When the CAATE prepared to become an independent specialized professional accreditation agency in June 2006, a three-part plan was put into place; the CAATE has completed the first two parts of that transition and has begun the final phase of the transition. Phase I involved the creation of the CAATE Standards, developing processes and procedures for accreditation, and developing and implementing new and independent financial, governance and business structures. With this phase completed, Phase II brought independent incorporation in the State of Texas and the establishment of a free-standing office with a contracted office staff. Several key standing and ad-hoc committees were formed and began functioning, and for the first time, the Commission was blinded to the name(s) of the institution(s) being reviewed or asking questions to assure fully objective responses. Site Visitor Training was improved to include a pre-selection test designed to assure knowledge and understanding of the CAATE Standards. Technology improvements included the development of a more functional CAATE website and database that allows for better tracking of documents and information for each of the CAATE-accredited educational programs. Finally, standardize language and responses as well as improved communication between the CAATE and accredited program and the profession’s leadership was put into place. Now, the final phase of the transition is well-underway with the completion of the ASPA (Association of Specialized Professional Accreditors) application, the hiring of the first CAATE Executive Director, and the conduction of the first CAATE Public elections. All of the new structures of the CAATE will be fully implemented within the next year, and CAATE will become eligible to apply for CHEA (Council on Higher Education Accreditation) recognition. The CAATE looks forward to completing the transition and then working to improve our processes even further in the future.
First CAATE Elections to be held in February

The CAATE will hold its first public elections to select replacements to fill the two seats on the Commission that will be vacated by Drs. Turocy and Sexton in August 2008. Each CAATE-accredited program will have one vote for each position in the election that is slated for late February 2008. Five well-qualified candidates who, according to CAATE Policies and Procedures, have held leadership positions on either the Annual Report Committee or on the Review Committee and who are experienced site visitors have been nominated for this election. These candidates include (in alphabetical order) Dr. William (Bill) Biddington, Dr. Carl Cramer, Dr. Marchell (Micki) Cuppett, Ms Patricia (Pat) Graman, and Dr. David Middlemas. Full biographical sketches of each of the candidates will be made available to the CAATE Program Directors in advance of the elections. With the outcome of the elections, new positions will become available on the Annual Report and/or Review Committees, and the CAATE will announce when applications will be accepted for those open positions.

CAATE narrows search for Executive Director

To address the growing needs of the 360+ accredited programs, the CAATE has begun the process to hire its first full-time Executive Director to oversee the day-to-day operations of the Commission. CAATE Commissioner, Dr. Doug Gregory chairs that Search Committee, and has enlisted the expertise and assistance of NATA Executive Director, Eve Becker-Doyle, and BOC Executive Director, Denise Fandel, along with Assistant Dean Herb Amato, CAATE Treasurer David Kaiser. Final candidates for the Executive Director position will be interviewed by the CAATE in February, and final selection should occur during the Spring 2008. The CAATE will continue to utilize the services of Caruthers Professional Education Services, Inc (Lynn and Sheila Caruthers) to provide the accreditation support services for the Commission Executive Office.

CAATE Prepares for Transfer of Leadership

During the November 2007 Strategic Planning Session, the CAATE Commission elected Dr. Greg Gardner to become its first President to assume office upon the completion of Dr. Paula Sammarone Turocy’s term of office in August 2008. Dr. Katie Walsh also was elected to serve as Vice-President upon completion of Dr. Patrick Sexton’s term of office. Both Dr. Gardner and Dr. Walsh have served as members of the JRC-AT and CAATE each for six years and have been extensively involved in its evolution and movement to an independent specialized professional accrediting agency.

Verification of Immunizations in Required Physical Examinations (Standard F1.2)

An ATEP may accept a self-reported verification of immunizations; however, effective Fall 2008, the required physical examination (Standard F1.2) must include a verification that the self-reported immunization record has been reviewed by the MD/DO/PA/NP who is conducting the physical examination.
CAATE response to B3.61 – the term “Physician” Defined

In consultation with the three physician sponsoring organizations of the CAATE, and consistent with the Definition Section of the 2006 CAATE Standards, the term "physician" may only be defined as an MD or DO. A DMD does not meet the requirement of MD or DO.

