CAATE

Commission on Accreditation
of Athletic Training Education

STANDARDS FOR ACCREDITATION OF ATHLETIC TRAINING

RESIDENCY & FELLOWSHIP PROGRAMS

STANDARD NUMBER	STANDARDS FOR ACCREDITATION OF ATHLETIC TRAINING RESIDENCY PROGRAMS	STANDARDS FOR ACCREDITATION OF ATHLETIC TRAINING FELLOWSHIP PROGRAMS
	Section I: Program Design and Quality	
1	The program has a written mission statement that addresses the specialized preparation of residents and aligns with the mission of the sponsoring organization. How to Address This Standard • Describe how the program's mission statement aligns with the mission statement of the sponsoring organization. Uploads • Program mission statement • Sponsoring organization mission statement	The program has a written mission statement that addresses the specialized preparation of fellows and aligns with the mission of the sponsoring organization. How to Address This Standard • Describe how the program's mission statement aligns with the mission statement of the sponsoring organization. Uploads • Program mission statement • Sponsoring organization mission statement
2	The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment. *Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles of the program, strategic planning, goals and expected outcomes, curricular design (both didactic and clinical planning and sequencing), and the comprehensive assessment plan. The framework is evaluated and refined on an ongoing basis.* *The framework includes program-specific and resident specific outcomes that are defined by the program; these outcomes include measures of resident learning, quality of instruction, quality of clinical development, and overall program effectiveness. Programs must minimally incorporate the learner achievement measures identified in Standard 5 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.*	The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment. *Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles of the program, strategic planning, goals and expected outcomes, curricular design (both didactic and clinical planning and sequencing), and the comprehensive assessment plan. The framework is evaluated and refined on an ongoing basis.* *The framework includes program-specific and fellow specific outcomes that are defined by the program; these outcomes include measures of fellow learning, quality of instruction, quality of clinical development, and overall program effectiveness. Programs must minimally incorporate the learner achievement measures identified in Standard 5 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.*

2 (continued)	**How to Address This Standard** • Describe how the specialty area was identified. • Describe how the development of the program's framework is designed to meet its mission and other essential program elements. • Describe how the program has implemented the framework. • Describe how the program has evaluated and refined the framework on an ongoing basis. Provide a specific example of how the program used this process to improve the program. **Uploads** • The program's framework (optional supporting documents to narrative) • Comprehensive assessment plan	**How to Address This Standard** • Describe how the subspecialty area was identified. • Describe how the development of the program's framework is designed to meet its mission and other essential program elements. • Describe how the program has implemented the framework. • Describe how the program has evaluated and refined the framework on an ongoing basis. Provide a specific example of how the program used this process to improve the program. **Uploads** • The program's framework (optional supporting documents to narrative) • Comprehensive assessment plan
3	Development, implementation, evaluation, and evolution of the framework engages all core faculty and includes other stakeholders as determined by the program. *Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of the participation by each core faculty member and other stakeholders is determined by the program.* **How to Address This Standard** • Describe the role of each core faculty member and additional identified stakeholders in the development, implementation, evaluation, and evolution of the framework.	Development, implementation, evaluation, and evolution of the framework engages all core faculty and includes other stakeholders as determined by the program. *Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of the participation by each core faculty member and other stakeholders is determined by the program.* **How to Address This Standard** • Describe the role of each core faculty member and additional identified stakeholders in the development, implementation, evaluation, and evolution of the framework.
4	Programs must use appropriate assessments to measure both an individual's progressive acquisition of increasingly independent and sophisticated patient care behaviors and to evaluate all related program personnel and clinical sites. *Annotation: Programs must measure and assess competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. Programs must also measure themselves, to include program personnel and sites where residents practice clinically.*	Programs must use appropriate assessments to measure both an individual's progressive acquisition of increasingly independent and sophisticated patient care behaviors and to evaluate all related program personnel and clinical sites. *Annotation: Programs must measure and assess competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by fellows from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. Programs must also measure themselves, to include program personnel and sites where fellows practice clinically.*

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4 (continued)	How to Address This Standard • Describe the tool(s) used to measure competency which is linked back to programmatic outcomes within the comprehensive assessment plan. • Describe what tools residents use to assess quality of instruction, program effectiveness, program personnel, and clinical sites and link this back to programmatic outcomes and the comprehensive assessment plan. Uploads • Examples of assessment tools that measure resident learning, quality of instruction, quality of clinical education, and overall program effectiveness	How to Address This Standard • Describe the tool(s) used to measure competency which is linked back to programmatic outcomes within the comprehensive assessment plan. • Describe what tools fellows use to assess quality of instruction, program effectiveness, program personnel, and clinical sites and link this back to programmatic outcomes and the comprehensive assessment plan. Uploads • Examples of assessment tools that measure fellow learning, quality of instruction, quality of clinical education, and overall program effectiveness
5	The program collects resident achievement measures on an annual basis. *Annotation: The following achievement measures must be collected:* • *Program completion rate* • *Program retention rate* • *Resident placement rate* • *First-time pass rate on the Specialty Certification exam* • *Summative tool that assesses resident readiness for advance practice in specialty area* How to Address This Standard • Ensure all information related to achievement measures is updated in eAccreditation • Provide the URL of the athletic training residency home page that shows the resident achievement measures data or the direct link from the home page to the resident achievement measures data	The program collects fellow achievement measures on an annual basis. *Annotation: The following achievement measures must be collected:* • *Program completion rate* • *Program retention rate* • *Fellow placement rate* • *Summative tool that assesses fellow readiness for advance practice in subspecialty area* How to Address This Standard • Ensure all information related to achievement measures is updated in eAccreditation • Provide the URL of the athletic training fellowship home page that shows the fellow achievement measures data or the direct link from the home page to the fellow achievement measures data
6	The results of the program's assessment plan are used for continued program improvement. *Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.*	The results of the program's assessment plan are used for continued program improvement. *Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.*

