



## **Pursuing and Maintaining Accreditation of Post-Professional Graduate Degree Programs**

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## ACCREDITATION OVERVIEW

Provided herein are the resources describing the Commission on Accreditation of Athletic Training Education (CAATE) accreditation of post-professional athletic training graduate degree programs. *Pursuing and Maintaining Accreditation of Post-Professional Athletic Training Degree Programs* provides step-by-step instructions to post-professional athletic training graduate degree programs that wish to pursue or maintain accreditation. The CAATE's *Standards for the Accreditation of Post-Professional Athletic Training Degree Programs*, hereafter referred to as the *Standards* can be found on CAATE website (<http://caate.net/wp-content/uploads/2014/06/2014-Standards-for-Accreditation-of-Post-Professional-Degree-Programs21.pdf>). CAATE accreditation of post-professional athletic training graduate degree programs. By requesting accreditation, the sponsoring institution of the graduate degree program agrees to be assessed against the *Standards*. Its purpose is to explicitly define the requirements to achieve and maintain. In addition, the CAATE Policy and Procedures manual governs actions for all programs accredited by the CAATE (<http://caate.net/wp-content/uploads/2014/06/CAATE-POLICIES-PROCEDURES-NOVEMBER-2013-2.pdf>).

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 institution of the graduate degree program agrees to be assessed against the *Standards*. The sponsoring institution of an accredited graduate degree program must comply with these *Standards*. Accreditation involves a collegial process of self-review and peer review, involving three major activities:

1. A self-evaluation (self-study) by an institution or program using the *Standards* in submission of a Self-Study Report to the CAATE.
2. A peer review of the self-study and the institution during an on-site visit to confirm the accuracy of the self-study and gather additional evidence of quality.
3. A recommendation by the Post-Professional Review Team, following thorough review of the site visit report and materials submitted by the program, to the CAATE Commission who will make a final decision regarding accreditation.

The *Pursuing and Maintaining Accreditation of Post-Professional Athletic Training Degree Programs* document is organized according to the following aspects of the accreditation process.

- I. Decision to Seek Accreditation
- II. Conduct a Self-Study
- III. Compile a Self-Study Report
- IV. Submit a Self-Study Report
- V. Peer Review Process
- VI. Site Visit Report Response
- VII. Annual Report
- VIII. Substantive Change

## **ACCREDITATION PROCESS**

### **I. Decision to Seek Accreditation**

Program personnel, in consultation with the appropriate administrators, make a decision to offer a post-professional athletic training degree program that meets or exceeds the requirements specified in the *Standards*.

Once the decision is made to seek accreditation, the sponsoring institution of the program must register with the CAATE and make formal application for accreditation through e-Accreditation. (Registration and information submission is completed via the eAccreditation account that is established at [www.CAATE.net](http://www.CAATE.net)). Instructions on creating a new program account can be found at (<http://caate.net/wp-content/uploads/2015/07/Create-a-New-Program-Account1.pdf>).

Formal application requires registration via the eAccreditation account/information, endorsement by the Chief Executive Officer (CEO), Dean, and Program Director of the sponsoring institution, and payment of the eAccreditation registration fee of \$750. The program must register in eAccreditation **at least** six months prior to submitting the self-study, however, it is recommended that programs register 12 months or more in advance of self-study submission to ensure timely completion of the self-study and allow for programmatic data to be entered into the system. Application does not guarantee accreditation will be achieved.

The program then begins the comprehensive review process including the self-study and site visit. The self-study report may only be submitted after all aspects of the program have been approved and implemented by the sponsoring institution. All aspects of the program must be functioning at the time the self-study is submitted. The institution should work closely with the CAATE office staff to allow ample time for the site visit, review of materials, the submission of a rejoinder, and final review by the Review Committee prior to action taken by the Commission.

#### Programs Seeking Initial Accreditation:

A Program shall not identify itself privately or publicly to be CAATE-accredited until it receives formal notification of accreditation status from the CAATE. Programs seeking accreditation must include the following language on all publicly available notification(s) including, but not limited to, website, academic catalog, ATCAS, brochures, etc.