Self–Service Link allows Programs to Update Institution/Personnel Information

Effective immediately, Program Directors have the ability to update their own program information through a new self-service link – “Update Program Contact Information” - that requires a Username (Confidential PD PIN#) and Password (PD last name) assigned by CAATE Office staff. When the Update Program Contact Information link is “clicked”, the system will display a list of the Positions and contacts (persons) currently assigned to each position. The following functions can be performed by the Program Director:

1. Edit the Contact Information for a person currently assigned to a position
2. Change the Contact for a Position/Assignment if the contact has a record and is affiliated with this Program:
3. Add a New Contact to the List of Contacts Affiliated with the Program
4. Order Student Program Completion Certificates

Complete details of how each of the updated services may be accessed are now available on the CAATE website. If a Program Director has misplaced his/her confidential Program Director PIN number please contact the CAATE Office.

New Site Visitor Examination and Training Scheduled

Site Visitor Training, which is open to all Athletic Trainers who have been BOC-certified for 5 years, any interested University administrator, or Medical Director involved with the CAATE-accredited program involves a two-step education and testing process. The first step of this process involves the successful completion (≥85%) of an on-line examination which is designed to evaluate the candidate’s understanding of the CAATE Standards. Only those who successfully complete the on-line exam then are invited to participate in a Site Visitor training session in St. Louis in conjunction with the NATA Symposium. The on-site training is scheduled for June 18, 2008 from 1-5 PM. To apply for this upcoming Site Visitor Training, please submit the following information via email or US Mail to the CAATE Office by February 29, 2008:

- Current Vita
- (ATCs only) Copy of current BOC card or on-line verification
- (Non-ATCs only) Evidence of affiliation to CAATE-accredited program
- Letter of interest to become a Site Visitor
- One letter of recommendation (may not be from any CAATE member)
- List of three additional references (name, position, phone and email)
Not Worth the Risk: First Responders/First Aiders

The CAATE does not support unsupervised clinical education experiences for students, as this is a violation of the CAATE Standards. However, before an institution considers allowing students to participate in "First Responder" or other similar responsibilities, that institution should consider the following information.

1) All of these unsupervised situations must be conducted outside of the CAATE-accredited program and cannot be mandated of any student enrolled in the CAATE-accredited ATEP and cannot be counted as ATEP clinical experience hours. Students cannot be assigned to anything other than supervised clinical experiences. If the experiences are found to be in ANY way non-voluntary or coerced, the ATEP will be found in non-compliance with the Standards. While students are performing first responder activities a student must not be referred to as an “athletic training student”.

2) If students volunteer for such activities, there must be a set job description or delineation of the skills they may and may not perform in their role(s) as first responders. These skills must not include Athletic Training skills. If the skills are found to be AT skills, the ATEP will be found in non-compliance with the Standards and may be in violation of the state practice act (i.e. practicing AT without a license).

3) If students are permitted to volunteer for such activities that are outside the requirements of the ATEP, the ATEP must be able to document that the students are protected under the University’s liability insurance in these roles.

4) If students are permitted to volunteer for such activities that are outside of the requirements of the ATEP, the ATEP must be able to document that this practice is within the state AT practice act or not excluded under another practice act (e.g. State Medical Practice Act and Practicing Medicine without a License). ATEP leadership is encouraged to also consult with their institution’s legal counsel on this matter.

ACI and CI Qualifications Differ

To function as an Approved Clinical Instructor (ACI), an individual must be certified for a minimum of one year (CAATE Standard B3.22), with no exceptions. Therefore, any individual who has completed ACI training, been certified for at least one year, and meeting the other ACI requirements under Standard B3.2, may serve as an ACI for a program.

