



Site Visitor Handbook

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Introduction

The site visit (SV) is an important part of the comprehensive review process. This handbook has been created to assist site visitors with the processes involved in reviewing the self-study, completing the on-site visit, and writing a site visit report (SVR). The handbook is meant to be a reference guide for general concepts and is not meant to be an all-inclusive document, an interpretation manual, or a manual that can take the place of annual on-site training.

The Commission on Accreditation of Athletic Training Education (CAATE) has an obligation to assure itself, the program, and its stakeholders that site visitors are qualified, competent, professional, and informed regarding the entire comprehensive review process.

The CAATE is very grateful to you, the site visitor, for your professionalism and expertise in ensuring that quality educational opportunities are being provided to athletic training students/residents.

CAATE Site Visit Philosophy

The Commission on Accreditation of Athletic Training Education (CAATE) has as its mission 'defining, assessing, and continually improving AT Education' and a vision of 'assure accreditation excellence across the continuum of AT education enhancing clinical practice.' This mission and vision provide the foundational structure for the overall philosophy that guides all aspects of the site visit process. This philosophy is explained below.

1. **Defining AT Education:** The Accreditation Standards for each type of program accredited by the CAATE (professional, post-professional degree, and post-professional residency programs) provide the foundation for defining minimum expectations of AT education.
2. **Assessing AT Education:** Assessment should be formative and ongoing. We want to help institutions create a positive culture of assessment and view it not from a regulatory perspective, but from one of quality assurance and continuous quality improvement.
3. **Continually improving AT Education:** Athletic training as a profession and AT education must continue to evolve to stay current with the ever changing healthcare industry. The accreditation process must respect and promote innovation, creativity, and institutional autonomy. All of the current standards allow for programmatic differences and uniqueness. As a result, site visitors and all associated with the CAATE should embrace, acknowledge, and promote this culture of innovation in our programs. Programs must have the freedom to choose how they meet the standard as long as they are minimally compliant.
4. **Assure excellence:** The continuum of AT Education is vast and it is our legacy to promote and encourage excellence in education. Excellence in education will help foster and drive excellence in clinical practice. Most often, it is the clinician the public interacts with, not the AT educator. The CAATE wants to do our part in creating a culture of acknowledging compliance while encouraging programs to recognize model practice and strive for excellence.

For years accreditation has battled the stigma of trying to “catch” programs doing something wrong. This is the wrong mindset and approach. We must focus on quality assurance and promote quality improvement. Quality assurance is defined as ‘a system for ensuring a desired level of quality in the development, production, or delivery of products and services.’ (<https://www.dictionary.com/browse/quality-assurance>). We want to ensure quality in the development, production, and delivery of AT education. This is a continuing process that involves authentic self-reflection on the part of programs. The accreditation process should focus on this. Programs and site visitors should not think about accreditation as a once every 10 years event with the busy work of annual reports in between. We must focus on creating a culture where quality assurance and quality improvement are ongoing. How can we encourage programs to see accreditation as an ongoing process designed to continually become better, think more innovatively, be creative, be more?

I think it starts with our approach. How we communicate? What terminology and words we use? I want to think about the site visit and comprehensive review process. What are some of the current perceptions about CAATE site visits?

1. The comprehensive review process is viewed by most as a necessary evil. Something that has to be done every few years, takes a lot of work, and is a stressful, nerve racking process.
2. The CAATE is just looking for what is being done wrong.
3. Site visitors are too black and white. They view programs from the lens of their programs or history.

Perception is reality. We need to change the perception, and that will take all of us. As a site visitor you are an integral part of the quality assurance process. What if we thought of the comprehensive review process as a conversation between the program and CAATE. The conversation starts with the program writing the self-study. They get to tell their story, and each story will be unique. The conversation continues with the site visitors’ review of the submitted narratives and documents, the on-site visit, site visit report, and rejoinder. This is one long conversation. An accreditation decision is not made and a citation is not formalized until this conversation is complete. In practice what might this look like? Standards are re-opened for additional information in the form of a narrative or documentation before the site-visitors arrive on campus or while the site-visitors are on campus. Programs have an opportunity to provide additional information during the rejoinder process. This creates multiple opportunities for programs to ‘tell their story’ and demonstrate compliance. We understand that citations on a site visit are okay. It is our job to reassure that they should not panic and try to create a quick fix, but encourage a thoughtful response that is addressed during the rejoinder process.

What do we need from you? Be open minded, do not get bogged down in the details of what a program does that is not like what you have seen before. There are so many ways a program can be compliant with most of the standards. Let them tell you about how and why they choose to do it the way they have. For some site visitors, this may be more challenging than for others. Help each other out. Have honest dialogue with your site visit team members, be open to encouragement and constructive feedback, and

be willing to grow. We all must approach site visits with new lenses. While programs may never get to the point of looking forward to a comprehensive review, maybe we can make the process less apprehensive. Ultimately, we want to promote the culture of ongoing improvement and quality assurance.

CAATE Mission, Vision, and Values

Mission

Defining, assessing, and continually improving AT Education.

Vision

Assure accreditation excellence across the continuum of AT Education enhancing clinical practice.

Values

- Accountability
- Transparency
- Integrity
- Excellence
- Leadership
- Collaborative

Goals for the Comprehensive Review Process

1. The comprehensive review processes will be defined, consistent, and free of personal biases, conflicts of interest, and unsanctioned interpretations with respect for institutional autonomy.
2. Accreditation decisions will be defined, consistent, and free of personal biases, conflicts of interest, and unsanctioned interpretations.
3. Continuous improvement and quality assurance will be maintained through a repeatable operational process, stakeholder feedback, and quality indicators.
4. Collegial relationships and regular communication with the institutions and other stakeholders will be created and maintained.
5. The standards and accreditation process will encourage excellence and promote program creativity.

Terms

The following terms or abbreviations will be helpful in understanding this handbook.

NC: noncompliance

RT: review team

SV: site visit

SVR: site visit report

SVer: site visitor(s)

Additional reference documents are located in the Site Visitor Dropbox:

- SV eAccreditation Help

- Expense Report Using Expensify (for computer or mobile app)
- Individuals Interviewed On-Site

Site Visitor Qualifications and Term Limits

Site visitors (SVer) have been randomly assigned either an initial two-year term or a three-year term limit. All site visitors may serve a second term if they meet the criteria listed below. After the second term, site visitors can be renewed for additional terms.

Site Visitor Qualifications:

- Be in good standing with their credentialing and regulatory body, all healthcare professionals must have an NPI number.
- Evidence of experience as a healthcare clinician, current or past affiliation with the CAATE, CAATE accredited programs or other healthcare profession's accredited programs. Exceptions will be approved by the commission.
- Demonstrate experience and/or understanding of educational accreditation.
- Demonstrate leadership abilities.
- Site visitors are appointed for an initial 3-year term and can be renewed for additional terms.

To be renewed as a site visitor, the following criteria must be met:

- Completion of at least one site visit in any role (chair, member, reader)
- Completion of all required site visitor trainings
- Quality assurance scores that meet the minimum score established by the Quality Assurance Committee
- Current certification and good standing with the Board of Certification (BOC), current state credentials (if applicable), and other current health care provider licensing
- No evidence of an ethics violation or practice sanctions

Accreditation Standards

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum education Standards for quality athletic training programs. The CAATE is responsible for accreditation of professional, post-professional degree, and post-professional residency programs in athletic training.