6 (continued)	How to Address This Standard • Describe the process used to analyze outcome data and the indicators used to determine the extent to which outcomes are met. Include a list and description of the assessment tools used. • Describe the action plan developed for any outcome not met or deficiencies identified. Uploads • Action plan	How to Address This Standard • Describe the process used to analyze outcome data and the indicators used to determine the extent to which outcomes are met. Include a list and description of the assessment tools used. • Describe the action plan developed for any outcome not met or deficiencies identified. Uploads • Action plan
7	The program meets or exceeds a five-year aggregate of 80% first-time pass rate on the Specialty Certification exam within the specialty area. *Annotation: Implementation language added here.* How to Address This Standard • Ensure all information related to the pass rate is updated in eAccreditation.	*Annotation: Implementation TBD*
8	Programs that have a five-year aggregate specialty examination first-time pass rate below 80% must provide an analysis of deficiencies and develop and implement an action plan for correction of examination pass-rate deficiency. *Annotation: This standard only applies in the event that the program is non-compliant with Standard 7.*	*(No related Standard)*
Section II: Program Delivery		
9	The program must be a minimum of twelve consecutive months with a continuous full-time practice commitment. *Annotation: Full-time practice is based on a minimum of a 40 hours of clinical practice per week over a 12-month (52 week) residency. This equates to 80% of their total clinical time being spent in the specialty area (1664 hours), 30% (500 hours) of that time being mentored, plus 260 hours of didactic work (5 hours average per week) which is in addition to the minimum of 40 clinical hours per week.*	The program must be a minimum of twelve consecutive months with a continuous full-time practice commitment. *Annotation: Full-time practice is based on a minimum of a 40 hours of clinical practice per week over a 12-month (52 week) fellowship. This equates to 80% of their total clinical time being spent in the subspecialty area (1664 hours), 30% (500 hours) of that time being mentored, plus 260 hours of didactic work (5 hours average per week) which is in addition to the minimum of 40 clinical hours per week.*

9 (continued)	How to Address This Standard • Demonstrate how the program ensures continuous full-time practice for a minimum of twelve consecutive months. Uploads • Examples include but not limited to: acceptance letter with dates of employment; rotations or experience models mapped out; full time employee status documentation • Program sequencing (provide breakdown of hours for time spent clinically in specialty area, mentored time in specialty area, and time spent completing didactic work)	How to Address This Standard • Demonstrate how the program ensures continuous full-time practice for a minimum of twelve consecutive months. Uploads • Examples include but not limited to: acceptance letter with dates of employment; rotations or experience models mapped out; full time employee status documentation • Program sequencing (provide breakdown of hours for time spent clinically in subspecialty area, mentored time in subspecialty area, and time spent completing didactic work)
10	The program ensures well rounded and comprehensive clinical practice experiences that expose the residents to the full spectrum of the specialty area. *Annotation: The program is designed to provide a yearly minimum of 1664 hours of clinical practice within the specialty area (with a minimum of a 40 hour clinical work week where the 40 hours does not include didactic requirements) that is planned, ongoing, and consistent per the identified area of specialization of the resident. It should intentionally expose the resident to a diverse spectrum of the specialty area.* How to Address This Standard • Narrative describing breadth of experiences provided to the resident. Uploads • Clinical progression plan	The program ensures well rounded and comprehensive clinical practice experiences that expose the fellows to the full spectrum of the subspecialty area. *Annotation: The program is designed to provide a yearly minimum of 1664 hours of clinical practice within the subspecialty area (with a minimum of a 40 hour clinical work week where the 40 hours does not include didactic requirements) that is planned, ongoing, and consistent per the identified area of sub-specialization of the fellow. It should intentionally expose the fellow to a diverse spectrum of the subspecialty area.* How to Address This Standard • Narrative describing breadth of experiences provided to the fellow. Uploads • Clinical progression plan
11	The program must provide a comprehensive plan for the residents that provides a logical progression of graded authority and responsibility for patient-care experiences within the specialty area and the ACGME Core Competencies. *Annotation: The program is designed to provide a progressive yearly minimum of 500 mentored hours in the specialty area. This mentored time is likely to be inversely related (higher in the beginning of their residency that becomes less as the resident progresses to autonomous specialty practice).*	The program must provide a comprehensive plan for the fellows that provides a logical progression of graded authority and responsibility for patient-care experiences within the subspecialty area and the ACGME Core Competencies. *Annotation: The program is designed to provide a progressive yearly minimum of 500 mentored hours in the subspecialty area. This mentored time is likely to be inversely related (higher in the beginning of their fellowship that becomes less as the fellow progresses to autonomous specialty practice).*

