be in good standing with the state regulatory agency (where and when applicable) when teaching hands-on athletic training patient care techniques with an actual patient population.
29. Athletic Training Faculty Qualifications: All athletic trainers who are identified as the primary instructor for athletic training courses (as identified by the matrix) must be certified and in good standing with the BOC and, where applicable, be credentialed by the state.

30. Athletic Training Faculty Number: In addition to the Program Director, there must be a minimum one full-time (1.0 FTE) faculty member as defined in the glossary, dedicated (100% of 1 FTE) to the athletic training program. (revised March 1, 2013, all programs must be in compliance by July 1, 2015)
31. Athletic Training Faculty: Based on the program's student enrollment, the number of athletic training faculty must be sufficient to advise and mentor students.
32. Athletic Training Faculty: Based on the program's student enrollment, the number of athletic training faculty must be sufficient to meet program outcomes.
33. Athletic Training Faculty: Based on the program's student enrollment, the number of athletic training faculty must be sufficient to allow the institution to offer athletic training courses on a regular, planned basis.
34. Athletic Training Faculty: Based on the program's student enrollment, the number of athletic training faculty must be sufficient to maintain student-to-faculty ratios that allow for effective instruction and evaluation as consistent with other health care programs. If the institution does not sponsor other health care programs, this standard must be benchmarked against other peer institutions sponsoring health care programs.
35. Medical Director: The Medical Director must be an MD/DO who is licensed to practice in the state sponsoring the program.
36. Medical Director: The Medical Director must in coordination with the Program Director, serve as a resource and medical content expert for the program.
37. Preceptor Responsibilities: A preceptor must function to:
    a. Supervise students during clinical education;
    b. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the Commission;
    c. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
    d. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
    e. Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.
38. Preceptor Responsibilities: A preceptor must demonstrate understanding of and compliance with the program's policies and procedures.
39. Preceptor Qualification: A preceptor must be credentialed by the state in a health care profession (see glossary).
40. Preceptor Qualification: A preceptor must not be currently enrolled in the professional athletic training program at the institution;
41. Preceptor Qualification: A preceptor must receive planned and ongoing education from the program designed to promote a constructive learning environment.

## Program Delivery

Program delivery includes didactic, laboratory, and clinical education courses.

42. The content of the curriculum must include formal instruction in the current version of the athletic training knowledge, skills, and abilities.
43. Formal instruction must involve teaching of required subject matter in structured classroom, clinical, or laboratory environments.
44. Students must interact with other medical and health care personnel (see glossary).
45. Clearly written current course syllabi are required for all courses that deliver content contained in the athletic training knowledge, skills, and abilities. Syllabi must be written using clearly stated objectives.
46. Clinical education must follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan must reinforce the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.
47. Clinical education must provide students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.
48. The variety of patient populations, care providers, and health care settings used for clinical education must be consistent with the program's goals and objectives.
49. Clinical placements must be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis. (*Editorial change made April 2014)*
50. Students must gain clinical education experiences that address the continuum of care that would prepare a student to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, *Role Delineation Study/Practice Analysis* and standards of practice delineated for an athletic trainer in the profession. Examples of clinical experiences must include, but should not be limited to: Individual and team sports; Sports requiring protective equipment (e.g., helmet and shoulder pads); Patients of different sexes; Non-sport patient populations (e.g., outpatient clinic, emergency room, primary care office, industrial, performing arts, military); A variety of conditions other than orthopedics (e.g., primary care, internal medicine, dermatology).
51. All clinical education sites must be evaluated by the program on an annual and planned basis and the evaluations must serve as part of the program's comprehensive assessment plan.
52. An athletic trainer, certified, and in good standing with the BOC, and who currently possesses the appropriate state athletic training practice credential must supervise the majority of the student's clinical education. The remaining

clinical education may be supervised by any appropriately state credentialed health care professional (see glossary).

