****

**Notification of Intent**

**Substantive Change Document: Change of Degree**

**Professional and Post-Professional Degree Programs**

Professional Programs transitioning from a baccalaureate to a post-baccalaureate degree **OR** Post-Professional Programs from a post-baccalaureate to a doctoral degree who are in good standing with the CAATE and in mid-cycle for accreditation may apply for continuing accreditation through this Substantive Change Request for Change in Degree Document.

The Notification of Intent form must be uploaded to the substantive change tab via eAccreditation prior to your preferred intent deadline (see the dates below and check the available spots per cycle document on the CAATE website). Once submitted, you will be invoiced electronically for $3000. Please follow the instructions on the invoice for payment. The mini self-study will not be available in eAccreditation until payment is received.The Substantive Change Application (mini self-study) and all materials must be completed in eAccreditation no later than submission deadline associated with your intent date (see table of dates below). All materials submitted become the property of CAATE and will not be returned. All fees submitted are non-refundable and due at the time of application. Failure to submit the application by the deadline will result in forfeiting the $3000 application fee.

This substantive change application does not extend continuing accreditation past the original review date. Application for a substantive change does not guarantee the change will be accepted. After review of materials, the CAATE may deem that an on-site visit is necessary to ensure compliance with the *Standards*. If an on-site review is required, the institution will be charged a site visit fee of an additional $3000 ($6000 total) to cover expenses associated with the site visit. If the comprehensive review and substantive change application are conducted at the same time, the cost for the substantive change application will be modified. The comprehensive review fee remains unchanged, but the substantive change fee would be reduced to $1500.

**A program will not be able to accept any additional students into the baccalaureate program once the substantive change-level of degree has been approved by the Commission.**

**Substantive Change Review Cycles:**

|  |  |
| --- | --- |
| **Intent Due** | **Mini Self-Study Due** |
| February 1 | April 1 |
| June 1 | August 1 |
| October 1 | December 1 |
| December 1 | February 1 |
| *Substantive change with Comprehensive Review*  May 1 | *Same deadline as Self-Study*  July 1 |

**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

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 Program to be Accredited

**Previous Degree Awarded:**  BA  BS  BAT  BSAT  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**New Degree to be Awarded:**  MA  MS  MAT  MSAT  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAT  PhD  ScD AT  EdD  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sponsoring Institution Officials:

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

**Signature of Chief Executive Officer** Date

**Dean/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

## Program Director Information

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

* 1. Check either the **YES** or **NO** box to respond to each statement below as the statement relates to the current Program Director.

|  |  |  |
| --- | --- | --- |
| **Program Director Qualifications** | **YES** | **NO** |
| 1. **Full-time Employee of Host Institution** |  |  |
| 1. **Graduate Faculty Member of Host Institution with all graduate faculty rights** |  |  |
| 1. **Tenure-Track Academic Appointment** |  |  |
| 1. **Non-tenure Track Academic Appointment** |  |  |
| 1. **Tenured Faculty Member at Host Institution** |  |  |

## Student Data

|  |  |  |
| --- | --- | --- |
| ***Please indicate current student numbers*** | ***Current Program*** | ***New Degree Program (if applicable)*** |
| Number of students currently enrolled in the professional phase of the program |  |  |
| Anticipated number of graduates for the current AY |  |  |

|  |  |
| --- | --- |
| ***Please answer the following*** | ***Indicate appropriate year*** |
| What year will the last cohort graduate from the current program (undergraduate/post professional masters)? (mm/yyyy) |  |
| When will the first class begin the new degree program? (e.g., fall 2017) |  |

## General Questions

In order for a program to submit this Notification of Intent, the program must answer ‘YES’ to all of the statements listed below before the mini self-study will be opened. Answering ‘NO’ to any of the following statements indicates the program does not meet compliance with **Standard 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**. Therefore, is not ready to submit the Substantive Change Level of Degree mini self-study.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Date Approval Granted |
| Institution approval was granted for the post baccalaureate degree in athletic training |  |  |  |
| State approval was granted for the post-baccalaureate degree in athletic training  Alternatively, check yes, if state approval is not required, and program has appropriate documentation stating approval is not needed |  |  |  |
|  | YES | NO | Date Approval Granted |
| Regional accreditor approval was granted for the post-baccalaureate degree in athletic training  Alternatively, check yes, if regional accreditor is not required, and program has appropriate documentation stating regional accreditor approval is not needed |  |  |  |
| An official transcript or a sample student transcript of an athletic training student can be provided with self-study materials (blind all student identifiers) |  |  |  |

**Prior to your preferred intent deadline (check the available spots per cycle document on the CAATE website), please upload this completed Notification of Intent form to the substantive change tab via eAccreditation. Once submitted, you will be invoiced electronically for $3000. Please follow the instructions on the invoice for payment. The Substantive Change Application (mini self-study) will not be available in eAccreditation until payment is received.**