*“(Name of Institution)\_\_\_\_\_ is currently seeking accreditation for their new Athletic Training program and is not accredited by the Commission on Accreditation of Athletic Training*

*Education (CAATE). The institution will be submitting a self-study to begin the accreditation process on July 1, \_\_\_\_\_. “*

Submission of the self-study and completion of a site visit does not guarantee that the program will become accredited. Students that graduate from the program prior to accreditation WILL NOT be eligible to sit for the credentialing examination for athletic trainers and will not be eligible for licensure in most states.

## **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 institution's administration, Program Director, program faculty, preceptors, students and affiliated clinical staff. (For continuing accreditation, alumni and the employers or supervisors of program graduates may also be involved).

The self-study process requires a detailed analysis of all aspects of the program including program sponsorship, outcomes, personnel, program delivery, health and safety, financial resources, facilities and instructional resources, operational policies and fair practices, program description and requirements, student records, and distance learning (if applicable). The process critically examines a program in structure and substance, judges the program's overall effectiveness relative to its mission, goals and objectives and its delivery of the professional competencies (i.e. knowledge, skills and abilities), identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and continual program improvements.

The information gathered by the program is used to compile a self-study report, which is submitted to the CAATE via eAccreditation in advance of the site visit. The self-study is due by July 1<sup>st</sup> of the academic year preceding a site visit. The self-study module in eAccreditation is not available for continuing programs until July 1<sup>st</sup> one year prior to the submission deadline (e.g. if the self-study is due July 1, 2018, the module becomes available to the program July 1, 2017). Programs seeking initial accreditation may gain access to the self-study module within e-Accreditation up to 2 years prior to submission date. Prior to the self-study module being available, programs should complete the various modules available to them in eAccreditation in preparation for the self-study. The Assessment module provides programs a program-only accessible site to gather and compile information that will be needed in the self-study.

### **A. Self-Study Plan of Action**

1. The institution should convene a committee of individuals who represent the program and 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 institutions begin at least one year in advance.
3. The committee should be a manageable size, chaired by the Program Director and should include faculty, preceptors, administrators, affiliated clinicians, academic faculty, and current students. (Subsequent self-studies should also include alumni). Additional individuals from outside of the main self-study committee may serve on subcommittees.
4. Assign each committee member to read the *Standards* and this document, *Pursuing and Maintaining Accreditation of Professional Athletic Training 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 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 (including previous self-studies, when applicable) and should be distributed to members of the self-study committee. The self-study must explicitly identify the extent to which the program is achieving the stated mission, goals, objectives, and outcomes of the program.
- D. Begin gathering program information and drafting the self-study report responses that will be entered into eAccreditation.
- E. Meet regularly to report on assigned tasks, discuss implications of collected data on the 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 program's compliance with the *Standards*. 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 graduate degree program is in compliance with the *Standards and Guidelines*.

#### **A. Self-Study Report Format**

The self-study is completed electronically in eAccreditation. The process includes completion of tables, data entry, and submission of narratives.

#### **B. Drafting the Report**

The following (from eAccreditation) depicts the steps taken when completing the self-study.

- a. Program Director creates Application User(s) with self-study access
- b. Program Director assigns the Standards to the Application User(s) with read/write access
  - Application User responds to the assigned Standards
  - Application User selects "Ready for PD Review" after completing the Standard
- c. After all the assigned Standard are in the "Ready for PD review" status, the application user will send a notification to the PD
  - PD will review all the Application User(s)' Standards
  - PD can edit responses
- d. PD selects "Ready for Submission" after completing the Standard
  - All Standards must be marked "Ready for Submission" in order to submit the self-study
- e. PD will indicate he/she has completed the self-study and agrees with all the responses.
- f. PD will submit completed self-study to the Program Officials/ Administrators for

approval

- All Program Officials/Program Administrators (Chair, Dean, Provost or CAO, President or CEO) must sign off on the self-study before PD can submit to CAATE

g. PD submits completed self-study to CAATE

Refer to the glossary of the *Standards* for clarification of your responsibility in complying with Standards (must/shall) and aspirational Standards (should).