Standards for the Accreditation of Professional Athletic Training Programs (2012 and 2020)

Standards for the Accreditation of Professional Athletic Training Programs is a set of standards used to prepare entry-level athletic trainers. Each institution is responsible for demonstrating compliance with these standards to obtain and maintain recognition as a CAATE-accredited professional athletic training program.

These standards are to be used for the development, evaluation, analysis, and maintenance of athletic training programs. Through comprehensive and annual review processes, the CAATE is responsible for the evaluation of a program's compliance with the standards. The standards provide minimum academic

requirements: institutions are encouraged to develop sound innovative educational approaches that substantially exceed these standards. The standards contain a glossary of terms used throughout the process; the definitions provided in the glossary must be applied as stated.

Standards for the Accreditation of Post-Professional Athletic Training Degree Programs

Standards for the Accreditation of Post-Professional Athletic Training Degree Programs is a set of standards used to prepare athletic trainers for advanced clinical practice through a structured didactic and clinical experience. Each institution is responsible for demonstrating compliance with these standards to obtain and maintain recognition as a CAATE-accredited post-professional athletic training degree program.

These standards are to be used for the development, evaluation, analysis, and maintenance of post-professional athletic training degree programs. Through comprehensive and annual review processes, the CAATE is responsible for the evaluation of a program's compliance with the standards. The standards provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these standards. There are two types of accreditation standards, which are important to differentiate.

The majority of the standards are Compliance Standards, which use the verb "must." Compliance Standards represent the minimum education standards for quality that are required to demonstrate accreditation compliance. Accreditation decisions made by the CAATE are based only on program compliance with Compliance Standards.

Standards using the verb "should" are Aspirational Standards. In contrast to Compliance Standards, Aspirational Standards are not required to ensure minimum educational quality. Instead, Aspirational Standards are provided in instances in which the CAATE feels that it is important to note a desired state beyond the minimum required for accreditation compliance. While Compliance Standards must be attained to ensure minimum educational quality and compliance, Aspirational Standards are only recommendations; they are *not* used to determine program compliance and are *not* used to make accreditation decisions. However, Aspirational Standards are important, and any noncompliance with an Aspirational Standard must be justified. To assist in the interpretation of individual standards, a glossary of terms is provided at the end of this document.

Standards for the Accreditation of Post-Professional Athletic Training Residency Programs

Standards for the Accreditation of Post-Professional Athletic Training Residency Programs is a set of standards to be used for the development, evaluation, analysis, and maintenance of post-professional athletic training residency programs. Through comprehensive and annual review processes, the CAATE is responsible for the evaluation of a program's compliance with the standards. The standards provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these standards. The standards document contains a glossary of terms used throughout the process; the definition provided in the glossary must be applied as stated.

Post-professional athletic training residency programs are formal educational programs that offer structured curricula, including didactic and clinical components, to educate athletic trainers. They are designed to build upon and expand the athletic trainer’s knowledge and experience acquired during professional (entry-level) education.

The majority of the standards are Compliance Standards, which use the verb “must.” Compliance Standards represent the minimum education standards for quality that are required to demonstrate accreditation compliance. Accreditation decisions made by the CAATE are based only on program compliance with Compliance Standards.

Standards using the verb “should” are Aspirational Standards. In contrast to Compliance Standards, Aspirational Standards are not required to ensure minimum educational quality. Instead, Aspirational Standards are provided in instances in which the CAATE feels that it is important to note a desired state beyond the minimum required for accreditation compliance. While Compliance Standards must be attained to ensure minimum educational quality and compliance, Aspirational Standards are only recommendations; they are *not* used to determine program compliance and are *not* used to make accreditation decisions. However, Aspirational Standards are important, and any noncompliance with an Aspirational Standard must be justified. To assist in the interpretation of individual standards, a glossary of terms is provided at the end of this document.

Roles and Responsibilities of the Site Visit Team

Site visit teams for a comprehensive review will consist of three members: one site visit chair, one site visit member, and one site visit reader. Site Visit teams for a substantive change review will consist of two members: one site visitor chair and one site visit member. The site visit chair typically has completed multiple site visits and has a strong understanding of the standards and SV process. The site visit chair and site visit member will travel to the program’s on-site visit. (Travel for a program’s substantive change in level of degree will be on an as-needed basis.)

Each team will discuss the best method for their team to communicate (via email, phone conference call, web conferencing, etc.). Traditionally, teams have found that phone calls, email, and web conferencing are the easiest methods for arranging the visit and discussing initial self-study report findings. The CAATE has one dedicated Zoom line—scheduled on a first-come, first-serve basis—for use by site visit teams, but you are not required to use it. A similar meeting platform that can be used on your own is FreeConferenceCall.com.

Site Visit Chair

The site visit chair has the following responsibilities:

1. Communicate with the CAATE office to receive self-studies and return reports, request additional information, and oversee the team’s activities (The site visit chair is the team member who communicates with the institution, site visit member, and site visit reader on all matters pertaining to the site visit.)
2. Ensure that all team members adhere to CAATE policies and procedures
3. Establish and communicate timelines for the site visit team’s evaluation of self-study documentation

4. Communicate with the institution in establishing the SV agenda
5. Thoroughly review the self-study prior to the visit
6. Develop an action plan for the site visit team (chair, member, and reader) to review the self-study, provide feedback to the institution, request additional information from the program if needed, determine who is taking lead on interview sessions, and complete the SVR
7. Assist the site visit member in reviewing on-site materials and conducting on-site interviews; contact the reader for input as needed while on site
8. Communicate all final document changes to their team members, since all team members are responsible for the contents of each report (final reports should be approved by the team members before submission via eAccreditation).
9. Submit the completed site visit report via eAccreditation within one week of the SV and work with the review team in completing the SVR
10. Respond to questions posed by the review team (questions about the SVR will be communicated via phone, email, or eAccreditation between the site visit chair and review team member. The site visit chair should communicate all review team comments to the team members, since all team members are responsible for the contents of the SVR).
11. Evaluate the site visit member and site visit reader through the peer evaluation process completed via eAccreditation
12. Complete site visitor training updates on a regular basis

Site Visit Member

The site visit member has the following responsibilities:

1. Thoroughly review the self-study and supporting documents prior to the site visit
2. Assist the site visit chair and site visit reader in establishing timelines for the team's evaluation of self-study documentation
3. Travel with the site visit chair to the on-site visit
4. Assist the site visit chair in reviewing on-site materials and conducting on-site interviews; contact the site visit reader for input as needed while on site
5. Assist the site visit chair and site visit reader in writing the SVR
6. Evaluate the site visit chair and site visit reader through the peer evaluation process completed via eAccreditation
7. Communicate with the review team when appropriate
8. Complete site visitor training updates on a regular basis

Site Visit Reader

The site visit reader has the following responsibilities:

1. Thoroughly review the self-study and supporting documents, asking questions and providing feedback to team members prior to the SV
2. Be available the dates of the SV in case the team chair or team member cannot travel due to an unforeseen emergency
3. Be available the dates of the SV to be contacted as needed for input, clarification, or interpretation while the team chair and team member are on site
4. Assist the SV chair in establishing timelines for the team's evaluation of self-study documentation
5. Assist the SV team in writing the SVR

6. Ask questions and provide feedback to clarify the SVR
7. Evaluate the site visit chair and site visit member through the peer evaluation process completed via eAccreditation
8. Complete site visitor training updates on a regular basis

Characteristics of Successful Site Visitors

Background

Site visitors have sufficient education and special training specific to the professional discipline of athletic training to form a solid foundation for program evaluation. Evaluators are themselves practitioners or educators within the field of athletic training or have worked in support of the field in various capacities.