11 (continued)	How to Address This Standard • Narrative describing the comprehensive plan for progression of graded authority and responsibility (relating clinical, didactic, and scholarship back to patients). • Describe how information and formal feedback occurs throughout the comprehensive plan. • Provide the program sequence. Uploads • Table that allows for appropriate tracking	How to Address This Standard • Narrative describing the comprehensive plan for progression of graded authority and responsibility (relating clinical, didactic, and scholarship back to patients). • Describe how information and formal feedback occurs throughout the comprehensive plan. • Provide the program sequence. Uploads • Table that allows for appropriate tracking
12	The program ensures a well-rounded and comprehensive didactic curriculum that exposes the residents to the full spectrum of the specialty area and the ACGME Core Competencies. Annotation: The program is designed to provide a progressive yearly minimum of 260 hours of didactic curriculum that is planned, ongoing, and consistent per the identified area of specialization of the residency. The didactic curriculum must use multimodal learning strategies, expose the resident to diverse spectrum of the specialty area, and must impact clinical practice. How to Address This Standard • Narrative describing how the didactic curriculum relates back to patient care. Uploads • Curriculum plan	The program ensures a well-rounded and comprehensive didactic curriculum that exposes the fellows to the full spectrum of the subspecialty area and the ACGME Core Competencies. Annotation: The program is designed to provide a progressive yearly minimum of 260 hours of didactic curriculum that is planned, ongoing, and consistent per the identified area of sub-specialization of the fellowship. The didactic curriculum must use multimodal learning strategies, expose the fellow to diverse spectrum of the subspecialty area, and must impact clinical practice. How to Address This Standard • Narrative describing how the didactic curriculum relates back to patient care. Uploads • Curriculum plan
13	The program must provide a defined and planned scholarship experience within the specialty area and the ACGME Core Competencies. Annotation: The program must ensure an intentional plan for each resident is implemented that relates back to patient care within the specialty area that results in dissemination.	The program must provide a defined and planned scholarship experience within the subspecialty area and the ACGME Core Competencies. Annotation: The program must ensure an intentional plan for each fellow is implemented that relates back to patient care within the subspecialty area that results in dissemination.

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13 (continued)	**How to Address This Standard** • Narrative describing overall scholarly plan for resident linked to specialty area that includes all components of the ACGME Core Competencies. **Uploads** • Evidence of demonstration of scholarship • Evidence of dissemination of scholarship	**How to Address This Standard** • Narrative describing overall scholarly plan for fellow linked to subspecialty area that includes all components of the ACGME Core Competencies. **Uploads** • Evidence of demonstration of scholarship • Evidence of dissemination of scholarship
	Section III: Institutional Organization and Administration	
14	The program must be identified as an athletic training residency in a specialty area in all organizational publications. **How to Address This Standard** • Describe how the program is listed as an athletic training residency in a specialty area within all organizational publications. **Uploads** • Official organization document verifying name • Official completion certificate	The program must be identified as an athletic training fellowship in a subspecialty area in all organizational publications. **How to Address This Standard** • Describe how the program is listed as an athletic training fellowship in a subspecialty area within all organizational publications. **Uploads** • Official organization document verifying name • Official completion certificate
15	There is an organizational structure with leadership and administrative personnel to support the operations of the program. *Annotation: The intent of this standard is to ensure the operations for the residency program include operational resources, legitimized practice settings, and organizational structure.* **How to Address This Standard** • A mechanism exists for a clearly defined reporting structure. Describe the organizational structure and how that structure is conducive to the program meeting the stated mission, goals, and expected program outcomes. • If outside funding is used, the program should provide procedures governing how the additional available funding is utilized to support the operations of the program. **Uploads** • Organizational structure • Budget Table (for operational resources) • External accrediting agency verification	There is an organizational structure with leadership and administrative personnel to support the operations of the program. *Annotation: The intent of this standard is to ensure the operations for the fellowship program include operational resources, legitimized practice settings, and organizational structure.* **How to Address This Standard** • A mechanism exists for a clearly defined reporting structure. Describe the organizational structure and how that structure is conducive to the program meeting the stated mission, goals, and expected program outcomes. • If outside funding is used, the program should provide procedures governing how the additional available funding is utilized to support the operations of the program. **Uploads** • Organizational structure • Budget Table (for operational resources) • External accrediting agency verification

16	All sites where residents are involved in education (excluding the sponsoring organization) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring organization and site. *Annotation: When the administrative oversight of the program personnel differs from the affiliate site, affiliation agreements, or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring organization) must have affiliation agreements or memoranda of understanding.* How to Address This Standard • Describe the process to ensure that there is an executed affiliation agreement or memorandum of understanding with all sites where residents are involved in clinical development. Uploads • Formal agreements, signed and dated by the appropriate administrative authority	All sites where fellows are involved in education (excluding the sponsoring organization) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring organization and site. *Annotation: When the administrative oversight of the program personnel differs from the affiliate site, affiliation agreements, or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring organization) must have affiliation agreements or memoranda of understanding.* How to Address This Standard • Describe the process to ensure that there is an executed affiliation agreement or memorandum of understanding with all sites where fellows are involved in clinical development. Uploads • Formal agreements, signed and dated by the appropriate administrative authority
17	The program director is a full-time employee of the sponsoring organization. The program director's experience and qualifications include the following: • An earned post-professional degree • Content expertise in the specialty area • Certification and in good standing with the Board of Certification • Current state athletic training credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Currently practicing clinically within the specialty area • Must be active in local, state, regional, and/or national organizations *Annotation: The program director is engaged clinically a minimum 8 hours/week in the specialty area.*	The program director is a full-time employee of the sponsoring organization. The program director's experience and qualifications include the following: • An earned post-professional degree • Content expertise in the subspecialty area • Certification and in good standing with the Board of Certification • Current state athletic training credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Currently practicing clinically within the subspecialty area • Must be active in local, state, regional, and/or national organizations *Annotation: The program director is engaged clinically a minimum 8 hours/week in the subspecialty area.*