1. Standard: Mandatory components of the program. Denoted by the verbs “must and shall.”
2. Aspirational Standards: Requirements that are so important that their absence must be justified. Denoted by the verb “should.”

### C. Sections of the Report

There are portions of the required self-study information that are completed in separate modules (i.e. outside the “self-study” module), thus, in addition to completing the self-study module in eAccreditation, all modules except the “Assessment” module must also be completed. The Assessment module is a program-only viewable module that acts as a workspace for programs and is optional and only available when the self-study module is not available. Completion of the Assessment module is highly recommended as a tool to help the program maintain tracking of documentation and on-going compliance with the Standards in between self-studies.

It is strongly recommended that programs upload any required documents to “file cabinet” rather than to the Assessment module. Files stored in the Assessment module cannot be transferred to the self-study module. The file cabinet saves files in a location that is more easily accessible by other modules, thus the files can be easily uploaded to the self-study when needed. In addition, files stored in the file cabinet are backed up at an off-site location making them easily accessible from multiple locations and protected from potential loss.

## IV. Submitting the Self-Study

### A. What to Submit

1. The self-study report and all accompanying files and supporting materials must be submitted via eAccreditation.

### B. Due Dates and Fees

1. The completed self-study must be submitted via eAccreditation by July 1 for scheduling of an on-site visitation during that upcoming academic year (e.g. July 1, 2017 for a 2017-2018 academic year visit). Failure to meet this deadline precludes evaluation of the proposed program during the year requested.
2. A non-refundable self-study and site visit fee of \$5000 (<http://caate.net/accreditation-fees/>), payable to the CAATE, must be submitted prior to the review of the self-study materials. E-Accreditation will generate an invoice when the “Submit to CAATE” button for the submission of the self-study is selected. If the program wishes to receive the invoice prior to the actual submission of the self-study, program administrators may request the invoice by emailing [accounting@caate.net](mailto:accounting@caate.net). The \$5000 fee is all-inclusive with all site visit expenses covered by the CAATE. Programs will not be invoiced for expenses as has previously been done. No

program will be reviewed until the Self-Study/Site Visit Fee is paid.

For questions or problems with eAccreditation, contact the CAATE Office at: [support@caate.net](mailto:support@caate.net).

## **V. Peer Review Process**

The second part of the Comprehensive Review Process involves a site visit conducted by peer evaluators using the same set of review criteria (*Standards*) as was used in the self-study process. The responsibility of the peer reviewers is to validate the information and findings identified during the self-study. It is also the purpose of the site visit to confirm that the educational program meets all of the requirements that are expected of an accredited program.

The purpose of the site visit is to validate the Self-Study Report and evaluate the program's compliance with the *Standards*. The site visit evaluation includes a review of both the didactic and clinical aspects of the program including visits to both on-campus and off-campus clinical experience sites and to evaluate the correlation between the didactic and clinical aspects of the program. The number of off-campus clinical sites and specific facilities to be visited is determined by the CAATE site visitors.

A. After the CAATE office receives the self-study submission notification and related materials via eAccreditation, and the payment of the self-study and site visit fee, the following steps occur:

1. The CAATE office assigns a site visit team to the institution/program. The site visit team will consist of a site visit chair, a site visit member, and a site visit reader.
2. Prior to the site visit, the Program Director of the sponsoring institution is notified, via email, of the names and affiliations of the individuals assigned to the team. At that time, if the Program Director perceives a conflict of interest, the Program Director may request replacement of any member of the site visit team. The CAATE decreases the likelihood of conflicts of interest by having the site visitors sign a conflict of interest form in advance of the selection.
3. Once program approval of the site visitors is received by the CAATE office, the site visitors are notified of their site visit assignment.
4. The site visit chair makes contact with the program within one week of assignment to begin planning the site visit. All contact between the program and the site visit team should occur through the site visit chair.
5. The site visit team is given access to the documents in eAccreditation.
6. The site visitors review program documents/self-study.
7. If additional materials are deemed necessary, the site visit chair will notify the Program Director through eAccreditation that additional materials are needed. The requested materials will be submitted via eAccreditation within a timeframe that is mutually agreeable between the Program Director and the site visit team. These additional materials will then be reviewed by the site visit team. The request from the site visit chair for supplemental materials will be made no later than 30 days prior to the site visit. The site visit chair may request these materials be made available in advance of the site visit team's arrival or be made available on-site.