Attitude

Effective site visitors demonstrate maturity, objectivity, diplomacy, and dedication. They project an image of professionalism, both in behavior and in appearance. Site visitors appreciate the confidential nature of the task and understand the need for self-initiative. Additionally, site visitors exhibit a cooperative attitude, an analytic approach to the task, and a degree of flexibility when appropriate.

Knowledge

Effective site visitors have an appreciation of the entire accrediting process. They have sufficient general knowledge and special background to be able to exercise appropriate judgment. In addition, effective visitors thoroughly understand the educational standards being used and what constitutes deviation from or noncompliance with those standards. It is imperative that site visitors be totally familiar with the content of the self-study report and related materials provided to them prior to the site visit.

Skills

Site visitors are skilled in interviewing, interpersonal communications, self-expression, note-taking, and maintaining objectivity. They are competent in dealing with attitudinal problems that may be presented by those being interviewed. Through experience and education, site visitors have developed capacities for deductive reasoning and for logical analysis. They are competent writers with the ability to accurately recall details.

Professionalism

Site visitors are to exhibit professional behavior at all times during the SV and in all communication with the program. Site visitors should be competent, considerate, empathetic, courteous, cooperative, and committed. It is important that the site visitor be approachable and respectful when communicating with all program personnel. Professionalism is often judged by communication skills (verbal, nonverbal, and listening), appearance, competence, and demeanor.

Ethical Standards of Practice

All CAATE members, subcommittee members, site visitors, volunteers, and staff adhere to ethical standards of practice in all CAATE-related activities.

CAATE Conflicts of Interest

The Council for Higher Education Accreditation (CHEA) defines conflict of interest as a set of circumstances that creates a risk that professional judgement or actions may be inappropriately influenced. A conflict of interest includes all significant conflicts of interest, financial and other, and is deemed to exist if reasonable observers having knowledge of all the relevant circumstances, would conclude that the individual as an actual or apparent conflict of interest in the matter (*2019 CHEA Recognition Policy and Procedures*).

Examples may include:

1. Acceptance of gifts, entertainment, or other favors from an outside entity that does business with or is seeking to do business with the CAATE (This does not include normal business meals.)
2. Having a financial interest in an outside entity from which the CAATE purchases goods or services
3. Accepting personal compensation for CAATE-related speaking engagements, consulting services, or other activities
4. Representing the CAATE in any transaction in which the member of the CAATE or its subcommittees (or immediate family of the member) has a substantial interest
5. Representing the CAATE in any accreditation matter in which a CAATE member or site visitor has a known conflict of interest related to employment, finances, residence in the same state, consultative services, institution alumnus, or other collaborative endeavors

These are intended to be illustrative and not necessarily inclusive of all possible scenarios.

At a minimum any member of the CAATE (Commissioners, volunteers, staff or immediate family), must identify the following:

1. Current or previous institutions where they have been employed
2. Any institution from which they have an earned degree
3. Any additional conflicts, actual or apparent, that meet the CHEA definition

The CAATE office uses a new site visitor management portal in eAccreditation. Site visitors will now update all profile and conflict information in eAccreditation. The CAATE office will notify all site visitors via email to update their Profile and Conflict of Interest sections each spring, though this information can be updated at any time. It is the responsibility of the site visitor to update their Profile and Conflict of Interest sections in eAccreditation by the date requested by the CAATE office. If a site visitor's Profile, Conflict of Interest, and Acknowledgement of Confidentiality are not completed, the site visitor will not be eligible for a site visit. As a site visitor, **if you change jobs/email addresses it is imperative that you inform the CAATE staff so your SV profile and conflict information can be assigned to your new email/profile in eAccreditation.** It is the responsibility of the site visitor to disclose any institutions where a conflict of interest may occur.

Confidentiality

The CAATE requires that its site visitor and volunteers, be sensitive to the need to maintain confidentiality in their actions. The need, however, to serve and protect the public interest will be paramount in all instances and may result in disclosing certain information.

In order to maintain confidentiality, site visitors, subcommittee members, volunteers, and staff will not disclose the following documents and information(may not be an all-inclusive list):

1. Applications for accreditation
2. Self-study reports
3. Site visit reports
4. All progress reports and annual reports
5. All correspondence between the CAATE and the program that relates to the accreditation process
6. BOC documents

Institutions may release any of the preceding information at their discretion. Except in the case of a program that has been placed on academic probation, the subcommittees of the CAATE will release findings *only* to the membership of the CAATE. The CAATE will not make public any of the preceding documents without the permission of the institution unless an institution misrepresents the information, either through public statements or release of selected sections of documents.

Site visitors will be required to acknowledge the CAATE's confidentiality policy within the SVer Profile in eAccreditation, indicating they will hold all information regarding institutional reports confidential. Any breach in confidentiality on any CAATE-accreditation-related report may result in dismissal as a site visitor. In addition, the site visitor can be brought before the Ethics Committee for breaches of confidentiality.

Travel, Dress Code During Site Visits, and Other Requirements

Scheduling the Site Visit

Site visits for each academic year should be scheduled between **October 1 and April 1** with exception to Residency site visits which may be scheduled outside of the traditional site visit window. **All initial accreditation visits must be scheduled in the spring.**

Travel Arrangements and Expenses

The CAATE charges all programs a set fee for their SV, with the CAATE covering all associated expenses. The CAATE uses [ATC DEEM \(DEEM\) for travel](#). Site visitors must use a travel authorization code (code # **2883406**) to book all travel [flight, hotel, and car rental (if necessary)] in DEEM. Site visitors book their own travel through DEEM and pay for meals while on the site visit.

Airfare: Site visitors will book all airfare through DEEM. The expenses will be billed to a central billing card, no personal credit card information is needed. If a flight is out of policy, a small red flag will pop up next to the flight. If such a flight is selected, the site visitor will write a small explanation about why that flight was chosen instead of one in policy. The request will be sent to staff for approval. All flights must be booked a **minimum of 30 days** from the site visit. Failure to book in a timely manner may result in a reduction of the SV honorarium to cover the increased cost of the flight.

- A preliminary agenda should be made before booking flights.
- No return departures should be made that require a site visitor to leave the institution before the conclusion of the exit conference.