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17 (continued)	How to Address This Standard • Demonstrate that the program director is engaged clinically a minimum of 8 hours per week in the specialty area • Demonstrate knowledge, skills, attitudes, and abilities within the specialty area Uploads • Evidence of content expertise (table, professional portfolio, or similar document)	How to Address This Standard • Demonstrate that the program director is engaged clinically a minimum of 8 hours per week in the subspecialty area • Demonstrate knowledge, skills, attitudes, and abilities within the subspecialty area Uploads • Evidence of content expertise (table, professional portfolio, or similar document)
18	There is a single program director with the authority and accountability for the operations of the program. This includes the following responsibilities: • Program planning and operation, including development of the framework • Program evaluation • Oversight of the quality of clinical and didactic education • Maintenance of accreditation • Input into budget management • Input on the selection, evaluation and development of program personnel • Input on the selection, evaluation, and mentorship of residents • Mentorship of the program personnel as they interact with the resident • Oversight of resident clinical progression • Conducts essential orientation activities How to Address This Standard • Describe the program director's role with regard to the responsibilities outlined above. Uploads • The program director's job description; please delete all personal information (for example, salary, social security number) from the document	There is a single program director with the authority and accountability for the operations of the program. This includes the following responsibilities: • Program planning and operation, including development of the framework • Program evaluation • Oversight of the quality of clinical and didactic education • Maintenance of accreditation • Input into budget management • Input on the selection, evaluation and development of program personnel • Input on the selection, evaluation, and mentorship of fellows • Mentorship of the program personnel as they interact with the fellow • Oversight of fellow clinical progression • Conducts essential orientation activities How to Address This Standard • Describe the program director's role with regard to the responsibilities outlined above. Uploads • The program director's job description; please delete all personal information (for example, salary, social security number) from the document
19	The program director has adequate protected time to oversee and advance the residency program, with consideration given to the size and complexity of the program. *Annotation: The program director must be provided with support and time adequate for administration of the program based upon its size and configuration.*	The program director has adequate protected time to oversee and advance the fellowship program, with consideration given to the size and complexity of the program. *Annotation: The program director must be provided with support and time adequate for administration of the program based upon its size and configuration.*

19 (continued)	How to Address This Standard • Provide a narrative describing how the program director has clear protected time to run all components of the program as defined in their responsibilities. • Describe the process used to arrive at the assigned load for the program director. Uploads • Workload table	How to Address This Standard • Provide a narrative describing how the program director has clear protected time to run all components of the program as defined in their responsibilities. • Describe the process used to arrive at the assigned load for the program director. Uploads • Workload table
20	Program personnel numbers are sufficient to meet the needs of the program. How to Address This Standard • Demonstrate how your program personnel numbers are sufficient to meet the needs of the learning outcomes of the resident and outcomes of the program.	Program personnel numbers are sufficient to meet the needs of the program. How to Address This Standard • Demonstrate how your program personnel numbers are sufficient to meet the needs of the learning outcomes of the fellow and outcomes of the program.
21	The core faculty qualifications include the following: • An earned post-professional degree • Content expertise in the specialty area • Certification and in good standing with the Board of Certification • Current state credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Currently practicing clinically in the specialty area • Must be active in local, state, regional, and/or national organizations • Conducts essential orientation activities Uploads • Evidence of content expertise (table, professional portfolio, or similar document)	The core faculty qualifications include the following: • An earned post-professional degree • Content expertise in the subspecialty area • Certification and in good standing with the Board of Certification • Current state credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Currently practicing clinically in the subspecialty area • Must be active in local, state, regional, and/or national organizations • Conducts essential orientation activities Uploads • Evidence of content expertise (table, professional portfolio, or similar document)

22	Core faculty must function to: • Support the program director in program and curricular development • Uphold the ACGME Core Competencies within clinical practice • Administer and maintain an educational environment conducive to the development of the residents • Mentor residents during clinical practice to expand their depth and breadth of knowledge and skills in the program's specialty area • Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the specialty area How to Address This Standard • Narrative describing the core faculty member's roles with regard to the responsibilities outlined above	Core faculty must function to: • Support the program director in program and curricular development • Uphold the ACGME Core Competencies within clinical practice • Administer and maintain an educational environment conducive to the development of the fellows • Mentor fellows during clinical practice to expand their depth and breadth of knowledge and skills in the program's subspecialty area • Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the subspecialty area How to Address This Standard • Narrative describing the core faculty member's roles with regard to the responsibilities outlined above
23	The core faculty has adequate protected time to oversee and advance the residency program, with consideration given to the size and complexity of the program. How to Address This Standard • Describe how core faculty workload is assigned. • Describe the process used to arrive at the assigned load for core faculty. • Provide a narrative describing how each core faculty member has clear protected time to complete their program responsibilities. Uploads • Workload Table	The core faculty has adequate protected time to oversee and advance the fellowship program, with consideration given to the size and complexity of the program. How to Address This Standard • Describe how core faculty workload is assigned. • Describe the process used to arrive at the assigned load for core faculty. • Provide a narrative describing how each core faculty member has clear protected time to complete their program responsibilities. Uploads • Workload Table
24	The affiliated faculty must have appropriate qualifications in their field in order to contribute to the development of the resident. *Annotation: Describe how those qualifications are related to their role in the program.*	The affiliated faculty must have appropriate qualifications in their field in order to contribute to the development of the fellow. *Annotation: Describe how those qualifications are related to their role in the program.*