B. Site Visit Procedures

1. Application for a site visit for initial programs can only occur following the complete implementation of the *Standards*, including all curricular coursework.
2. Site visits must not be scheduled during periods in which any part of the program is inactive or key personnel are not available (e.g., vacation periods).
3. The site visit chair establishes a timetable for the site visit during the initial contacts with the Program Director.
4. The site visit will occur between October 1 and February 15. Exceptions to these dates must be approved by the Commission.
5. All expenses officially connected to the site visit team including travel, lodging, meals, and site visitor honoraria are paid by the CAATE from the accreditation fees that were submitted to the CAATE. The program should pay no additional expenses for the site visit.
6. The site visit chair works with the Program Director to finalize the arrangements of the site visit (e.g., visitation dates, travel schedules, ground transportation, lodging reservations). A minimum of three days must be allotted for the site visit in order for a thorough and productive evaluation. A typical site visit schedule is presented below.
7. The Program Director must prepare a written site visit itinerary and interview schedule in consultation with the site visit chair. The itinerary must be finalized 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 site visit chair.

#### C. Itinerary and Interview Schedule

1. The site visit itinerary must include:
  - a. Interview sessions with names, credentials and titles of all personnel
  - b. Visitation of facilities
  - c. Site visit team evaluation meetings
  - d. Exit conference
2. The site visit schedule should be developed to span across three days. A typical site visit begins in the afternoon of the arrival day and concludes by noon three days later (e.g. Sunday through Wednesday or Tuesday through Friday). Spanning the visit across three days facilitates interaction with all individuals associated with the program and allows time for reflection by the site visit 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 visit 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 Program Director, faculty, preceptors, and current students must be scheduled during the first full day of interviews. The following schedule of personnel and meeting times should be followed closely in the development of the site visit itinerary. Flexibility in scheduling of interviews is permitted according to the availability of personnel, with the exception of the Program Director, who must be scheduled first.

#### **Tentative Site Visit Agenda**

Arrival Day – Preliminary Conference / Dinner
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The SV team meets with the Program Director (PD) and Clinical Education Coordinator, if applicable.

- 1) Review the schedule with PD for any possible last minute changes scheduled.
- 2) This meeting can also provide an opportunity for the PD and the SVers to get acquainted on an informal basis prior to the actual visit taking place. It can also be used to provide the visitors with an opportunity to obtain a more complete understanding of the curriculum and the program objectives, philosophies, course objectives, operational procedures, student selection criteria (if used), student evaluation protocols, enrollment, student attrition rates, , success of program graduates, etc.

Day #1 of Site Visit	
8:00 am	Site visit team meets with the PD and appropriate administration to welcome everyone, review the accreditation process and its purpose and value, and the roles and functions of the review committee
8:15 am	Program Director initial conference meeting
9:45 am	Clinical Education Coordinator – if applicable
10:15 am	Break
10:30 am	Facility visits to classrooms, laboratories, health center, online library access
11:15 am	Preceptors
12:30 pm	Working lunch – Site Visit Team
1:30 pm	Program students interview (all formally admitted students; can be completed as a group or by class)
2:45 pm	Athletic training clinical facilities tour–on-campus
5:15 pm	Medical Director
6:00 pm	Site Visit Team dinner
Day #2 of Site Visit	
8:00 am	Program Director Conference
9:00 am	Assessment Office (if applicable) and review all on-site materials
10:00 am	Program faculty
10:45 am	Faculty teaching in program (non-ATs)
11:15 am	Clerical staff
11:45 am	Working lunch – Site Visit Team
1:00 pm	Department Chair meeting
1:35 pm	Dean meeting
2:10 pm	Provost and/or President Meeting (if applicable; allow time for travel to offices)
2:45 pm	Visit Affiliated Sites–may interview Preceptors at these sites (SVers can split up to complete these visits)
5:00 pm	Program Director conference–request additional information and/or to clarify findings
6:00 pm	Site Visit Team dinner
Day #3 – Site Visit	
8:00 am	Program Director conference – request for additional information and/or to clarify findings

