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**Application for Expansion**

**Institutional Control/Ownership (check one)**

State, County or Local Government

For-Profit

Non-Profit (Private or Religious)

Name of Sponsoring Institution Sponsoring Institution Web Address

Address of Sponsoring Institution

Name of regional or national accreditor recognizing the Sponsoring Institution

Agency that gives the institution degree granting authority (i.e., Board of Regents, Board of Education, etc.)

Name of Accredited Program

**Degree Awarded:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

MA  MS  MAT  MSAT  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sponsoring Institution Officials

**Chief Executive Officer** (please print) Degree/Credentials Working Title

**Signature of Chief Executive Officer** Date

**Dean or Comparable Administrator** (please print) Degree/Credentials Working Title

**Signature of Dean or Comparable Administrator** Date

**Department Chair** (please print) Degree/Credentials Working Title

**Signature of Department Chair** Date

**Program Director** (please print)Degree/Credentials (PhD, EdD)

**Signature of Program Director** Date

**Additional Site:**

Name of Institution Institution Web Address

Address of Institution

Name of regional or national accreditor recognizing the Additional (Location) Institution

Agency that gives the institution, additional location, degree granting authority (i.e., Board of Regents, Board of Education, etc.)

**Chief Executive Officer** (please print) Degree/Credentials Working Title

**Signature of Chief Executive Officer** Date

**Dean or Comparable Administrator** (please print) Degree/Credentials Working Title

**Signature of Dean or Comparable Administrator** Date

## Program Director/Coordinators

1. Program Director

a. Name with Professional Credentials

b. Office Address (Provide complete address including city, state and zip code)

c. Office Phone

d. Office Fax

e. E-mail address

f. Academic Rank and Title

g. BOC#  Year Certified

h. Type of State Athletic Training Credential (license, certification, registration, exempt, NA)

Current State Athletic Training Credential Number

2. Site Coordinator at additional location (if more than one site, provide list on additional form)

a. Name with Professional Credentials

b. Office Address (Provide complete address including city, state and zip code)

c. Office Phone

d. Office Fax

e. E-mail address

f. Academic Rank and Title

g. BOC#  Year Certified

h. Type of State Athletic Training Credential (license, certification, registration, exempt, NA)

Current State Athletic Training Credential Number

## Students

1. Provide the total number of all students enrolled in the professional program at main campus.
2. Provide the total number of all students enrolled in the professional program at the additional location(s).

In order for a program to submit an Application for Expansion to add an additional location, the program must meet the following criteria:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. The degree is granted by the institution housing the accredited program. The transcript must state the degree and the host institution on it. |  |  |
| 1. The sponsoring program has been granted institutional, state, and regional accreditor approval for adding the additional site. |  |  |
| 1. The sponsoring program has obtained approval by institutional, state, and regional accreditor of the additional location. |  |  |
| 1. The mission, vision, philosophy, curriculum plan & comprehensive assessment plan (Framework) are identical to the accredited program. |  |  |
| 1. The Program Director is responsible for management & administration of each additional site. |  |  |
| 1. There is a site coordinator on-site at each additional location. The site coordinator must be BOC certified and state credentialed (if applicable) and hired prior to adding the additional site. |  |  |
| 1. Faculty, resources, and operational policies (admissions, budget, etc.) are shared. |  |  |
| 1. Faculty at the additional location(s) are considered faculty of the accredited program and are employed by the institution housing the accredited program. Faculty must be under the budgetary control of the established accredited program. |  |  |
| 1. The additional site location is geographically apart from the accredited program where instruction occurs, and it is possible for students to complete 50% or more of the didactic coursework at that location. A multi-site program utilizes a single framework, program director, and curriculum at all its locations. All locations are within the United States or Territories of the United States. |  |  |

## Clinical Sites/Faculty/ Preceptors at Additional Location

**List the faculty (including credentials) teaching required courses at the additional location(s).**

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Name | Faculty Credentials | Course # (i.e., AT 705) | Course Name |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List all clinical sites and preceptors (including credentials) at the additional location(s).**

|  |  |  |
| --- | --- | --- |
| Clinical Site | Preceptor Name | Preceptor Credentials |
|  |  |  |
|  |  |  |
|  |  |  |

## Requested Documentation

Please provide detailed answers to the following questions in the space below each question. Your answers should not only present information but explain how that information demonstrates that the program is compliant with CAATE Standards. It is acceptable to submit evidence to help the reviewers determine compliance with Standards.

1. Provide documentation that the sponsoring program’s institution, state, and regional accreditor have approved the expansion.
2. Provide documentation that the additional location’s institution, state, and regional accreditor have approved the expansion
3. Provide evidence documenting and explaining how the expansion to an additional location aligns with the program mission, vision, and goals.
4. Provide student cohort projections for the next three academic years. Include when the first class will commence in the program with anticipated graduation date.
5. Provide the programs financial plan.
6. To ensure academic quality, describe faculty needs (including number of full- and part-time faculty and credentials they must hold) at the additional site(s). Update Faculty Profiles in eAccreditation.
7. Describe the various clinical education sites and preceptors. Explain how the program administrators ensure the health and safety of the student.
8. Describe the facilities including classrooms, technology, library, faculty and/or administrative offices, and student space at the additional site(s).
9. Who will provide oversight of the proposed site? What are the titles/qualifications/credentials of the person(s) assigned by the institution to be responsible for providing administrative oversight and how will the person(s) communicate with and be supported by the administration of the institution? Where do these positions fit in the institution’s organizational structure?
10. Describe how program and student learning outcomes will be assessed at expansion site. Attach a summary of the evidence that these programs and learning outcomes are currently being assessed.
11. Describe how the program will address any changes in order maintain compliance with all of the Standards including organizational policies and procedures; qualifications and workload of the faculty; the curricular plan (including clinical education), content and delivery.

Additional information may be requested pending review of Peer Review Team.