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24 (continued)	How to Address This Standard • Describe content expertise of the affiliated faculty and their role in the program. Uploads • Evidence of content expertise (table, professional portfolio, or similar document)	How to Address This Standard • Describe content expertise of the affiliated faculty and their role in the program. Uploads • Evidence of content expertise (table, professional portfolio, or similar document)
25	The program has a medical director that supports the program. How to Address This Standard • Describe the role of the medical director. Uploads • The current license of the medical director • A work agreement, contract appointment letter, or MOU for the medical director	The program has a medical director that supports the program. How to Address This Standard • Describe the role of the medical director. Uploads • The current license of the medical director • A work agreement, contract appointment letter, or MOU for the medical director
26	The program ensures the availability of adequate curricular resources for residents and program personnel. *Annotation: Curricular resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.* How to Address This Standard • Provide a narrative describing the presence of clinical, physical, and technical resources required to meet program needs	The program ensures the availability of adequate curricular resources for fellows and program personnel. *Annotation: Curricular resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.* How to Address This Standard • Provide a narrative describing the presence of clinical, physical, and technical resources required to meet program needs
27	The number of work hours performed during the program must be in compliance with organizational and federal policy and must not exceed the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). *Annotation: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all inhouse clinical and educational activities, clinical and didactic work done from home, and all moonlighting as outlined by the ACGME.* Uploads • Hours log (allows norms/benchmarks to be established) • Location of link to ACGME duty hours definition	The number of work hours performed during the program must be in compliance with organizational and federal policy and must not exceed the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). *Annotation: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all inhouse clinical and educational activities, clinical and didactic work done from home, and all moonlighting as outlined by the ACGME.* Uploads • Hours log (allows norms/benchmarks to be established) • Location of link to ACGME duty hours definition

28	The program must provide residents sufficient financial support to fulfill the responsibilities of the program.
	
	Annotation: Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the program. Moonlighting time must be counted toward the 80-hour work week limitation as defined by ACGME duty hours. The intent of this Standard is for the program to show how it is protecting against the residents' need to seek outside employment.
	
	How to Address This Standard
	  • Program must provide how financial compensation is determined; what it includes; demonstrate that it is equitable (cost of living); what data is used to drive the decision.
	  • Program must provide benchmarks for the salary and benefits package which should be compared to full time staff.
		The program must provide fellows sufficient financial support to fulfill the responsibilities of the program.
		
		Annotation: Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the program. Moonlighting time must be counted toward the 80-hour work week limitation as defined by ACGME duty hours. The intent of this Standard is for the program to show how it is protecting against the fellows' need to seek outside employment.
		
		How to Address This Standard
		  • Program must provide how financial compensation is determined; what it includes; demonstrate that it is equitable (cost of living); what data is used to drive the decision.
		  • Program must provide benchmarks for the salary and benefits package which should be compared to full time staff.

29	The program maintains appropriate resident records in secure locations. Records must include the following:
	  • Admission applications and supporting documents
	  • Individualized plans
	  • Disciplinary actions/remediation
	  • Outcomes/assessments
	  • Scholarship
	  • Acceptance of program terms
	
	How to Address This Standard
	  • Describe how the resident records that meet the standard are maintained in secure locations.
	
	Uploads
	  • Acknowledgement of program terms (signed and dated)
	  • Acknowledgement of orientation/onboarding (signed and dated)
		The program maintains appropriate fellow records in secure locations. Records must include the following:
		  • Admission applications and supporting documents
		  • Individualized plans
		  • Disciplinary actions/remediation
		  • Outcomes/assessments
		  • Scholarship
		  • Acceptance of program terms
		
		How to Address This Standard
		  • Describe how the fellow records that meet the standard are maintained in secure locations.
		
		Uploads
		  • Acknowledgement of program terms (signed and dated)
		  • Acknowledgement of orientation/onboarding (signed and dated)

| 30 | Prospective and accepted residents are provided with publicly accessible information about the program to include the following:
  • Program Policies & Procedures including grievance, family leave, withdrawal and/or termination, and academic dishonesty policies
  • Admission requirements
  • Employee retention requirements
  • Program completion requirements
  • Organizational fair practice policies including non-discrimination policies and protection of health and safety of the resident
  • Salary and financial responsibility (program related costs)
  • Aggregate data (retention, placement, completion, pass rates)
  • Mission and programmatic goals

How to Address This Standard
  • Describe how prospective and enrolled residents are informed and have access to the information to meet the standard.
  • Describe how the program ensures the information that meets the standard is publicly accessible.