To clarify further, the only situation in which an individual with less than one year of certification may function in a CAATE-accredited program is as a Clinical Instructor (CI) under the direct supervision of a qualified CI or ACI (CAATE Standard B3.42). In this case, the CI may supervise students, but may not evaluate their clinical proficiencies, and must always work with students under the supervision of a qualified CI or ACI. There also must be a written plan for supervision of the unqualified CI by a qualified CI/ACI.
Educational Best Practices Keep Programs Functioning Effectively

All CAATE-accredited programs are required to be in compliance with the CAATE Standards at all times. ATEPs generally are evaluated comprehensively every five to seven years, and on a limited basis, annually through the Annual Report. However, it is incumbent upon program leadership to maintain current required supportive documentation for the program at all times. This supportive documentation should include, but is not limited to an annual validation of Affiliation Agreements, A-1 forms, BOC and State practice credentials for all ACI/CIs; and calibrations and electrical safety checks on all therapeutic modalities. Should your program be audited during the Annual Report process, these documents, at minimum will be required. In future Annual Reports, a completed Competency Matrix also will be required.

Requesting information about the Standards, CAATE is the Source

While list serves and blogs may be excellent formats through which ideas can be shared, questions to the list serve looking for clarification about how to meet the Standards is not the most reliable way to get your answers. CAATE should be the source for such answers. All other “interpretations” or responses are unsanctioned and are not binding and MAY, in fact, regardless of the provider of information’s qualifications or good intentions, be inaccurate or inappropriately applied to situations that are different than the original questioner’s. It is incumbent upon all CAATE-accredited programs to ensure that they are in compliance with the Standards. The CAATE cannot be held accountable for the ramifications of unsanctioned responses to questions or statements of fact made by any individual other than the CAATE.

On–Line CPR Certifications Not Acceptable to meet Standard G1.9

Standard G1.9 requires that “written documentation of current first aid, CPR, and AED training consistent with the Athletic Training Educational Competencies”; therefore, only courses that include both psychomotor and didactic instruction and evaluation are acceptable courses to meet Standard G1.9. Most on-line courses require no psychomotor instruction and/or evaluation.

NEW Response Window for Questions Related to Required Reports

Programs are granted 45 days, following the receipt of an official CAATE correspondence, to seek clarification of the requirements and/or requests delineated in the official correspondence by the CAATE. The CAATE will not respond to questions regarding clarification of the Standards outside of the standardized process that requires all questions to be submitted to the CAATE Office, in writing or electronically, by the 1st of every month for inclusion in the monthly conference calls. In all cases, the CAATE will not respond or review materials, in advance of the submission of the Progress Report, Annual Report, or Rejoinder, in advance of the required submission.
CAATE Delineates list of AMA – Approved Allied Health Care Professionals (Standard B3.62)

In response to a concern that some Allied Health Personnel with whom Athletic Trainers work are not included on the current AMA Health Professional List, and there are many others listed on the current list who do not meet the intent of the Standard, effective Fall 2008, the CAATE recognizes only the following Allied Health Care Personnel as the only health care professionals acceptable to fulfill the requirements of CAATE Standard B3.62:

CAATE-approved Allied Health Care Professionals: 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.

Listing of Competencies and Proficiencies in Syllabus NOT Required

While Standard I5.3 requires learning objectives to be listed in each Athletic Training course syllabus, and the content of the Competencies and Proficiencies comprises the curriculum of the ATEP, there is no requirement to list the competencies/proficiencies verbatim in the syllabus. Course goals and objectives can encompass more than one competency or proficiency, and all learning objectives should be written in a manner appropriate for the course while including the expected content of the competency/proficiency.

Directed Observation Students and CAATE Standards

Opportunities to observe athletic trainers working in a variety of settings are excellent ways to introduce students to the profession and to the good work provided by Certified Athletic Trainers. According to the current explanation of the CAATE Standards, there must be a minimum level of protection for these students in the form of blood borne pathogen or OSHA training. In cases where students do more than just observe (e.g. practice AT skills on peers), the students require supervision that may detract attention from students enrolled in clinical education and the CI/ACI’s patients. Observation students in these situations must be counted in the ACI/CI to Student clinical ratio for the clinical instructor - Reference the CAATE 2005 Standards Glossary term Clinical Ratio. Further, while outside of the requirements of the Standards, students who receive appropriate and timely feedback from clinical instructors tend to perform better and improve more rapidly than students who do not get such feedback.

