Pursuing and Maintaining Accreditation of Post-Professional Residency Programs
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DOCUMENT OVERVIEW

This document supports the current version of the Commission on Accreditation of Athletic Training Education’s Post-Professional Athletic Training Residency Standards and Guidelines, hereafter referred to as the Standards and Guidelines. Its purpose is to provide step-by-step instructions to post-professional athletic training residency programs that wish to pursue or maintain accreditation.

Accreditation is a voluntary, non-governmental peer review process that strives to ensure quality and accountability, and encourage programmatic improvement. By requesting accreditation, the sponsoring organization of the residency program (e.g., clinic, college/university, hospital) agrees to be assessed against the Standards and Guidelines. The sponsoring organization of an accredited residency program must comply with these Standards and Guidelines and use them to examine, improve and report on its program’s growth and achievement.

This document is organized according to the following aspects of the accreditation process.

I. Decision to Seek Accreditation

II. Conduct a Self-Study of the Residency Program to Ensure It Meets the Standards and Guidelines

III. Compile a Self-Study Report

IV. Submit a Self-Study Report

V. Peer Review of Document and Residency Program through On-Site Visit

VI. Recommendation Regarding Accreditation

VII. Maintenance of Accreditation

VIII. Forms
ACCREDITATION PROCESS

I. Decision to Seek Accreditation

Program personnel, in consultation with the appropriate administrators, make a decision to offer a post-professional residency program that meets or exceeds the requirements specified in the Standards and Guidelines.

Once the decision is made to seek accreditation the sponsor of the residency program begins a self-study. The self-study report may only be submitted after all aspects of the residency program have been approved by the sponsoring institution and implemented prior to the site visit. All aspects of the residency program must be functioning at the time the self-study is submitted.

II. Conduct a Self-Study

A self-study is the foundation of the voluntary peer review process of accreditation. It is a critical and major component of the ongoing program evaluation process, performed as a cooperative effort by individuals with varied interests in program improvement, including the sponsoring organization administration, residency program director, preceptors, residents and affiliated clinical staff. For continuing accreditation, alumni and the employers or supervisors of residency program graduates may be involved.

The self-study process requires a detailed analysis of all aspects of the program and begins by identifying the philosophy of the residency program, its area of focused clinical training, its goals and objectives, and its integration of the post-professional core competencies. The process critically examines a residency program in structure and substance, judges the program’s overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements.

The information collected is used to compile a self-study report, which is submitted in advance of the site visit to the CAATE and must be submitted during the annual active applications submission window, which is between June 01 and July 01, 2013. Programs planning to submit materials after July 1, 2013 must contact the CAATE to determine eligibility and timeline.

A. Self-Study Plan of Action
   1. Convene a committee of individuals whose primary focus is to conduct the self-study and develop the self-study report.
   2. Organize the committee early enough to allow ample time to conduct an in-depth, probing self-study. Most sponsoring organizations begin at least 1 year in advance.
   3. The committee should be a manageable size, chaired by the program director and should include preceptors, administrators, affiliated clinicians, academic faculty, current residents, and alumni. Additional people from outside of the main self-study committee may serve on subcommittees.
   4. Assign each committee member to read the Standards and Guidelines and this
document, *Pursuing and Maintaining Accreditation of Post-Professional Residency Programs*, so the committee can become thoroughly familiar with the task at hand. Committee members should review both documents during the first meeting to clarify any questions or differences of interpretation.

B. Establish a timetable and assign tasks for the completion of the self-study.

C. Collect and summarize existing data about the residency program’s ability to achieve the stated mission, goals, objectives, and outcomes of the program. Data should come from conclusions and reports of previous and ongoing program activities and should be distributed to members of the self-study committee. The self-study must explicitly identify the extent to which the residency program is achieving the stated mission, goals, objectives, and outcomes of the program.

D. Begin drafting the self-study report.

E. Meet regularly to report on assigned tasks, discuss implications of collected data on the residency program, and receive new assignments. The frequency of such meetings generally increases as deadlines approach.

F. Incorporate sufficient quantitative and qualitative information in the self-study report to provide documentation of your residency program’s compliance with the *Standards and Guidelines*. The final draft of the self-study report should reflect the consensus of the self-study committee.

III. **Compile a Self-Study Report**

The self-study report is an evidential document that summarizes the findings of the self-study process. The narrative should show the extent to which the residency program is in compliance with the *Standards and Guidelines*. The qualitative narrative should reflect the strengths of the residency program as well as deficiencies or weaknesses, if applicable, and should include a plan to remedy such limitations.