Uploads
  • Procedures governing the award of available funding for scholarships and/or dues, if applicable
  • The written Policy & Procedure manual or the URL of the page where the P&P is found
  • Evidence of all bulleted points above (URL or written) | Prospective and accepted fellows are provided with publicly accessible information about the program to include the following:
  • Program Policies & Procedures including grievance, family leave, withdrawal and/or termination, and academic dishonesty policies
  • Admission requirements
  • Employee retention requirements
  • Program completion requirements
  • Organizational fair practice policies including non-discrimination policies and protection of health and safety of the fellow
  • Salary and financial responsibility (program related costs)
  • Aggregate data (retention, placement, completion, pass rates)
  • Mission and programmatic goals

How to Address This Standard
  • Describe how prospective and enrolled fellows are informed and have access to the information to meet the standard.
  • Describe how the program ensures the information that meets the standard is publicly accessible.

Uploads
  • Procedures governing the award of available funding for scholarships and/or dues, if applicable
  • The written Policy & Procedure manual or the URL of the page where the P&P is found
  • Evidence of all bulleted points above (URL or written) |

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31	Program policies, procedures and practices provide for compliance with accreditation policies and procedures, including the following: • Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current resident achievement measures • Timely submission of required fees and documentation, including reports of program completion rates and resident placement rates • Timely notification of expected or unexpected substantive changes with the program and of any change in organization accreditation status or legal authority to provide residency education *Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.*	Program policies, procedures and practices provide for compliance with accreditation policies and procedures, including the following: • Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current fellow achievement measures • Timely submission of required fees and documentation, including reports of program completion rates and fellow placement rates • Timely notification of expected or unexpected substantive changes with the program and of any change in organization accreditation status or legal authority to provide fellow education *Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.*
	Section IV: Outcomes	
32	Residents must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of patient care and procedural skills	Fellows must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of patient care and procedural skills

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33	Residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care. How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance is assessed. • Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident clinical practice. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of practice-based learning and improvement	Fellows must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care. How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance is assessed • Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow clinical practice. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of practice-based learning and improvement
34	Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate, scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of medical knowledge	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate, scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of medical knowledge
35	Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with appropriate stakeholders. *Annotation: Examples include (but not limited to): patients, families, health professionals, other healthcare providers.*	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with appropriate stakeholders. *Annotation: Examples include (but not limited to): patients, families, health professionals, other healthcare providers.*

35 (continued)	How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of Interpersonal and communication skills	How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of Interpersonal and communication skills
36	Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of professionalism	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of professionalism
37	Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care including the social determinants of health as well as the ability to call effectively on other resources to provide optimal health care. How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of system-based practice	Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care including the social determinants of health as well as the ability to call effectively on other resources to provide optimal health care. How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance is assessed. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the area of system-based practice

38	Residency programs must demonstrate an increase in depth and breadth of an individual's global acquisition of knowledge and abilities in the ACGME Core Competencies. *Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship components. Must document progressive resident performance improvement appropriate to educational level. The outcomes of these assessments must be formally shared with all associated program personnel.* How to Address This Standard • Describe *how* you are using a progressive clinical behavior assessment tool to measure individual progress from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. • Provide a narrative describing *how* formal and informal feedback is occurring related to the ACGME Core Competencies throughout the experience. • Describe how the individualized plan for the resident is adjusted based on results of the tool and feedback provided. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance and an increase in depth and breadth of the ACGME Core Competencies	Fellowship programs must demonstrate an increase in depth and breadth of an individual's global acquisition of knowledge and abilities in the ACGME Core Competencies. *Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship components. Must document progressive fellow performance improvement appropriate to educational level. The outcomes of these assessments must be formally shared with all associated program personnel.* How to Address This Standard • Describe *how* you are using a progressive clinical behavior assessment tool to measure individual progress from the beginning of their education through completion of their respective programs to the advanced practice of their subspecialties. • Provide a narrative describing *how* formal and informal feedback is occurring related to the ACGME Core Competencies throughout the experience. • Describe how the individualized plan for the fellow is adjusted based on results of the tool and feedback provided. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance and an increase in depth and breadth of the ACGME Core Competencies
39	Residents must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the specialty area. *Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship within the specialty area. Must document progressive resident performance improvement in the specialty area. The outcomes of these assessments must be formally shared with all associated program personnel.*	Fellows must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the subspecialty area. *Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship within the subspecialty area. Must document progressive fellow performance improvement in the subspecialty area. The outcomes of these assessments must be formally shared with all associated program personnel.*

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39 (continued)	How to Address This Standard • Describe the learning experiences associated with this standard and *how* resident performance and individual progression is assessed. • Describe how informal and formal feedback occurs related to the specialty area throughout the experience. • Describe *how* summative/formative tools are used to assess increased depth and breadth and to enhance individualized plans for the resident. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the specialty area (examples: professional portfolio, case logs, diagnostic accuracy data)	How to Address This Standard • Describe the learning experiences associated with this standard and *how* fellow performance and individual progression is assessed. • Describe how informal and formal feedback occurs related to the subspecialty area throughout the experience. • Describe *how* summative/formative tools are used to assess increased depth and breadth and to enhance individualized plans for the fellow. Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the subspecialty area (examples: professional portfolio, case logs, diagnostic accuracy data)
40	Residency programs must teach the curricular content identified by the CAATE if/when it is developed in a particular specialty area. How to Address This Standard • Demonstrate inclusion of all identified components of curricular content.	*(No related Standard)*

Glossary

ACGME Core Competencies: Core competencies provide a conceptual framework describing the required domains for a trusted athletic trainer to enter autonomous practice. These competencies are core to the practice of all Athletic Trainers. The core competencies outline specific knowledge, skills, behaviors, and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and system-based practice.