53. Athletic training students must be officially enrolled in the program prior to performing skills on patients.
54. Athletic training students must be instructed on athletic training clinical skills prior to performing those skills on patients.
55. All clinical education must be contained in individual courses that are completed over a minimum of two academic years. Clinical education may begin prior to or extend beyond the institution's academic calendar.
56. Course credit must be consistent with institutional policy or institutional practice.
57. All clinical education experiences must be educational in nature. The program must have a written policy that delineates a minimum and maximum requirement for clinical hours.
58. All clinical education experiences must be educational in nature. Students must have a minimum of one day off in every seven-day period.
59. All clinical education experiences must be educational in nature. Students will not receive any monetary remuneration during this education experience, excluding scholarships.
60. All clinical education experiences must be educational in nature. Students will not replace professional athletic training staff or medical personnel.
61. The program must include provision for supervised clinical education with a preceptor (see Personnel Standards).There must be regular communication between the program and the preceptor.
62. The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care.
63. The program must include provision for supervised clinical education with a preceptor (see Personnel Standards). Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

## Health & Safety

64. Technical standards required for completion of the program must be clearly defined, published, approved by appropriate institutional representatives and be publicly accessible.
65. Students must read and sign the technical standards and are required to update their signature if their health status changes. Students who require accommodation to meet the technical standards must obtain verification by the authorized institutional office as defined by sponsoring institution policy that proper accommodation has been provided for the student to meet the standard.
66. Students must have documentation of immunizations appropriate for health care providers as determined by the institution.

67. An active communicable and/or infectious disease policy as determined by the institution must be established and made publicly available.
68. Students must read and sign the program's active communicable and/or infectious disease policy as described in Standard 67.
69. Athletic training students must have liability insurance that can be documented through policy declaration pages or other legally binding documents.
70. Athletic training students must have verification of completion of applicable HIPAA and/or FERPA training as determined by the institution.
71. The program must establish and ensure compliance with a written safety policy(ies) for all clinical sites regarding therapeutic equipment. The policy(ies) must include, at minimum, the manufacturer's recommendation or federal, state, or local ordinance regarding specific equipment calibrations and maintenance. Sites accredited by the Joint Commission, AAAHC or other recognized external accrediting agencies are exempt.
72. The program must provide proof that therapeutic equipment at all sites is inspected, calibrated, and maintained according to the manufacturer's recommendation, or by federal, state, or local ordinance.
73. Blood-borne pathogen training and procedures: Annual formal blood-borne pathogen training must occur before students are placed in a potential exposure situation. This includes placement at any clinical site, including observational experiences.
74. Blood-borne pathogen training and procedures: A detailed post-exposure plan that is consistent with the federal standard and approved by appropriate institutional personnel must be provided to the students.
75. Blood-borne pathogen training and procedures: Blood-borne pathogen policies must be posted or readily available in all locations where the possibility of exposure exists and must be immediately accessible to all current students and program personnel including preceptors.
76. Blood-borne pathogen training and procedures: Students must have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites.
77. Blood-borne pathogen training and procedures: Students must have access to, and use of, proper sanitation precautions (e.g. hand washing stations) at all sites.
78. All sites must have a venue-specific written Emergency Action Plan (EAP) that is based on well-established national standards or institutional offices charged with institution-wide safety (e.g. position statements, occupational/environmental safety office, police, fire and rescue).
79. The program must have a process for site-specific training and review of the EAP with the student before they begin patient care at that site.
80. Students must have immediate access to the EAP in an emergency situation.

## Financial Resources

81. The program must receive adequate, equitable, and annually available resources necessary to meet the program's size and documented mission and outcomes.

Funding must be commensurate with other comparable health care programs. If no such similar program exists at the institution, then benchmark with health care programs at peer institutions.

82. Funding must be available for the following: Expendable supplies; Equipment maintenance and calibration; Course instruction; Operating expenses; Faculty professional development; Capital equipment.

## Facilities and Instructional Resources

83. The classroom and laboratory space must be sufficient to deliver the curriculum and must be available for exclusive use during normally scheduled class times.
84. The number and quality of instructional aids must meet the needs of the program.
85. The equipment and supplies needed to instruct students in the current athletic training knowledge, skills, and clinical abilities must be available for formal instruction, practice, and clinical education.
86. Library and other Information Sources: Students must have reasonable access to the information resources needed to adequately prepare them for professional practice. This includes current electronic or print editions of books, periodicals, and other reference materials and tools related to the program goals.
87. Offices must be provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.

## Operational Policies and Fair Practices

88. Program Admission, Retention and Advertisement: If the program uses a secondary selective admission process, this must be stated in institution publications. The standards and criteria must be identified and publicly accessible.
89. All program documents must use accurate terminology of the profession and program offered (e.g., BOC certification, athletic training student, and the program title of athletic training).
90. All academic tuition, fees, and other required program specific costs incurred by the student must be publicly accessible in official institutional documents

## Program Description & Requirements

91. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them.
92. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include program mission, goals and objectives.
93. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include curriculum and course sequence.

94. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include program requirements for completion of the degree.
95. The institution must have a published procedure available for processing student and faculty grievances.
96. 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.
97. Policies and procedures governing the award of available funding for scholarships administered by the program must be accessible by eligible students.

## Student Records

98. Program must maintain appropriate student records demonstrating progression through the curriculum.
99. Program must maintain appropriate student records. These records, at a minimum, must include blood borne pathogen training.
100. Program must maintain appropriate student records. These records, at a minimum, must include program admission application and supporting documents
101. Program must maintain appropriate student records. These records, at a minimum, must include signed technical standards and, when applicable, the necessary accommodation plan.
102. Program must maintain appropriate student records. These records, at a minimum, must include academic progression (e.g., grade tracking/completion forms, advisement forms).
103. Program must maintain appropriate student records. These records, at a minimum, must include remediation and disciplinary actions (when applicable).
104. Program must maintain appropriate student records. These records, at a minimum, must include clinical education experiences.
105. Student records must be stored in a secure location(s), either electronic or in print, and be accessible to only designated program personnel.

## Distance Learning Sites (if applicable)

106. All distance learning sites must provide comparable and equally accessible learning and instructional equipment and supplies for classroom and laboratory instruction and student assessment.
107. All educational technology used for formal instruction and assessment must be comparable and equally accessible to all students regardless of location.
108. At all distance or remote education sites, all equipment and supplies as listed above used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

109. 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.

**Glossary:**

**Academic plan:** The document that encompasses all aspects of the student's classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan.

**Academic year**: Two academic semesters or three academic quarters.

**Affiliation agreement**: 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. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

**Appropriate administrative authority**: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

**Assessment plan**: See Comprehensive Assessment Plan

**Clinical education**: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

**Clinical site**: A physical area where clinical education occurs.

**Communicable disease**: A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

**Comprehensive Assessment Plan:** The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

**Course/coursework**: Courses involve classroom (didactic), laboratory, and clinical learning experience.

**Curricular Plan:** See Academic Plan

**Degree**: The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

**Direct patient care**: The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

**Distant learning site**: Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other 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

**Emergency Action Plan**: A venue-specific "blueprint" used for the management of medical emergencies. See: http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf

**Faculty:** An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions. Additionally, faculty are defined as follows:

> **Core faculty** – Administrative or teaching faculty devoted to the program that has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by the institution. This person is appointed to teach athletic training courses, advise and mentor students in the AT program. At minimum, this must include the Program Director and one (1) additional faculty member. Core full-time faculty report to and are evaluated and assigned responsibilities exclusively by the administrator (Chair or Dean) of the academic unit in which the program is housed.
>
> **Associated faculty** – Individual(s) with a split appointment between the program and another institutional entity (e.g., athletics or another institutional department). These faculty members are evaluated and assigned responsibilities by two different supervisors.
>
> **Adjunct faculty** - Individual contracted to provide course instruction on a full-course or partial-course basis, but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

**Fees**: Institutional charges incurred by the student other than tuition and excluding room and board.

**Goals:** The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

**Health Care Professional:** Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, or Social Worker. These individuals must hold a current credential to practice the discipline in the state 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.

**Higher education accrediting agency**: An organization that evaluates post-secondary educational institutions.

**Infectious disease**: A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

**Laboratory**: A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

**Major**: The designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g., catalog, web pages) must list athletic training as a major.

**Medical director**: The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

**Memorandum of understanding (MOU)**: Similar to an affiliation agreement, but tends not to include legally-binding language or intent.

**Monetary remuneration**: Direct cash payment received by students for athletic training services and/or time (e.g., hourly wage, work study).

**Objectives:** Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

**Official publication**: An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

**Outcome (program)**: The quantification of the program's ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met."

**Outcome assessment instruments**: A collection of documents used to measure the program's progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

**Physician**: A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

**Preprofessional student**: A student who is not formally admitted into the program. Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training.

**Preceptor**: A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.

**Professional development**: 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.

**Program Director**: The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

**Release time (reassigned work load)**: A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

**Retention**: Matriculating through the AT program culminating in graduation.

**Retention rate:** A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start * 100.

**Secondary selective admissions process**: A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

**Similar academic institution (Syn: Peer institution)**: Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

**Sponsoring institution**: The college or university that offers the academic program and awards the degree associated with the athletic training program.

**Stakeholder**: Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

**Team physician**: The physician (MD or DO) responsible for the provision of health care services for the student athlete. The team physician may also be the medical director; however, this is not required by the Standards.

**Technical standards**: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.