



CAATE

Commission on Accreditation
of Athletic Training Education

Peer Reviewer Application

Applicant information

1. Please enter your contact information
 - a. First and Last name
 - b. Email address
 - c. Phone number
2. BOC Number
3. State and License Number
4. NPI Number
5. Highest Degree Obtained
6. Discipline of Highest Degree
7. Current Employment Setting
8. Current Employer
9. State of Employment
10. Please select the program you are applying to be a Peer Reviewer for.
 - a. Professional Programs
 - b. Residency and Fellowship Programs
11. Elaborate on why you are interested in volunteering and your experience with or understanding of CAATE accreditation standards.
12. Describe how you will ensure respect for institutional autonomy, quality assurance standards, and inclusion are integrated into your practices, roles and/or responsibilities as a peer reviewer.
13. Individuals should have experience in one of the following areas and elaborate on that experience (exceptions require Commission approval):
 - a. Evidence of experience as a healthcare provider
 - b. Current or past affiliation with the CAATE
 - a. Current or past affiliation with a CAATE-accredited program or a health care profession's accredited program

Application Materials

14. Please list three references with contact information.
15. Please upload your CV or resume.

Conflict of Interest Disclosure Form

1. A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the Leader's other material interests, or relationships, particularly if those interests or commitments are not disclosed.
 - a. I have no conflicts of interest to report.
 - b. I have the following conflict(s) of interest to report (please specify any for-profit business in which you or an immediate family member are an officer, director, or



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a majority shareholder and other nonprofit organizations(s) that you are an officer, director, or volunteer).

2. Employment and Consulting. Please list all employment and consulting in the past 24 months where you have received any remuneration from a commercial entity or other organization with an interest related to the subject of the CAATE work. Include the Company/Institution and Position
3. Investment/Ownership Interest. Please list any financial interest equal or in excess of 5% ownership for any one entity when aggregated for you and your immediate family. Include the Company and Financial Interest/Ownership.
4. Volunteer Work. Please list any organization you currently serve in any official decision making capacity (officer, director, or volunteer). Include the Organization and Position.
5. I hereby certify that the information set forth above is true and complete to the best of my knowledge.
 - a. First and Last Name as electronic signature.
 - b. Today's date.