Rental Cars: Site visitors should ask whether a rental car will be necessary. Site visitors will be able to reserve a rental car within DEEM but will need to use a personal credit card at the rental car agency for a deposit. The rental car charges can be transferred to the GCC when the car is returned. **Site visitors should accept the liability damage waiver (LDW) insurance coverage offered by the rental car company unless the site visitor has a credit card or status with the company to cover the car in the event of an accident.**

Hotels: Site visitors will make their own hotel reservations and should have a discussion with the program director to see if there are any preferred or recommended hotels close to campus and/or near eating establishments. Reservations can be made through DEEM, another agency, or the hotel directly. If a recommended hotel is not listed in DEEM, the site visitor can reserve the hotel by calling the hotel directly. If they require a credit card to hold the reservation and you are uncomfortable using a personal credit card, please contact the CAATE office. Hotels booked within DEEM will be reserved and typically billed to the central credit card, no personal credit card information is needed. **Site visitors should use the GCC to pay for the room charges if payment is due at checkout and must ask for a printout of the receipt to turn in with their Expensify report.**

Meals: Each site visitor will be allowed a daily meal allowance of \$75. If you are traveling to an area that has a significantly higher cost for meals (www.gsa.gov), please contact the CAATE office about increasing the amount. Site visitors will pay for their own lunch; therefore, site visitors should have a discussion with the program director to make arrangements for lunch (i.e., find out whether there is a nearby restaurant that is fast or if the institution has a cafeteria or food court).

Receipts: The CAATE has transitioned to Expensify (www.expensify.com), an online expense reporting system. Please use the Expense Reporting Instructions in the Site Visitor Resource Folder to complete your expense report. All receipts must be submitted within two weeks after the site visit. Honorariums will be paid upon receipt of the Expensify report, site visit report, and peer evaluation.

The CAATE will not reimburse any entertainment expenses (incurred while in transit or on site), alcoholic beverages, early flight check-in, or in-flight Wi-Fi or entertainment.

If you have a disruption in your travel, you may contact a customer service representative at ATC DEEM Travel at 800-458-9383, ext. 2, for a live agent. Contact someone on the CAATE Contact List if you have questions or an emergency situation arises.

Global Cash Card (GCC): Site visitors may not want to incur charges on their personal credit cards. Each site visitor has a CAATE-issued debit card to be used for expenses associated with the site visit; if you do not have a GCC and do not want to use a personal credit card, it is your responsibility to notify the CAATE staff. Site visitors are free to use their own credit card or to use the GCC. For rental cars, the site visitor will continue to use their personal credit card to secure the rental, but when returning the car, the site visitor can pay the balance with the GCC. Please contact the CAATE office with any questions or problems you encounter; we will work to resolve those as quickly as possible. **Receipts for all expenses incurred, including those on the GCC, will be required in order for the site visitor to receive his or her honorarium.**

Dress Code for Site Visits

It is essential for all site visitors to look professional when arriving at the site. When a site visitor arrives at the airport, he or she should be dressed in **business casual** attire (khakis, slacks, golf shirts, sweaters) at a minimum. **Business attire** (suits, dresses, pant suits) should be worn during all SV meetings. Skirts or dresses must be longer than mid-thigh.

CAATE Attire Categories	
Casual	Jeans, shorts
Business casual	Khakis, slacks, golf shirts, sweaters
Business attire	Suits, dresses, pant suits

Each site visitor will receive a **CAATE name tag**. The name tag must be worn at all times during the on-site visit. If you do not have a name tag or your credentials have changed and you need a replacement, contact the CAATE staff (sv@caate.net) as soon as possible.

Honoraria

Initial Visits and Comprehensive Reviews: An honorarium is provided to each member of the site visit team. Honorariums are as follows:

- The site visit chair will receive \$500.
- The site visit member will receive \$350.
- The site visit reader will receive \$200.

Substantive Change in Level of Degree: An honorarium is provided to each member of the site visit team. Two levels of honorariums have been established; the amount depends on whether an on-site visit is required. They are as follows:

- On-site visit not required
 - The site visit chair will receive \$300.
 - The site visit member will receive \$200.
- On-site visit required
 - The site visit chair will receive \$500.
 - The site visit member will receive \$350.

Prior to receiving the honorarium, the CAATE office must receive the following documents from each member of the site visit team:

- Site visit report (submitted via eAccreditation by the chair)
- Expense report with receipts (submitted via Expensify)
- Peer evaluation of fellow team member(s) submitted via eAccreditation

Once all documents have been received by the CAATE office, a check will be mailed to the home address listed on your eAccreditation Profile. (You have the ability to update your address at any time.)

The CAATE recognizes the appropriateness of reimbursement for reasonable expenses incurred by CAATE members, subcommittee members, site visitors, volunteers, and staff during their activities on behalf of the CAATE. However, the CAATE does not permit honoraria to be paid for any accreditation services rendered other than those established by the CAATE.

Contacting the CAATE Office

If you are on a SV and a situation arises or you have questions regarding compliance with a standard, please contact the CAATE office at 512-733-9700. If the question cannot be answered by a representative of the CAATE, that representative will contact the appropriate CAATE Commissioner to assist you in resolving the situation or answering your questions.

If you are on a site visit and need to contact the CAATE office after 5 p.m. Eastern time (Monday through Friday) or on the weekend, refer to the CAATE SV Contact List in Dropbox for the appropriate phone number.

Site Visit Process

From the last day of the on-site visit, the remainder of the process can take **three to seven months**:

- The final SVR is submitted to the CAATE one week following the on-site visit.
- The review team has six to eight weeks for their review.
- If non-compliances are found, the program has 90 days to respond in a rejoinder.
- The rejoinder goes back to the review team, who has two weeks to review.
- The final report goes to the Commission for an accreditation decision (occurs once a month).

Overview

The purpose of the SV is to validate the self-study report and evaluate the program's compliance with the **appropriate standards**:

- *Standards for the Accreditation of Professional Athletic Training Programs (2012 & 2020)*
- *Standards for the Accreditation of Post-Professional Athletic Training Degree Programs (2014)*
- *Standards for the Accreditation of Post-Professional Athletic Training Residency Programs (2014)*

The on-site visit includes a review of both the didactic and clinical aspects of the program, including as many visits to both on-campus and off-campus clinical experience sites as possible. If the physician clinics are externally accredited (i.e., Joint Commission, etc.) you do not need to visit them. The scope of the on-

site visit is framed in a manner that enables the site visitors to assess and validate the information provided within the self-study report. Specifically, the on-site visit provides the SV team with an opportunity to obtain a more complete understanding of the curriculum, program objectives, philosophies, course objectives, operational procedures, selection criteria, evaluation protocols, enrollment, attrition rates, processes for monitoring progress in the development of student/resident knowledge and skills, and success of program graduates. Site visitors do *not* make accreditation recommendations, nor do they provide specifics on how the institution may rectify potential non-compliances. Guidelines for the methods needed to resolve noncompliant areas will be provided to the institution by the CAATE approximately six to eight weeks after the site visit.

The on-site visit should be conducted with respect for the sponsoring institution's autonomy, self-governance, and self-management within the scope of the appropriate CAATE standards. Furthermore, the site visitors should conduct the evaluation in a manner that is free of personal biases and opinions.

Prior to Reviewing the Self-Study

The CAATE office will assign you to a SV team and indicate whether you are the SV chair, SV member, or SV reader. An email will be sent to the SV team identifying the program and providing all program contact information. Each site visitor will need to accept his or her assignment in eAccreditation. **Within one week of receiving the self-study in eAccreditation**, the SV chair must make contact with the program and all team members.

Access to the self-study will be available via eAccreditation for your review. Site visitors may want to use the Site Visit Checklist (Appendix B) and Site Visit Interviewee and Standard Correlation (Appendix C) to help guide them through the process.