9:00 am	Site Visit Team Executive Session to reach consensus on potential NCs and recommendations
11:00 am	Program Director Exit Summary
11:30 am	Exit Conference to University Administration, Program Director, etc.
12:00 pm	Lunch/Airport (Site Visit Team completes and edits the report)

#### D. Visitation of Facilities

1. Allot ample time for visiting facilities used by the program.
2. The number of clinical sites and which clinical sites are visited will be determined by the site visit team in consultation with the Program Director. Site visitors may need to split up and go to separate clinical sites for efficient use of time.

#### E. Site Visit Team Meeting

1. The site visit team will schedule time to reach consensus between the site visitors on potential non-compliances and recommendations prior to the final meeting with the Program Director and the exit conference.

#### F. Final meeting with Program Director

1. Program Director and the exit conference. This final 30-minute meeting is held before the exit conference. This meeting is scheduled to inform the Program Director of the site visit team's preliminary findings and allow time for questions from the Program Director.

#### G. Exit Conference

1. A 30-minute exit conference must be scheduled after the final meeting with the Program Director. The site visit team will discuss its preliminary report.
2. The exit conference is designed to present the site visit team's preliminary findings related to compliance with the *Standards*. The site visit team will provide a description of programmatic strengths, non-compliance(s) with the *Standards*, and recommendations. The site visit team does not make accreditation recommendations, nor should they be asked to provide specifics as to how the institution may rectify non-compliances. Guidelines for the methods needed to rectify non-compliant areas will be provided to the institution by the CAATE.
3. Individuals included in this meeting are typically the Dean, Department Chair, Program Director, and program faculty.
4. Other appropriate personnel as determined by the sponsoring institution may be invited to attend the exit conference.

#### H. Site Visit Report

1. Within one week following the site visit, the site visit team will complete a history of the program, identify program non-compliances, list program strengths, and recommendations in eAccreditation.
2. The CAATE office assigns two Review Teams to the program's report and alerts the teams to the report in eAccreditation.
3. The assigned Review Teams will review the report for content and clarity with the site visit chair and the document will be revised as needed.
4. The Review Team will provide responses to non-compliances, if applicable, indicating what evidence must be submitted for the program to come into compliance.
5. The Site Visit Report is made available to the appropriate academic administrators of the sponsoring institution and the Program Director via eAccreditation within 6-8 weeks

of the site visit. Program administrators may then share this report with other institutional personnel as necessary. The report defines any area of the *Standards* for which the site visit team found the program to be deficient at the time of the site visit. Each section of deficiencies corresponds to a section of the *Standards* and is defined by the associated *Standards* number.

6. The final Site Visit Report will be uploaded for the program. The Site Visit Report should be viewable by all program administrators indicated in eAccreditation.
7. If there are numerous citations, the program going through an initial accreditation process may choose to withdraw its application at that time and re-apply at a later time. This withdrawal and reapplication would require the submission of a new self-study, application fee, and result in another site visit which will be conducted by a new site visit team. Should a continuing program choose this option, it would be placed on Probation until such time that the next site visit would occur or a one year interval, whichever event occurs first, and after which action for involuntary withdrawal of accreditation would occur.