A. Self-Study Report Format

1. The cover of the self-study document must contain the name of the sponsoring entity.
2. The self-study must be typed and paginated.
3. The text components of the document should be prepared using a Roman font, no smaller than 12 point.
4. The text component of the document should be single-spaced. The left margin should be 1.5 in. and all others equal to 1.0 in.
5. Headings must clearly identify each section of the self-study (1-14).
6. The self-study report and all accompanying materials must be submitted in electronic format via CD. A single CD should contain all self-study materials and a total of four (4) CDs should be submitted so that the report can be distributed for review.
B. Drafting the Report
1. The report must include nine (9) sections, numbered sequentially as listed below in section III.C.
2. Section III.C.7 corresponds to the six (6) post-professional core competencies of the Standards and Guidelines. For each of these competencies, create a numeric heading and **bold** the name of the competency as a heading, and then address how each core competency is implemented throughout the residency program. Section III.C.8 corresponds to the Standards associated with the general requirements for athletic training residencies. For each of the Standards, create a numeric heading, **bold** each standard requirement associated with the **Standard**, and then write the associated narrative for each standard requirement.
3. Refer to the glossary of the Standards and Guidelines for clarification of your responsibility in complying with standards (must/shall) and guidelines (should).
   - **Standard**: Mandatory components of the program. Denoted by the verbs “must and shall.”
   - **Guideline**: Requirements that are so important that their absence must be justified. Denoted by the verb “should.”

C. Sections of the Report
1. **Cover sheet** (Form 1. Available online at http://www.caate.net)
2. **Request for review and evaluation** - written request from the Chief Operations Officer (or equivalent) of the sponsoring organization for the review and evaluation of the residency program.
3. **Table of contents**
4. **Introduction** describing the self-study process with a self-study committee signature page that includes the names, credentials, titles, and signatures denoting approval of the document by each member of the self-study committee.
5. **Sponsoring organization data form** (Form 2. Available online at http://www.caate.net)
6. **Executive summary**
   Summarize the major strengths of the residency program, emphasizing the focused area of clinical practice and core competencies. Also identify major challenges and any changes resulting from the self-study process. Be brief; 2 pages maximum.
7. **Post-professional core competencies**
   In narrative form, explain how the residency addresses each of the six (6) post-professional core competencies described within the Standards and Guidelines. Please note that according to Standard 4 (please see below), each of the six (6) post-professional core competencies described must be incorporated within both the didactic and clinical aspect of the residency program and assessment of each competency must be performed. Examples of how these competencies are incorporated into the didactic and clinical aspects of the residency program are encouraged.
8. Residency Standards
   Illustrate how the residency addresses each of the six (6) standards as described within the Standards and Guidelines.
   a. **Standard 1**: Qualifications of the resident
      In narrative form, address each requirement regarding the qualifications of the resident set forth in the Standards and Guidelines. Provide curriculum vitae and evidence of verification of how each resident met the published entry qualifications.
   b. **Standard 2**: Obligations of the program to the resident
      In narrative form, address each requirement regarding the obligations of the program to the resident set forth in the Standards and Guidelines.
   c. **Standard 3**: Obligations of the resident to the program
      In narrative form, address each requirement regarding the obligations of the resident to the program set forth in the Standards and Guidelines.
   d. **Standard 4**: Requirements for the design and conduct of the residency program
      In narrative form, address each requirement for the design and conduct of the residency program set forth in the Standards and Guidelines. 
      **Program Design**: Provide program mission, purpose, educational goals, educational objectives for each educational goal, and related outcomes for each goal that are associated with the focused area within the residency.
      **Program Delivery**: Provide documentation of orientation content, examples of individualized resident plans, and associated plans for evaluation and remediation.
      **Program Evaluation and Improvement**: Provide documentation of the evaluation system used for preceptors, to encompass evaluation documents and plan for implementation of changes.
      **Tracking of Graduates**: Provide documentation related to monitoring placement of graduates. Provide documentation as to how the outcomes assessment information is utilized for program development.
   e. **Standard 5**: Qualifications of the Residency Program Director (RPD) and preceptors
      In narrative form, address all the requirements regarding the qualifications of the RPD and preceptors set forth in the Standards and Guidelines. Provide the curriculum vitae of the RPD and all preceptors. Provide the curriculum vitae and identify the tenure status and academic rank of all affiliated athletic training residency program faculty. Provide the curriculum vitae for any other personnel that the self-study process has identified as integral to the success of the residency program. Include a description of the cooperation between the administrative unit of the sponsoring institution and the RPD. Examples of cooperative efforts are helpful. Include a description of the
oversight responsibility of
the RPD for the preceptors. Provide the distribution of effort for
research, teaching, service, clinical services, and administrative
responsibilities of
the program director and full-time program faculty.

f. **Standard 6**: Minimum requirements of the sponsoring organization of the residency program

In narrative form, address each of the minimum requirements of the sponsoring organization conducting the residency program set forth in the *Standards and Guidelines*.