Review of Self-Study

Each member of the SV team will be provided access to the self-study via eAccreditation and is responsible for reviewing the materials independently **prior** to the on-site visit. The SV team should begin reviewing the materials as soon as possible after the assignment is given and have completed an initial review a minimum of one month prior to the visit. If needed, the team chair should contact the program director and request any additional materials he or she feels is required to clarify areas in question. This is done by reopening the standards that require additional information in eAccreditation. When reviewing the self-study, attempt to determine the degree of compliance or non-compliance with the standards. This will give a basis for questioning and fact gathering during the on-site visit. Additionally, it may be helpful to start completing the Introduction/Brief History and Strengths sections of the SVR prior to the visit.

Site visitors will have varied styles for self-study review. No single technique for document review is better than another. As you become a more experienced site visitor, you will develop your own method of reviewing a self-study report.

Here is one way (but not the only way) to review a self-study:

1. Look in the catalog or organization website to see whether the program is listed.
2. Check the website to see whether the program director is advertised as a faculty member.
3. Review the directories to become familiar with personnel and clinical sites.

4. Review the narrative portion of each standard and the supporting materials attached to the standard.
5. Review the self-study again in the same order. This time write notes and questions. Determine whether the information submitted allows you to make an initial assessment of compliance.
 - Make an initial assessment of compliance; choose compliant or noncompliant. There are also options for “needs discussion” and “follow-up at site visit.”
6. Using “alerts” in eAccreditation to mark various standards with your questions or concerns may be beneficial.
 - Site visitors have the option of making private notes (only to be seen by the site visitor) and site visitor notes to be seen by other site visitors. There is also an option to submit a question to the CAATE office for clarification. Site visit chairs have the option to send messages to the program director for clarification.
7. Develop a set of questions you want to ask the various interviewees in an attempt to triangulate information. These questions can be specific to a certain standard or more general to ensure your understanding of the program and its processes.
8. Formulate questions to ensure clarification from the various program representatives (program faculty and administration, students/residents, physician, etc.).
9. Review your questions and skim the self-study prior to arrival to refresh your memory of the program.

Site Visit Agenda

All communication between the program director and the SV team will be completed by the SV chair. The SV chair should contact the program director within one week after the CAATE office provides the SV assignment. The SV will occur over a minimum of three days. The SV chair (in consultation with the SV member and reader) and program director will establish the SV agenda and travel plans. Site visitors are expected to remain throughout the entire visit. Return flight arrangements should not be made that would require a site visitor to leave the institution prior to the conclusion of the exit conference. Review Appendix D for a sample three-day SV agenda.

The agenda will include sessions with representatives from the institution’s administration, faculty, clinical personnel, and students/residents. Additionally, the visit will include a review of student/resident records and visits to appropriate laboratory spaces, teaching spaces, and clinical sites. The program should provide a conference room or office with internet availability for the SV team to use throughout the entire visit. For professional programs, the team should visit as many clinical sites both on-campus and off-campus as possible. If any physician sites are externally accredited (i.e., Joint Commission, etc.) you do not need to visit them.

Initial Meeting: The initial meeting should be with a small group of program administrators. The SV team should introduce themselves and share an overview of the process for the next three days. Specifically, the site visit team should reinforce the process as a fair and unbiased assessment of the program. This is also an opportunity to alleviate any fears about the process. See Appendix E for a sample preliminary conference script.

Exit Conference: The exit conference is intended to provide the program representatives with an initial summary of the findings. Prior to the exit conference, however, the SV team should provide the program director a forewarning of potential concerns or non-compliances. This open communication ensures mutual understanding of the various concerns and avoids the possibility of inaccurately presenting information. The sponsoring institution determines who may attend the exit conference. It is appropriate for the institution's administration and clinical representatives to attend; however, since the recommendations of the SV team are preliminary, it should not be an event open to the general institution population. At the exit conference, the team chair, team member, or both will report the team's preliminary findings related to the standards. The SV team will provide a description of program's strengths, non-compliances with the standards, and recommendations that may strengthen the program.

The SV team, however, does not make accreditation recommendations, nor do they provide specifics related to rectifying non-compliances.

The exit conference is a time for the program to understand the results of the data gathered. Most program officials are not surprised at the findings. Should a program official be surprised by the outcome or become defensive, reiterate that the program's representatives will have an opportunity to respond to the concerns when they receive the final report.

The following items should be covered *prior* to reporting the findings:

- The purpose of the exit conference is to inform the program of the SV team's *initial* findings.
- The program will receive a copy of the report approximately eight weeks after the site visit.
- If non-compliances are found, the program must respond to the rejoinder via eAccreditation.
- The review teams will evaluate the SVR and the institution's rejoinder prior to forwarding the report to the CAATE Commission.
- The program will receive final notice from CAATE approximately one to two weeks following a CAATE Commission meeting.

After the site visitors leave the institution, contact (phone calls, emails, document exchange, etc.) should not be made with the program director or any individual at the institution unless it is merely a benign gesture of gratitude. See Appendix E for a sample exit conference script.

Writing the Site Visit Report

The site visit team is responsible for completing the pre-site visit module within eAccreditation prior to the on-site visit. To complete the pre-site visit report, all standards must be marked as "Ready for Site Visit". The SV chair will then need to select the "Begin Site Visit" on the home screen of the self-study. This will allow the site visit report module to open up so it can be completed while on site.

The SVR is a confidential report that is completed jointly by members of the SV team. The team chair is responsible for submission of the report to the CAATE within one week following the visit. The completed report is submitted to the CAATE office via eAccreditation.

Note: The SV reader only reads the report, confirming those things he or she has seen within the self-study and doing copyedits. The reader cannot validate the findings of the team beyond the aforementioned.

At the conclusion of the first and second day of the visit, the team usually meets to review the information gathered from the day's activities and incorporate this information into the confidential report. The SV team is encouraged to contact the reader to involve him or her in the on-site process if practical. The report is completed as much as possible following the first two days. This will ensure enough time to present the preliminary findings at the exit conference. Site visitors should ensure the report is factual, unbiased, and free from typographical and grammatical errors.

Following the prescribed format for submitting the final report is imperative.

Sections of the Site Visit Report

- ***Individuals Interviewed During On-Site Visit:*** List the individuals interviewed during the on-site visit. List the highest administrator interviewed (e.g., president/CEO) *first* and then follow the order of the institution's hierarchy. This list of individuals must include those people interviewed during the on-site visit. Be sure to include the first name, last name, credentials (e.g., PhD, EdD, MS, ATC), and position in relation to the program (e.g., Head Athletic Trainer at ABC University). Names and credentials are presented as "Joe Smith, PhD, ATC" rather than "Dr. Joe Smith, PhD, ATC" or "Joe Smith, Ph.D., ATC" (no title before the name and no periods in the credentials). For student/resident interviews, please indicate each student/resident's year in the program. This document will be uploaded by the SV chair in the Reports tab of the Self-Study section in eAccreditation.
- ***Overview of the Program:*** Please provide an overview of the program, including a brief history (introduction) and general strengths of the program. Keep in mind that eAccreditation does not, at this time, have spell-check in many sections of the Self-Study section; please utilize Microsoft Word or another word processing program's spell-check function as you write out your report, and then copy and paste it into eAccreditation.
 - **Introduction/Brief History** should include where the program is housed within the institution/organization structure, when the program received initial accreditation, and any additional background that may be relevant to understanding the mission and goals of the program.
 - **Strengths** of the program should be a numbered list of statements that reflect the positive aspects of the program.
- ***Determining Compliance:*** Standards are the minimum requirements that a program must meet. The SV team should triangulate the information from the self-study, interviews with various personnel, and what is viewed during the on-site visit.