## **VI. Site Visit Report Response (Rejoinder)**

A response to the Site Visit Report (Rejoinder) is required by all programs, regardless of the number of citations, and must include the signature of the President/Chief Executive Officer of the sponsoring institution, Provost, Dean, Department Head, and Program Director. Program personnel will have 90 days from the date of receipt of the Site Visit Report to submit their Rejoinder via eAccreditation to the CAATE. The sponsoring institution's response to the Site Visit Report should address any factual errors, misinterpretations, clarifications, recommendations, and/or deficiencies and address any non-compliances. If no deficiencies are cited, and/or the Site Visit Report is accepted by the institution "as is," receipt of the Site Visit Report must be acknowledged through e-Accreditation and include the electronic "signature" of President/CEO of the institution, Dean and Program Director. As part of the Rejoinder process, the institution officials will be solicited for their feedback on the quality and professionalism of the site visit team, as well as the site visit process itself. These evaluations do not affect the outcome of the accreditation decision in any manner and are not seen by the site visitors or the Commission until after accreditation decisions are made.

### **A. Review of Program Rejoinder**

Implicit in the recognition of CAATE accreditation is the requirement that the CAATE take adequate and appropriate measures to ensure that the programs it evaluates have demonstrated compliance with each of the *Standards*.

The Site Visit Report and the Program's Rejoinder are evaluated by the CAATE at regularly scheduled meetings. Programs seeking initial accreditation should be aware that students are not eligible to apply for the Board of Certification, Inc. (BOC) examination until such time that the program receives official notification of accreditation. A recommendation for appropriate accreditation action is based upon the Program's Rejoinder. The sponsoring institution and program are notified of the CAATE accreditation action by electronic letter from the CAATE office. In the case of initial accreditation, the program will be notified, via email within eAccreditation, of either withholding, tabling a decision, or the award of initial accreditation. E-mail notification provides the quickest communication that will allow the program's students an opportunity to apply immediately to take the BOC exam if the program is being awarded initial accreditation. The BOC also will be informed of positive initial accreditation actions.

When determining a recommendation for accreditation, the CAATE considers the Site Visit Report, the Program's Rejoinder to the Site Visit Report, and all documentation supporting the Rejoinder. The Program Rejoinder must demonstrate, at the time of Program Rejoinder Review, implementation of actions that demonstrate compliance with the *Standards*. Plans not yet put into practice will remain in non-compliance until there is sufficient evidence to document that the plans have been implemented. Assurance of development may be demonstrated to the CAATE through provision of necessary documents, e.g. student policies, course outlines, clinical experience schedules, and completed evaluation instruments. Submission of such documents is a comparatively easy and effective way of demonstrating compliance with some *Standards*. However, there are components of the *Standards* that require a site visit evaluation and interviews with appropriate individuals involved in the program.

### Accreditation Actions

The CAATE decision related to an accreditation action is communicated by CAATE via an email sent through eAccreditation that identifies the length of accreditation and also cites any remaining areas of non-compliance with the *Standards*. A Progress Report, with an assigned due date, will be requested to address any outstanding non-compliances.

### Accreditation Award

CAATE determines the accreditation status of the program at a regularly scheduled meeting, and notifies the sponsoring institution and program of its action, via email electronically, promptly after each meeting. Initial accreditation is a maximum of 5 years, and continuing accreditation is a maximum of 7 years. Based on the nature and quantity of non-compliances, although the actual length of awarded accreditation will be determined by the Commission.

### Timetable for the Accreditation Process:

1. Completed Application for Accreditation in eAccreditation the Self-Study and the application fee submitted to the CAATE. Submission date is July 1st. Self-studies must be received by the CAATE via eAccreditation on or before July 1st. No Self-study reports or additional materials will be accepted after the deadlines without penalty. For clarification of these penalties, please see the CAATE Policy & Procedures Manual.
2. Site visits are normally conducted within four to eight months of the receipt of the self-study by the CAATE, except upon written specific agreement of the program or in instances for which the CAATE has documented concerns for compliance with the Standards or self-study format. A window of dates will be determined and the site visit must occur during that time frame.
3. The Site Visit Report is returned to the program approximately 6–8 weeks after the site visit.
4. Program personnel will have 90 days to submit their Rejoinder (responses to requested materials) via eAccreditation to the CAATE.
5. Programs are considered by the CAATE at regular scheduled meetings which may be from two to eight months after the CAATE receives the Rejoinder. The CAATE also conducts conference calls as warranted.