9. **Supporting Materials**

Include other supporting materials deemed to be helpful in demonstrating compliance the *Standards and Guidelines*. Additional materials (eg, sponsoring organization bulletin and catalog or web site materials) should be provided. Web-based materials should be provided as PDFs on the self-study CD so that the reviewers can readily access the information from a single source. Additionally, web-links should be provided for such materials so that reviewers can verify and assess the accessibility of web-based residency program materials.

**IV. Submit the Self-Study Report**

A. **Due Dates and Fees**

1. For 2013-14 site visits, the completed self-study must be sent to the CAATE between the active application submission window, which is **June 01 and July 1, 2013**. Failure to meet this deadline precludes evaluation of the proposed program during the year requested.

2. A non-refundable application fee payable to the CAATE, must be submitted along with the materials. The initial accreditation application fee amount, which is subject to change on an annual basis, is published online at: http://www.caate.net.

B. **What to Submit**

1. The self-study report and all accompanying materials must be submitted in electronic format via CD. A single CD should contain all self-study materials and a total of four (4) CDs should be submitted so that the report can be distributed for review.

2. The non-refundable application fee.

C. **Submit to:**

   CAATE
   2201 Double Creek Drive, Suite 5006
   Round Rock, TX 78664
   P: 512.733.9700
   F: 512.733.9701
V. Peer Review Process

A. After the CAATE office receives the six (6) CD’s with the completed self-study and related materials, the following will occur:
1. One copy of all materials will be filed at the CAATE Office; the Review Team Chair will maintain one copy; and one copy will be sent to each of the two site visit team members.
2. The CAATE support staff will complete a mechanical review of the submitted materials. Incomplete evaluation materials or materials that fail to conform to the requested format will not be accepted and will be returned to the residency program director.
3. After consultation with the residency program director, the Review Team chair will assign two individuals to conduct the on-site visit. One site visitor will be designated as the chair of the site visitation team and will serve as the primary contact person for residency program personnel on matters pertaining to scheduling of the on-site visitation.
4. One copy of the filed materials will be sent to the site visitor chair who will perform a more substantive review of the self-study for completeness.
5. A copy of the self-study will be sent to an additional site visitor, who will also review the materials for content prior to the visit.
6. If additional materials are deemed necessary the residency program director will be notified and asked to submit that material within a time that is mutually agreeable between the residency program director, the site visitor chair and in consultation with the Review Team chair. These additional materials will then be reviewed by the site visitor chair and Review Team chair. The request from the chair of the site visitation team for supplemental materials will be made no later than 2 weeks prior to the site visit. These materials may be requested to be made available in advance of the site visit team’s arrival or to be made available on-site. All materials must be sent electronically directly to the CAATE office and not directly to the Site Visitor. The materials will be forwarded to the site visit team, but need to be recorded at the office.

B. Site Visit Procedures
1. Application for a site visit for initial residency programs can only occur following the complete implementation of the Standards and Guidelines.
2. Site visits must not be scheduled during periods in which any part of the program is inactive or key personnel are not available (eg, vacation periods).
3. The chair of the site visit team must make initial contact with the residency program director to establish a timetable for the on-site visit.
4. All officially connected expenses of the site visitation team including travel, lodging, meals, and site visitor honoraria are to be paid by the organization requesting accreditation of the residency program. The site visitor honoraria fees are subject to change on an annual basis. The current site visitor honoraria fees are published online at: http://www.caate.net
5. The residency program director is responsible for finalizing the arrangements with the on-site visitation team members (eg, visitation dates, travel schedules, ground transportation, lodging reservations). A minimum of two ½ day sessions must be allotted for the site visit in order for a thorough and productive
evaluation. These two ½ day sessions should be spread across two-days (ie, an afternoon session of meetings followed by a morning session of meetings). At the discretion of the CAATE, additional time (maximum of two full days) may be scheduled depending on the scope of the program (eg, a multi-site residency).