When completing the confidential SVR and preparing for the exit conference, please keep in mind that it is the job of the SV team to report only the findings. Avoid imposing personal judgments or opinions; focus on the facts. It is the responsibility of the CAATE to determine the extent to which a program may be out of compliance.

- The confidential report should only include areas of non-compliance that are directly related to a standard.
- Areas of noncompliance should be written as factual statements, and a detailed description should be given.

If the SV team believes the institution has *not* provided evidence or documentation for compliance, they must write a detailed rationale. The rationale must be consistent with the specific standard; it must be detailed enough to allow the institution to understand exactly what the CAATE is requiring, and it must be well-written. (Write as if you were writing to your dean or president.)

For example, stating “Several course syllabi did not include course objectives” is not a complete rationale, because neither the program nor the review team will know to which course syllabi the SVR is referring. Programs should not be required to submit all their course syllabi if only some were non-compliant. Thus, the more complete rationale would be “The following course syllabi did not include course objectives: AT 100, AT 102, AT 204, AT 301, and AT 450.”

- **Recommendations:** Recommendations are not designed to replace compliance with the standards. A program must demonstrate compliance with each standard; recommendations should only serve to strengthen the academic program.
 - *Items pertaining to the standards:* For areas that are already compliant, these recommendations would strengthen the program in a particular area. (For example, for a professional program, they have two physicians for clinical education purposes but have access to several others who would really strengthen the students’ education.)
 - *Inconsistencies between programs at the institution/organization:* These recommendations would help to create more consistency between programs at the institution/organization (e.g., if other programs are listed on the provost’s website but the AT program is not).
 - *Areas for improvement identified by the program:* The program identified areas for improvement either in the self-study or in conversations during the SV (e.g., the need for a greater number of or greater variety of off-campus clinical sites). The site visitors, however, felt they were compliant.
 - *Better utilization of resources:* These recommendations address areas where the program can better utilize their resources (e.g., a cadaver lab if there is one available on campus).

Check that the recommendations are truly recommendations rather than non-compliances. Recommendations that could be construed as non-compliances should be stated that “although compliant . . .” or some similar language to indicate they are truly compliant with the standard but that there is room for improvement. Personal biases or program autonomy are not listed here. Recommendations should be listed numerically on the SVR.

- *Minimum number of recommendations:* There should be *some* recommendations (including ones that the program has identified).
- *Maximum number of recommendations:* There should not be more than 12 recommendations; if more, consider selecting those that are most pertinent and helpful.

- **Notes:** If a site visitor feels there may be an issue within a program, but it is something that cannot be directly related to a standard, you may write those comments in the Notes section.

The Notes section has multiple areas. It stays with the CAATE and the report online, but it is not part of the official SVR sent to the program. This section can also be used to explain any unusual circumstances that occurred during the site visit (e.g., a snowstorm that modified the agenda and process of the site visit).

Submitting the Site Visit Report

The SVR is due via eAccreditation **no later than one week** following the site visit. The report must be approved by all site visitors. The chair is responsible for submitting the completed report to the CAATE office via eAccreditation.

Review Team Process

The SVR is submitted to the CAATE office and checked for typos, grammatical errors, and proper formatting prior to being sent to a review team. The CAATE office forwards the SVR to pre-assigned review teams. All members of the primary review team examine the report and make an initial assessment of the report's findings. If needed, the report is then forwarded to a secondary review team to confirm the findings of the primary review team. The report is then returned to the primary review team and finalized. The finalized report is then returned to the CAATE office. The review teams complete their review and return the report to the CAATE office six to eight weeks from its receipt.

The review team will ensure that each SVR is complete:

1. The review team will review and edit the SVR to ensure clarity, appropriately cited non-compliances, grammatical and typographical correctness, and a well-written program history, strengths, and recommendations. Both the strengths and recommendations should be placed in numerical order.
2. The review team will ensure the list of names is formatted appropriately, as previously indicated.
3. The review team will analyze each standard to determine its level of compliance. If a program is deemed non-compliant for any standard, the review team will ensure there is adequate evidence and sufficient description to provide the program with a detailed understanding of why the program did not meet the benchmark for compliance. If the preliminary SVR is changed from that submitted by the SV team, the review team will add or delete the narratives and change the compliant or non-compliant nomenclature as needed. The SVR must contain thorough information regarding the non-compliance. If the report is incomplete (or if there are any concerns or discrepancies in the report), a review team member will discuss the concerns with the SV chair (or SV team member if the SV chair cannot be reached within a reasonable timeframe, typically one to two days).
4. Review team members will contact the SV chair during the review of each report. Additionally, the site visitors may be contacted whenever information regarding non-compliances or recommendations is unclear.
 - Clarification of information in the SVR can be done by phone or via email.

- A message may be placed into eAccreditation in advance to allow the site visitor to prepare for the call.
- At times, the review team member or CAATE liaison may have a conversation with the site visitor to explain a standard or change a compliance or noncompliance. Remember, these conversations are not a personal affront and should always be professional. Also remember that while the SV team was the CAATE's representative on site, the report comes from the CAATE, and the final determination of the appropriateness of a citation is determined by the CAATE. Thus, the final decisions may ultimately conflict with the site visitor's analysis. It is the job of review team members to converse with the site visitor, analyze the site visitor's written explanation, and then compare that information with the standard to determine a program's level of compliance.
- Reports that require additional information or that were poorly written in *multiple* areas can be returned to the site visitor for correction. In such a case, the review team will contact the CAATE office and the CAATE office will return the reports to the site visitor for correction.

Once the primary and secondary (if needed) review teams come to consensus on the report, it is returned to the CAATE office. The CAATE office will then send the final report to the program.

A similar process is used for the rejoinders and progress reports; reports are passed through the review team process. Site visitors are *not* contacted during review of the rejoinders or progress reports.

Substantive Change Review Process

Quick Timeline

The whole process (beginning at the time of self-study submission) will take **five to eight months**.

- The site visit team has 8 to 10 weeks for their review.
- The review team has 6 to 8 weeks for their review.
- If non-compliances are found, the program has 90 days to respond in a rejoinder.
- The rejoinder goes back to the review team.
- The final report goes to the Commission for an accreditation decision.

Prior to Reviewing the Mini Self-Study

- The CAATE office will assign a SV team to review the mini self-study.
- The program confirms the SV team.
- An email will be sent to the SV team identifying the program and providing contact information for the program director.
 - Each site visitor will receive an email and will need to accept his or her assignment in eAccreditation.
 - **Within one week of receiving the self-study**, the SV chair must make contact with the program and all team members.
 - Once all team members have accepted their assignments **and** the program has paid the SV invoice, access to the mini self-study will be available via eAccreditation to begin the review.

Review of Self-Study

Keep in mind that the mini self-study is a transition for professional programs of a bachelor's program to a master's program (or a master's to doctoral program for post-professional degree); therefore, the responses should reflect the new master's program.

All directory information (Faculty, Students, Clinical Sites, Preceptors) should reflect what is currently taking place and not what will take place in the future.

We realize that the program may not have graduate students at the time the mini self-study is submitted and reviewed. In those instances, the program must submit mock documentation (mock graduate transcript, mock individual clinical assignment table, etc.).