Patient care and procedural skills	Residents/Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems, and the promotion of health.
Medical knowledge	Residents/Fellows must demonstrate knowledge of established and evolving biomedical, clinical epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient centered care.
Practice-based learning and improvement	Residents/Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate, scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.
Interpersonal and communication skills	Residents/Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
Professionalism	Residents/Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.
System-based practice	Residents/Fellows must demonstrate an awareness of an responsiveness to the larger context and system of health care including the social determinants of health as well as the ability to call effectively on other resourc es to provide optimal health care.

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Advanced Practice: A level of athletic training practice that incorporates extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis, and evaluation of the care required. Athletic trainers practicing at this level are educationally prepared at the post professional level with advanced education and training within athletic training and may work in either a specialist or generalist capacity.

Affiliated Faculty: Individuals contracted to provide specific instruction on a full or part time basis but whose primary employment is elsewhere inside or outside the institution and contribute to the development of the resident or fellow.

Affiliation Agreement: A formal agreement between the sponsoring organization and a facility other than the sponsoring organization at which residents have program-related requirements/experiences and/or curricular education. This agreement defines the roles and responsibilities of the host site, the personnel and the resident.

Aggregate Data: Averaged data collected by the organization over a five year period of time. This includes, at a minimum, the percentage of residents/fellows within six months of residency/fellowship completion who have obtained positions in the following categories: employed as an athletic trainer in the specialty area, employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of residents/fellows who successfully completed the residency/fellowship, the number of residents/fellows who completed the full twelve month program, the percentage of specialty exam pass rate.

Athletic Trainer: Health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

Autonomous: An athletic trainer is able to make independent healthcare decisions per their credential, while practicing under and in collaboration with their supervising physician per regulatory guidelines.

Clinical Development: Defined learning opportunities to prepare for advanced clinical practice as the resident/fellow develops in their specialty area: athletic training clinical experiences, standardized patients, simulation, and supplemental clinical experiences.

Clinical Practice: The act of practicing and integrating advanced in-depth knowledge and skills of a specific population or body system that is progressively complex and autonomous.

Completion Requirements: Successful completion of clinical, didactic and scholarship activities as set forth in the program and defined with the structure of residency programs. This will also entail the passing of defined outcomes metrics of the program and will include but are not limited to improving the depth and breadth of the residents knowledge and a pre-defined achievement on the utilized objective milestone.

Comprehensive Assessment Plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical development, progressive resident/fellow learning, and overall program effectiveness. The formal assessment plan is part of the programs framework and must also include the required student achievement measures identified in Standard 5. Includes tools that measure and assess competency based developmental outcomes that can be demonstrated progressively by residents/fellows.

Content Expertise/Expert: Advanced knowledge and training in current concepts and best practices in a routine area of athletic training, which can include but is not limited to: prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Content expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of focused clinical practice. An individual's role within the athletic training residency should be directly related to the person's content expertise.

Core Faculty: Full time program faculty with denoted status, rights, responsibilities, privileges, and voting rights as defined by the program. Core faculty members have primary responsibility to the program and are content experts in the defined specialty area. Core faculty members are appointed to support the program director; develop, instruct, and assess within the curriculum; and mentor residents or fellows during clinical practice to expand learner depth and breadth in specialty area.

Curricular Resources: Essential programmatic components that include clinical, physical, and technical resources required to adequately meet the needs of program personnel and have a significant influence on resident/fellows opportunities to learn. This might include teaching resources (digital or physical), open access to journals or other required educational materials (diagnostic imaging, published evidence, web-based content, etc), library access, computer access, and appropriate workspace for clinical and didactic components.

Fellowship: Post professional AT fellowship programs are formal education and training programs that offer structured mentorship, including didactic and clinical components, to educate athletic trainers in a sub-specialty area. Fellowships require formal sub-specialty training beyond successful completion of a residency program.

Framework: The framework describes program specific details on how the program is designed to achieve its mission. The framework guides program design and quality, delivery of the educational program (both didactic and clinical planning and sequencing), outcomes and assessment plans, and how the institutional organization and administration supports the program. The framework is evaluated and refined on an ongoing basis by the program faculty.

Full-time Practice (Residents/Fellows): A clinician working a minimum of 40 hours per week over the 52 week residency/fellowship year to provide direct patient care.

Goal: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

Medical Director: Licensed allopathic or osteopathic physician who is currently certified by an ABMS- or AOA-approved specialty board and serves as a resource regarding the program's medical content.

Memorandum of Understanding (MOU): A document that facilitates bilateral agreement between parties and lacks legal binding power of a contract.

Mentoring/Mentor/Mentorship: Serves as a guide for residents/fellows throughout the program. Mentors should have the following qualities and serve as a listener, facilitator, challenger, role model, goal setter, an advocate, and a career guide for the resident/fellow throughout the program. A mentor and mentee should share similar interests and have planned time to discuss goals, problems, issues, challenges, and successes throughout the residency/fellowship program.