6. The residency program director must prepare a written site visitation itinerary and interview schedule in consultation with the chair of the site visitation team at least two weeks prior to the scheduled visitation date. Questions pertaining to preparation of the itinerary and interview schedule must be directed to the chair of the site visitation team.

C. Itinerary and Interview Schedule

1. The on-site visit itinerary must include:
   a. Interview sessions with names and titles of all personnel
   b. Visitation of facilities
   c. Site visit evaluation team meetings
   d. Exit conference

2. The site visit schedule should be developed to span across two days. A typical site visit may begin in the afternoon and conclude following meetings the following morning. Spanning the visit across two days facilitates interaction between, and time for reflection by, the site visitation team.

3. It is suggested that the site visitors have a dedicated room for interviews, individual writing and work. Meals should be scheduled so the site visitation team can discuss information privately.

4. Interviews will vary in length according to the personnel involved. Schedule additional travel time between meeting rooms and facilities if some sessions must be scheduled at other locations. The residency program director, preceptors, and current residents must be scheduled during the first ½ day of interviews. The following schedule of personnel and meeting times must be adhered to in the development of the site-visit itinerary.
   a. Residency program director (90-120 minutes) should be scheduled as the first appointment at the beginning of the first day of the visitation.
   b. Chief operations officer of the sponsoring organization (30 minutes)
   c. Preceptors (30-40 minutes each)
   d. Current resident(s) of the program (60 minutes each)
   e. Research support personnel (30-40 minutes), if applicable
   f. Affiliated clinical faculty (30-40 minutes each)
   g. Academic faculty who contribute to the didactic aspects of the program (30-40 minutes each)
   h. Flexibility in scheduling of interviews is permitted according to the availability of personnel, with the exception of the residency program director, who must be scheduled first.
D. Visitation of Facilities
   1. Allot ample time for visiting facilities used in the residency program.
   2. Special attention should be given to facilities that reinforce the program’s focused area of clinical practice and the post-professional core competencies.
   3. Facilities visited should be selected in consultation with the chair of the site visitation team. Examples of such facilities include:
      a. Healthcare facilities (during operational hours)
      b. Research laboratories
      c. Classrooms/instructional laboratories
      d. Libraries or other sources for residents to access relevant peer-reviewed research (virtual materials can be reviewed online). If resident access to the literature is largely accomplished via web-based resources, it is recommended that the site visitors be provided with guest accounts to log into the available system(s) to assess the extent and quality of available resources.

E. Site Visitation Team Meeting
   1. The site visitation team must complete its on-site visit with a scheduled, 1-hour Meeting (minimum) to finalize the initial draft of the concluding meeting report.

F. Final meeting with residency program director
   1. This final 30-minute meeting is held before the exit conference.
   2. This meeting is scheduled to inform the residency program director of site visitation team’s findings and allow time for questions from the residency program director.

G. Exit Conference
   1. A 30-minute exit conference must be scheduled after the final meeting with the residency program director. The site visitation team will discuss its preliminary report. This report is preliminary and is not the final report.
   2. Individuals included in this meeting are the chief operations officer (or equivalent), residency program director, and preceptors.
   3. Other appropriate personnel may be invited to attend.

H. Post-Exit Conference (Optional)
   1. The visitation team may meet with the residency program director and other appropriate individuals as designated by the residency program director.
   2. Findings from the on-site visit should be discussed in more detail, with collegial dialogue addressed at how to correct deficiencies.

I. Site-Visitation Team Report
   1. The site visit report is due to the CAATE office within 2 weeks following the site visit. The report will include written summary of observations, conclusions and recommendations. The CAATE office forwards the Site Visit reports to the Review Team Chair who assigns Review Team members for each report. Assigned members of the team review and finalize the report and return to the Review Team Chair.
2. The Review Team chair will review the report for content and clarity with the site visit chair and the document will be revised as needed.

3. The chair will provide copies of the site visitation team’s report to the chief operations officer (or equivalent) and the residency program director.

4. Residency program personnel will have 90 days to provide a narrative response and evidence of compliance to the CAATE office. This narrative response should be submitted as a single PDF file, and should address each non-compliant (if applicable) issue and incorporate the requested supporting materials.

5. The sponsoring organization’s response to the site visitation team report should address any factual errors, misinterpretations, clarifications, recommendations, and/or deficiencies.