Each member of the SV team will be provided access to the self-study via eAccreditation and is responsible for reviewing the materials independently.

- The SV team should begin reviewing the materials as soon as possible after the self-study is released. The review of the mini self-study should be completed 8 to 10 weeks after receiving the assignment.
- To ensure the team stays on task and the SVR is completed within the timeframe, scheduling an internal exit conference date for the team is advisable.
- If needed, the team chair should contact the program director and request any additional materials he or she feels is required to clarify areas of question
 - This is done by reopening the standards that require additional information in eAccreditation.
 - When reviewing the self-study, attempt to determine the degree of compliance or non-compliance with the standards.
 - Keep in mind that this review should be completed within 10 weeks of receiving the self-study; if a program cannot provide you the documentation requested in a reopened standard, the program should be considered non-compliant for this standard.
 - It may be helpful to start completing the Introduction/Brief History and Strengths sections of the SVR.
- There should be ongoing communication between the SV chair and the program director. The SV chair should contact the program director for an initial meeting within one week of receiving the self-study in eAccreditation.

Initial Meeting

- An initial conference call should take place between the SV team and program director. Other program administrators may want to be a part of this optional meeting as well.
- The SV team members should introduce themselves and share an overview of the substantive change review process.
- The SV team can use the CAATE's Zoom conference tool or any other conference call or web conference items at their disposal. Please contact sv@caate.net to set up the Zoom meeting.

Exit Conference

- The exit conference is intended to provide the program representatives with an initial summary of the site visitor's findings.
- Prior to the exit conference, however, the SV team should provide the program director a forewarning of potential concerns or non-compliances. This open communication ensures mutual understanding of the various concerns and avoids the possibility of inaccurately presenting information. The sponsoring institution determines who may attend the exit conference. It is appropriate for the institution's administration and clinical representatives to attend; however, since the recommendations of the SV team are *preliminary*, it should not be an event open to the general institution population.
- At the exit conference, the team chair, team member, or both will report the preliminary findings related to the standards. The SV team will provide a description of the program's strengths, non-compliances with the standards, and recommendations that may strengthen the program.

The SV team, however, does not make accreditation recommendations, nor do they provide specifics related to rectifying non-compliances.

Writing the Substantive Change Site Visit Report

The SVR is a confidential report that is completed jointly by members of the SV team. The SV chair is responsible for submission of the completed report, via eAccreditation, to the CAATE within one week following the visit.

Please provide an overview of the program, including a brief history (introduction) and general strengths of the program.

- **Introduction/Brief History** should include where the program is housed within the university or college structure, when the program received initial accreditation, and any additional background that may be relevant to understanding the mission and goals of the program.
- **Strengths** of the program should be a numbered list of statements that reflect the positive aspects of the program.

Recommendations are not designed to replace compliance with the standards. A program must demonstrate compliance with each standard; recommendations should only serve to strengthen the academic program.

Quality Assurance

The CAATE is striving to improve the SV process and increase the quality of its site visits. An integral part of our quality assurance process is obtaining valid feedback from all individuals (peers, program directors, and review teams) involved in the SV process. As of fall 2018, all peer evaluations will be conducted within eAccreditation. After the SVR is submitted by the site visit chair, you will receive an email to complete the evaluations. **You will have two weeks to complete the evaluation.** All feedback regarding the site visitors will be summarized for the site visitors and the CAATE. Cumulative data will be collected and sent to all site visitors. This information will allow each site visitor to see his or her status compared to other site visitors. See Appendix F for quality assurance forms.

Peer Evaluation

- Completed by site visitors to evaluate the other site visit team members
- Evaluation includes professionalism (e.g., fair and objective, observant of confidentiality, unbiased, and appropriately dressed), knowledge of the standards, and preparedness for visit

Program Director Evaluation

- Completed by the program director on the site visit team members
- Evaluation includes professionalism (e.g., fair and objective, observant of confidentiality, unbiased, and appropriately dressed), knowledge of the standards, and preparedness for visit

Site Visitor Summary of All Evaluations

- Completed and sent to the Quality Assurance Committee for review

Evaluation and Feedback Process

- After all evaluation surveys are received by the CAATE office, site visitor data is compiled and sent to the Quality Assurance Committee.
- After all data has been reviewed, feedback is sent to individual site visitors.
- Summary data of all site visits is sent to the site visitors.

Site Visitor Dismissal Policy

Although the CAATE site visitor is receiving an honorarium, it is considered a volunteer position. Dismissal of a site visitor may take place if a site visitor is unprofessional, has received poor evaluations, demonstrates inappropriate behavior, or fails to adhere to established policies and procedures. The CAATE has the right to dismiss a site visitor for any reason. In this event, the site visitor will be notified in writing.

APPENDIXES

APPENDIX A: TRAVEL EXPENSE FORM—EXPENSIFY

The CAATE uses Expensify, an online expense reporting system (www.expensify.com), to track expense reports. To complete your expense report, please follow the Expense Report Using Expensify instructions located in the Site Visitor Resource Folder in Dropbox. There are instructions for using the computer or Expensify mobile app.

APPENDIX B: SITE VISIT CHECKLIST

Site Visit Preparation

Within one week of site visitors receiving the assignment from the CAATE office:

- Site visit accepted via eAccreditation
- Team members contacted
- Program director contacted

Within two weeks of site visitors receiving the assignment from the CAATE office:

- Tentative dates set for self study review
- Tentative visit date
- Create review plan for teams (e.g., XX standards weekly; 3 weeks for XX standards)
- Create an appropriate review schedule for re-opened standards

Within three weeks of site visitors receiving the assignment from the CAATE office:

- Tentative agenda set
- Travel arrangements made through DEEM
- Chair reviews entire self study for any red flags to allow appropriate time for program response (e.g., don't wait until January for a spring visit)

At least two months prior to the SV:

- Site visit date set
- CAATE office notified of the site visit date
- Site visit date entered into eAccreditation by the SV chair

At least one month prior to SV:

- Three-day agenda finalized
- Program contacted by SV chair for additional materials
- Request for additional materials reopened in eAccreditation
- Additional requested material completed no later than two weeks prior to the site visit

Two weeks prior to the site visit:

- Self study fully reviewed/reopened standards closed and ready for visit
- Final SV team conference call (plan time for on-site review with reader)
- Plan final conference call to review SV report

Self-Study Items

- Self-study access received via eAccreditation
- Initial review of self-study completed

Site Visit Follow-Up

Within one week following the SV:

- Site visitors agree with the evaluation findings
- SVR submitted to the CAATE in eAccreditation
- Peer evaluations completed through eAccreditation

Within two weeks following the site visit:

- Thank you sent to the program director via email
- Expense report submitted to the CAATE office

Two to four weeks following the site visit:

- Review team makes contact with Chair of Site Visit Team to complete report

Site Visitor File

File maintained by the site visit team for one year:

- Any materials obtained or created during the site visit process

APPENDIX C: SITE VISIT INTERVIEWEE AND STANDARD CORRELATION

Professional Program

This table is intended to provide a standardized format for scheduling and conducting interviews during an on-site visit. Please remember that this template may be adjusted in structure, but not content (evaluation based on the standards), to address situations unique to the institution being visited. In such cases, the site visitors are encouraged to recognize and respect the unique nature of the institution while evaluating compliance with the standards and modify interview strategies and scheduling accordingly. Clarification for standards not listed here or applicable to more than one individual should be addressed with the most appropriate person or group of people as determined by the site visitors.