Preparing for the Site Visit

GFIs will be verified during the site visit to the facility or via a video of the site. In cases where such verification is not possible (e.g. series GFIs), it may be helpful for the ATEP to get their electrician to document this information in advance of the site visit and have it available to the Site Visitors.
Athletic Training Degree Descriptive Study and the final Step

All CAATE-accredited programs must offer a degree in Athletic Training by the 2014-2015 academic year, but there has been some concern expressed about what that degree should be. In a study conducted in October 2007 by the CAATE, the following data were self-reported by n= 286 (78.57%) CAATE-accredited programs, with 74.83% of degrees reported will meet the current definition of a “degree in Athletic Training” used by the CAATE. Sixty-four (22.28%) of the degrees reported by the ATEPs will not meet the 2014-2015 degree requirement, as they include degrees in disciplines outside of Athletic Training. Please note that some institutions offer more than one degree in Athletic Training, and some programs had an undergraduate degree that met the 2014-2015 requirement and a second degree offering that did not (e.g. BS in Athletic Training and MS in Health Sciences with a major in AT).

While there was consistency in the undergraduate degree offerings, there was very little agreement in the entry-level graduate degrees offered. There also were a handful of undergraduate ATEPs that currently offer dual-tagged degrees (e.g. Sports Medicine/Athletic Training); however, this dual tagging will NOT meet the degree standard in 2014. ATEPs are reminded that the goal here is for all degrees awarded to athletic trainers to be recognized for what they are -- ONLY Athletic Training.

Announcements of Competitive Admissions Process

If your program utilizes a competitive admissions process, one of the easiest methods by which a program can eliminate unwarranted calls from prospective students who were not admitted and their parents is to be certain that all components of a competitive admissions process are published and available to all prospective students. The CAATE has been contacted several times by disgruntled individuals who are seeking assistance in getting their son/daughter admitted to an ATEP. If the processes and requirements are well-documented and announced in publicly accessible documents, the CAATE has no reason to intervene. However, if the information is not available, an ATEP can be cited as non-compliant related to Standard E1.12, which may provide enough information for a disgruntled student or his/her parents to appeal a negative decision.
Institutional administrators are responsible to notify the CAATE within 30 days of anticipated departure or actual departure of the Athletic Training Program Director. Failure to do so will result in the program being placed on Administrative Probation.

- If an individual is hired by an institution as a new faculty member, the institution must complete Steps 1 and 2 which are described in detail on the CAATE website.
  
  **Step 1: Documentation Requirement from Institution**
  
  **Step 2: Documentation of Requirements for Interim Program Director (PD) or Official Hire**

- If an individual is already employed by the institution and moves into the Program Director’s position from an existing faculty/staff position and a new person is hired to fill the vacant position left by the person who becomes the Program Director, then the institution must complete Steps 1, 2, and 3 as listed below.
  
  **Step 1: Documentation Requirement from Institution**
  
  **Step 2: Documentation of Requirements for Interim Program Director (PD) or Official Hire**
  
  **Step 3: Documentation Requirement If Current Faculty/Staff Becomes Program Director**

**CAATE Requirements under Review for Consistency with Other Health Care Professions**

In all of its activities, the CAATE has attempted to create ATEP program requirements that are consistent with best practice recommendations (e.g. CDC immunization recommendation, CDC communicable disease position statement) and/or are similar to the expectations placed on accredited education programs in other allied health disciplines. Beginning in Spring 2008, the CAATE will conduct an official review of CAATE educational requirements and reporting expectations required of CAATE-accredited programs for consistency with the expectations of other health care professions including physician assistant, nursing, and physical therapy. This information will be used to assist the incoming CAATE leadership with a basis from which discussions of improvements in CAATE-accredited education can evolve.

**Accommodation for Disabilities**

The CAATE’s position on such situations is that the institution is bound by its technical standards. If the technical standards allow for accommodation, which they should, it is up to the individual institution to determine when those accommodations are reasonable and unreasonable and within the abilities of the institution. If the institution’s ADA officer, in consultation with the ATEP Program Director, agree to the level of accommodation (or the limit of that accommodation), and that information is posted, then the CAATE has no issue with this situation. We would recommend that the level of accommodation granted to the student does not exceed that which would be permitted by the BOC to be eligible for the exam.

**REMINDER: All correspondence and mailings should be sent to the new CAATE® office.**

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