Mission: A formal summary of the aims and values of an institution, organization, or program.

Moonlighting: Refers to a service performed by a resident/fellow, usually in the capacity of an independent athletic trainer, completely outside the scope of the residency or fellowship training program. Residents/fellows are prohibited from external or internal moonlighting without the prior written approval of the program director or his/her designee. Residents/fellows are never required to engage in moonlighting.

Operational Resources: Essential programmatic components that include adequate financial dedication from the sponsoring organization (to include resources for professional development and continuing education), defined administrative support, and a graduate medical education philosophy of the organization (to support education and resident/fellow learning environments) to adequately meet the needs of program personnel and residents based on the size of the program.

Organizational Structure: Organizational structure is a system used to define a hierarchy within an organization. It identifies each job, its function, and where it reports to within the organization. This structure is developed to establish how an organization operates and assists an organization in obtaining its goals to allow for future growth. The structure is typically illustrated using an organizational chart.

Outcomes: Measured indicators of achievement that may be quantitative or qualitative.

Professional Portfolio: An organized collection of relevant documents and artifacts that showcases evidence of skills, achievement, professional experience, and charts professional growth. A professional portfolio can be created and used for broader method of assessment and in medical education may include the following: collection of the evidence of learning, reflection of the learning, evaluation of the evidence by assessors, defense of evidence by the individual being assessed, a summative assessment decision (based from pre-defined criteria).

Placement Rate: Employment of the resident/fellow in their specialty area within six months of program completion.

Program Completion Rate: Successful completion of programmatic benchmarks and completion requirements.

Program Personnel: Individuals associated with the delivery, assessment, and development of the residency/fellowship program. These include the program director, core faculty, and affiliated faculty members.

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Program Retention Rate: Retention of resident/fellow for the entire length of the residency term as defined by the residency program (at minimum a twelve month employment period).

Progressive Yearly Minimum: Progression of mentored clinical practice initially to autonomous advanced practice as continuum moves over the course of the residency/fellowship program. Minimum requirements may be spread over the residency program but must be continuous, ongoing, and increasing in complexity as the resident/fellow develops autonomous advanced practice.

Protected Time: The time allotted by the sponsoring organization for the program director/core faculty to run the residency/fellowship program. This includes the full spectrum of activities and responsibilities as outlined in the program director/core faculty roles and responsibilities.

Program Director: The AT responsible for direction, conduct, and oversight of the residency/fellowship program.

Residency: Post professional AT residency programs are formal educational programs that offer structured curricula and mentorship, including didactic and clinical components, to educate athletic trainers in a specialty area. They are designed to build upon and expand the athletic trainer's knowledge and experience acquired during profession education.

Resident: Athletic trainer credentialed to practice athletic training in the state of the residency and has a full-time obligation to the residency program for advanced clinical practice in a specialty area.

Scholarship: The participation of residents/fellows and core faculty members in areas related to Boyer's definition of scholarship. This includes scholarship of: discovery, integration, application or engagement, and of teaching and learning. This might include, but is not limited to, original research that advances knowledge; synthesis of information across disciplines, topics within a discipline, or across time (ie interprofessional education or science communication; organized clinical discussions, grand rounds, journal clubs, and/or conferences). Demonstration of scholarship involves generating, transmitting, and applying knowledge for the benefit of external audiences in ways that are consistent with the mission and values of the residency/fellowship. This can occur through, but not limited to, one or more of the following: peer-reviewed publication, presentation of case reports or clinical series at local, regional, or national professional meetings; participation in national committees or educational organizations, or public sharing of skills or knowledge in the specialty area that provides the opportunity for application and evaluation by others.

Social Determinants of Health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

Specialization/Specialty: The primary purpose of specialization in any health care profession is to improve the quality of care provided to patients, to enhance clinical outcomes, and ultimately, to improve the patient's health related quality of life. Specialties within a discipline arise in response to the development of new knowledge and skills in a finite area of practice that can positively affect clinical outcomes and patient quality of life. Specialization in a healthcare field requires significant clinical experience in a prescribed content area, a sustained training effort, and culminates in a valid credential denoting clinical expertise.

Specialty Area(s): CAATE identified areas of athletic training clinical practice that require post-professional advanced patient-care knowledge and skills. CAATE accredited residency programs develop advanced practice within the specialty areas. See preamble for current approved specialty areas.

Specialty Certification: A credential earned through a post-professional education and training process such as an accredited residency program in a specialized area of clinical practice. The BOC Specialty Council oversees AT specialty certifications.

Sponsoring Organization: The organization (or entity) assuming ultimate responsibility for the coordination and administration of the residency program consistent with CAATE requirements. The sponsoring organization is charged with ensuring that the residents experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency the organizations must mutually designate one organization as the sponsoring organization.

Sub-specialization: A subspecialty is a narrow field within specialization. For example, manual therapy may be a subspecialty of rehabilitation. Specialization and sub-specialization can be nested within larger frameworks.

Targeted goal: A measurable established threshold utilized in assessment that initiates a specific action plan for improvement.

Work hours: Predetermined work hours per week during residency/fellow training, which includes educational and clinical training. (Minimum of 40 clinical hours per week, ACGME maximum of 80 clinical and didactic hours per week).