



Pursuing and Maintaining Accreditation of Post-Professional Residency Programs

Table of Contents

ACCREDITATION OVERVIEW..... 3

Pursuing and Maintaining Accreditation for Post Professional Graduate Degree..... 4

Accreditation Process 4

I. Decision to Seek Accreditation..... 4

II. Conduct a Self- Study 5

 Self-Study Plan of Action 5

III. Compile the Self-Study Report 6

 Self-Study Report Format 6

 Drafting the Report 6

 Sections of the Report 7

IV. Submit the Self-Study Report..... 7

 What to Submit 7

 Due Dates and Fees..... 7

V. Peer Review Process 7

 Site Visit Procedures 8

 Itinerary and Interview Schedule..... 8

 Visitation of Facilities 9

 Site Visit Team Meeting..... 9

 Final Meeting with Program Director..... 9

 Exit Conference 9

 Site Visit Team Report..... 10

VI. Site Visit Report Program Response 10

 Accreditation Actions 11

 Timetable for the Accreditation Process 11

VII. Annual Report..... 12

VIII. Substantive Change 13

ACCREDITATION OVERVIEW

This document supports the current version of the Commission on Accreditation of Athletic Training Education (CAATE) *Standards for the Accreditation of Post-Professional Athletic Training Residency Programs*, hereafter referred to as the *Standards* can be found on CAATE website. Its purpose is to provide step-by-step instructions to post-professional athletic training residency programs that wish to pursue and or maintain accreditation. 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 organization of the residency program agrees to be assessed against the *Standards*. The sponsoring organization of an accredited residency program must comply with these *Standards* and use them to examine, improve and report on its program's growth and achievement.

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

- I. Decision to Seek Accreditation
- II. Conduct a Self-Study of the 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 Program through On-Site Visit
- VI. Program Response to Site Visit Report
- 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 residency program that meets or exceeds the requirements specified in the *Standards*.

Once the decision is made to seek accreditation, the sponsoring organization 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) 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 and payment of the annual eAccreditation registration fee. 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 organization. All aspects of the program must be functioning at the time the self-study is submitted. The organization 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.

Initial Programs Seeking 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 organization's administration, Program Director, clinical staff, preceptors, residents, and affiliated clinical staff. (For continuing accreditation, alumni and the employers or supervisors of past residents 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, financial resources, facilities and instructional resources, operational policies and fair practices, program description and requirements, resident records. The process critically examines a program in structure and substance, judges the program's overall effectiveness relative to its mission, goals and objectives, 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 1st of the year preceding a site visit. The self-study module in eAccreditation is not available for continuing programs until July 1st 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. 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 organization begin at least one year in advance.
3. The committee should be a manageable size, chaired by the program director and should include clinical staff, preceptors, administrators, affiliated clinicians, current residents, and 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 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 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 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 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 the 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).

- **Standard:** Mandatory components of the program. Denoted by the verbs “**must** and **shall**.”
- **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

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

B. Due Dates and Fees

The completed self-study must be submitted via eAccreditation by July 1 for scheduling of an on-site visitation during that upcoming year (e.g. July 1, 2017 for a 2017-2018 year visit). Failure to meet this deadline precludes evaluation of the proposed program during the year requested.

A non-refundable self-study and site visit fee of \$500 (<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. Programs will be invoiced for expenses incurred by the Site Visit Team. 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.

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-site and off-site clinical practice sites if applicable, 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 organization/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 organization 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 self-study 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*.
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. The program will be invoiced for all expenses officially connected to the site visit team including travel, lodging, meals, and site visitor honoraria after the on-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, clinical staff, preceptors, and current residents 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

Day #1 of Site Visit	
Afternoon	Arrive at Site
3:00-5:00 PM	Meet with Program Director
5:30 PM	Dinner with SV Team and other program personnel
Day #2 of Site Visit	
8:00 - 9:30 AM	Meet with Preceptors
10:00 -11:30 AM	Meet with Administrators
12:00 - 1:00 PM	Lunch
1:00 - 2:00 PM	Meet with Medical Director
2:00 - 4:00 PM	Meet Athletic Training Residents
4:00 - 5:00 PM	Visit Facilities
5:00 PM	Meet with Program Director
Day #3 – Site Visit	
8:30 - 9:00 AM	Meet Resident Alumni
9:00 - 10:00 AM	Meet with Program Director
10:00 -11:00 AM	Conclusion Meeting Program Director

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. This final 30-minute meeting is held before the exit conference.
2. 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 organization may rectify non-compliances. Guidelines for the methods needed to rectify non-compliant areas will be provided to the sponsoring organization by the CAATE.
3. Appropriate personnel as determined by the sponsoring organization should 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 organizational administrators of the sponsoring organization and the Program Director via eAccreditation within 6-8 weeks of the site visit. Program administrators may then share this report with other organizational 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 all applicable programmatic supervisory personnel. 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 organization'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 organization "as is," receipt of the Site Visit Report must be acknowledged through e-Accreditation and include the electronic "signature" of all applicable programmatic supervisory personnel. As part of the Rejoinder process, the organization 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. A recommendation for appropriate accreditation action is based upon the Program's Rejoinder. The sponsoring organization and program are notified of the CAATE accreditation action by electronic letter through eAccreditation. In the case of initial accreditation, the program will be notified, via email, of either withholding, tabling a decision, or the award of initial accreditation.

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. resident 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 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 organization 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, 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 regularly 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.

The accreditation process timetable may be lengthened due to organizational/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 organizational 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 residents, 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 organization sponsoring the program must complete an annual report designed to document continued compliance with the *Standards*. Annual reports are due via eAccreditation October 15th 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 15th 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: Preceptors/Clinical staff
 - 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 (resident, clinical staff, preceptor, and clinical site profiles) needs to be up to date and submitted.
- Resident information
- 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 appropriate supervisory programmatic personnel.
- Once sign-off has occurred, 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 preceptor/clinical staff (faculty) member
- Existing Program Director takes leave of absence
- Existing preceptors/clinical staff member appointed as a permanent Program Director
- Major change in program resources or substantive change that may impact residence
- Withdraw from Accreditation

Organizational 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.

For more information, please visit the CAATE website.