6. The sponsoring organization’s response will become an addendum to the visitation team report.

VI. Recommendation and Formal Action

After a review of the sponsoring organization’s self-study materials, the site visitation team report and the sponsoring organization’s response to that report, the Review Team will forward its recommendation to the Commission. The recommended actions are accreditation, provisional accreditation or withhold accreditation. Accreditation actions occur at the Summer meeting of the Commission that is held in late July or August of each year. The Commission will make the final decision. The chief operations officer (or equivalent) and the residency program director will be notified in writing from the CAATE regarding the accreditation decision. 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.

1. 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.

2. Continuing Accreditation

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

3. Probation
   a. Probationary actions are levied on currently accredited programs that fail to maintain compliance with the Standards.
b. 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.

c. 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.

d. 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 Athletic Training Education Program’s normal accreditation cycle.

e. A program may only be on probation for up to two (2) years.

4. Administrative Probation

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

b. Administrative Probation may be converted to Probation within 30 days of either non-response or inefficient documentation of implementation of corrective behaviors to be in compliance with the Standards by the Athletic Training Education Program.

c. 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.

5. Withholding or Withdrawing Accreditation

a. 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.

b. The 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.
c. 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.

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.

VII. Maintaining Accreditation

A. Annual Program Fee
All CAATE-accredited residency program’s will be invoiced for an annual program fee on August 1st of each year. This fee is required to maintain accreditation and is due net 60 days. The program fee amount is subject to change on an annual basis. The current annual program fee is published online at: http://www.caate.net.

B. Annual Reports
Annual reports, including the resident placement report, are required to maintain accreditation. Annual report forms are provided by the CAATE office.
1. The annual report and resident placement report must be submitted by the residency program director to the CAATE each year by November 30.
2. Annual reports will be reviewed by the CAATE. Sponsoring organizations will be notified of any deficiencies in the report. Sponsoring organizations must respond in writing explaining the deficiencies and/or steps they are being taken to bring the program into compliance. Failure to respond may result in a recommendation from the CAATE for probation. Failure to maintain or demonstrate compliance with the Standard and Guidelines or address recommendations may result in the CAATE recommending action.

C. Program Changes
Programs must notify the CAATE of relevant residency program changes immediately.
1. The notification would include changes that affect the residency program in one or more areas of the Standard and Guidelines.
2. Vitae for new personnel must be forwarded to the CAATE.
3. Copies of contractual agreements with new clinical settings or community/private healthcare facilities where the residents may practice must be forwarded to the CAATE.

D. Probation
1. Probation is based on evidence substantiated by the annual report. It is usually
limited to 1 year and typically does not exceed 2 years. Probation may result from, but is not limited to:

a. Not submitting annual reports.

b. Not submitting the required progress reports, which include residency program changes.

c. Not agreeing to a reasonable site visit date at or near the time established for re-evaluation of the sponsoring organizations residency program.

d. Not paying annual accreditation fees by the published due date.

e. Failure to maintain compliance with the Standards and Guidelines based on the annual report.

f. Failure to address recommendations based on the most recent site visit.

2. A letter from the CAATE will be sent to the sponsoring organization indicating why the residency program is on probation. The letter will specify the requirements for what is necessary to regain accredited status.

3. During probation, programs are still recognized and listed as being accredited by the CAATE but must identify themselves as being on probation in public materials throughout this time period.

E. Withdrawal of Accreditation Status

1. If accreditation is withheld from the sponsoring organization’s residency program, a letter from the CAATE will be sent to the sponsoring organization with a clear statement of each deficiency.

   a. The sponsoring organization may appeal the decision. The appeals process is the same as outlined above in VI.C.2.

   b. The sponsoring organization may apply for accreditation again when it feels the residency program is in compliance with the Standards and Guidelines.

F. Voluntary Withdrawal from Accreditation

1. A sponsoring organization may voluntarily withdraw from the CAATE accreditation process at any time.

   a. Written notification of the sponsoring organization’s intention to withdraw from accreditation must be sent to the CAATE chair from the sponsoring organization’s chief operations officer (or equivalent) and must contain a specific date for withdrawal from the accreditation process.

G. Inactive Programs

1. 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.

2. 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.
3. 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.

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

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

FORMS

The collection and analysis of residency program demographic and performance data are a fundamental aspect of the self-study process and accreditation. The CAATE collects specific residency program data via electronic forms that are available online at: http://caate.net. These forms must be completed, saved as a PDF, and submitted with the self-study as described above in section III.C.