The normal accreditation process (from submission of self-study through CAATE action) takes from a minimum of 12 months to as much as 24 months depending upon when various steps are

reached on the above mentioned timetable. New programs should be aware that the accreditation process must be completed with positive CAATE action before students are eligible to apply to sit for the Board of Certification, Inc. (BOC) examination.

The accreditation process timetable may be lengthened due to institutional/program problems, extenuating circumstances, failure to observe deadlines, submission of incomplete or inadequate application or self-study or failure to establish the ability to comply with the *Standards*. The CAATE may table action on programs that require additional materials to clarify their institutional response. The CAATE will make every effort to assist the program in expediting the process; however, the responsibility for achieving accreditation through CAATE rests with the program.

Other accreditation categories: defer action, show cause, probation, withholding or withdrawing accreditation, and voluntary withdrawal of accreditation are defined at <http://caate.net/wp-content/uploads/2014/06/DEFINITION-OF-ACCREDITATION-ACTIONS.pdf> More information on the above actions may be found in the CAATE Policy and Procedure Manual available at <http://caate.net/wp-content/uploads/2014/06/CAATE-POLICIES-PROCEDURES-NOVEMBER-2013-2.pdf>.

Maintaining and administering accreditation requires numerous responsibilities such as completing a CAATE Annual Report, notification of changes in Program Directors, clinical staff, and administrators, initial placement of graduates, and other functions prescribed by the CAATE. Failure to notify the CAATE of change in personnel, especially the Program Director, within 30 days may result in administrative probation or ultimately in probation.

## **VII. Annual Report**

To maintain programs accreditation status the institution sponsoring the program must complete an annual report designed to document continued compliance with the *Standards*. Annual reports are due via eAccreditation October 15<sup>th</sup> each year.

Failure to submit the annual report as required will result in administrative probation. Administrative Probation will be converted to Probation with a requirement for submission of additional materials, with the maximum penalty of a mandatory comprehensive review, if report is not received within thirty days (30) of the original submission deadline.

### Annual Report Instructions

*Programs must submit their Annual Report by October 15<sup>th</sup> through eAccreditation each year. This includes programs who are completing self-studies or have a site visit.*

- The Annual Report consists of six (6) sections:
  - Section I: General Program Information
  - Section II: Applicants & Enrollment
  - Section III: Faculty
  - Section IV: Program Operations
  - Section V: Outcomes
  - Section VI: Access to Information & Compliance
- Mark each section as 'Ready for Submission'
- The curriculum and assessment modules are NOT part of the Annual Report submission.
- Directory information (student, faculty, preceptor, and clinical site profiles) needs to be up to date and submitted.
- Student information needs to be up to date and submitted.

- Once all sections have been marked 'Ready for Submission' the PD will then navigate to the Annual Report > Home page to 'Submit for Sign Off.'
- The Annual Report requires sign off by the Department Chair and Dean.
- Once the Chair and Dean have signed off, the PD will receive an email notification and can then 'Submit to the CAATE.'

### **VIII. Substantive Change Documents**

In order to maintain proper accreditation, the Program Director must inform CAATE of any substantive change for the following areas:

- Program Director is a new faculty member
- Existing Program Director takes leave of absence
- Existing faculty member appointed as a permanent Program Director
- Change in degree
- Relocation (change of department, school or college)
- Change in School or Institutional accreditation status
- Change in program resources
- Withdraw from Accreditation

Institutional administrators are responsible to notify CAATE of any substantive change. Failure to do so will result in the program being placed on Administrative Probation. All documentation must be submitted on eAccreditation under the Substantive Change tab. Documentation detailing the change can be uploaded under Supporting Material and additional information about the change can be provided under Description.