Interviewee (on- or off-campus interviews, telephone interviews)	2012 Professional Program Standards specific to interviewee
Program director	3, 4-13, 14-21, 42-45
Clinical education coordinator	22-24, 46-63
Program faculty (those who teach AT-specific courses)	25-34, 45, 61-63
Preceptors Interview all available (those not traveling with teams) on-campus preceptors and no less than 51% of the off-campus preceptors.	37-42, 47-63, 67, 71-72, 73-77, 78-80
Medical director for the program	35-36
Athletic training students Interview students individually or in small enough groups to facilitate open conversation, so all ATS are free to express themselves. Interview all students formally admitted into the professional phase; group them by year or level in the program.	34, 44-45, 50, 53-63, 64-80, 83-87, 88-90, 91-97
Pre-athletic training students Interview a sampling of program candidates in small enough groups to facilitate open conversation, so all candidates are free to express themselves. The sample of known program candidates should be no less than 25%.	34, 53-63, 64-80, 88-90, 91-97
Department chair	25-34, 81-82, 83-87, 88-90
Dean	1-3, 81-82, 83-87, 88-90
Other administrators (president, provost, CEO, academic vice president)	1-3

Include these individuals as desired by the institution; these are not required.	
Non-AT faculty Interview a sampling of faculty who teach non-AT courses (e.g. anatomy, physiology, and exercise physiology).	31, 34, 42, 45

Interviewee (on- or off-campus interviews, telephone interviews)	2020 Professional Program Standards specific to interviewee
Program director	1-7, 13, 22-28, 35, 37,38, 41-44, 48, 50-53
Clinical education coordinator	8-10, 14-18, 29-33, 39-48,
Program faculty (those who teach AT-specific courses)	11, 41-44, 48
Preceptors Interview all available (those not traveling with teams) on-campus preceptors and no less than 51% of the off-campus preceptors.	31, 32, 45-48, 8-10, 13-18, 23, 24, 26, 29-33
Medical director for the program	49
Athletic training students Interview students individually or in small enough groups to facilitate open conversation, so all ATS are free to express themselves. Interview all students formally admitted into the professional phase; group them by year or level in the program.	8-11, 13-18, 23, 24, 26, 28-34, 51, 52
Department chair	8, 28, 44, 48, 50-53
Dean	19-22, 28, 51-53,
Other administrators (president, provost, CEO, academic vice president) Include these individuals as desired by the institution; these are not required.	19-22
Non-AT faculty Interview a sampling of faculty who teach non-AT courses (e.g. anatomy, physiology, and exercise physiology).	31, 34, 42, 45

Post-Professional Degree Program

This table is intended to provide a standardized format for the scheduling and conducting of interviews during an on-site visit. Please be reminded that this template may be adjusted in structure, but not content (evaluation based on the standards), to address situations unique to the institution being visited. In such cases, the site visitors are encouraged to recognize and respect the unique nature of the institution while evaluating compliance with the standards and modify interview strategies and scheduling accordingly. Clarification for standards not listed here or applicable to more than one individual should be addressed with the most appropriate person or group of people as determined by the site visitors.

Interviewee (on- or off-campus interviews, telephone interviews)	Post-Professional Degree Standards specific to interviewee
Program director	5-6, 8-19, 20-30, 41-42, 49-53
Clinical education coordinator If the program does not have a clinical coordinator, these standards should be addressed by the program director.	43-44, 54-59
Program faculty (those who teach AT-specific courses)	31-38, 42
Medical director for the program	39-40
Graduate athletic training students Interview the graduate students individually or in small enough groups to facilitate open conversation, so all students are free to express themselves. Include all available students (those not traveling with teams) formally admitted into the post-professional program; group them by year or level in the program.	37, 42, 51, 55, 57-59, 61-65, 66-71, 72-78
Department chair	20-41, 47-48, 60, 61-65, 66-71
Dean	1-3, 5-6, 60, 61-65, 66-71
Other administrators (president, provost, CEO, academic vice president) Include these individuals as desired by the institution; these are not required.	1-3, 5-6
Non-AT faculty Interview a sampling of faculty who teach non-AT courses (e.g., anatomy, physiology, exercise physiology).	32, 33, 37, 38, 41, 42

Post-Professional Residency Program

This table is intended to provide a standardized format for scheduling and conducting interviews during an on-site visit. Please remember that this template may be adjusted in structure, but not content (evaluation based on the standards), to address situations unique to the institution being visited. In such cases, the site visitors are encouraged to recognize and respect the unique nature of the institution while evaluating compliance with the standards and modify interview strategies and scheduling accordingly. Clarification for standards not listed here or applicable to more than one individual should be addressed with the most appropriate person or group of people as determined by the site visitors.

Interviewee (on- or off-campus interviews, telephone interviews)	Post-Professional Residency Standards specific to interviewee
Residency program director	3-4, 9-13, 14-25, 26-41, 52-54, 59, 67-69
Clinical director If the program does not have a clinical director, these standards should be addressed by the program director.	13, 42-43, 55-56, 61-66, 95-96
Resident faculty Interview faculty members who provide planned educational opportunities.	59
Residency preceptors Interview all available on-campus preceptors and no less than 51% of the off-campus preceptors.	13, 44-49, 56, 86
Medical director for the program	50-51
Residents Interview all residents individually or in small enough groups to facilitate open conversation, so all residents are free to express themselves.	42-43, 53, 59, 61-66, 72-76, 77-85, 86-97
Residency administrators	1-4, 6-7, 10, 12-13, 26-36, 42-43, 60, 70- 71, 72-76
Other hospital or clinic administrators (president, CEO, CFO, provost) Include these individuals as desired by the institution; these are not required.	1-4, 6-7, 60, 70-71, 72-76, 77-85

APPENDIX D: SAMPLE AGENDAS

Sample Three-Day Agenda: Professional Program Visits **UPDATED**

Arrival Day: Preliminary Conference and Dinner

- The SV team meets with the program director and coordinator of clinical education, if applicable.
- Review the schedule with the program director for any possible last-minute changes.
- This can also provide an opportunity for the program director and the site visitors to get acquainted on an informal basis.
- It can also be used to provide the visitors with an opportunity to obtain a more complete understanding of the curriculum and the program objectives, philosophies, course objectives, operational procedures, student selection criteria (if used), student evaluation protocols, enrollment, student attrition rates, processes for monitoring progress in development of student knowledge and skills, success of program graduates, and so on.

Day 1: Please meet in the following order:

- Preliminary SV Team meeting with the program director, coordinator of clinical education, and selected administrators (e.g., department chair, chair, others institution desires) (15 minutes)
- SV Team with program director (1 hr 15 minutes)
- SV Team with coordinator of clinical education (1 hr)
- End of day SV Team with program director and coordinator of clinical education (30 minutes)

Required on-site visit

- Dean of College or School (30 minutes)
- Department Chair (30 minutes)
- Program Core Faculty (30 minutes)
- Other Faculty teaching core content (30 minutes)
- Medical Director/Physician (30 minutes)
- On-campus Preceptors (45 minutes)
- Off-campus Preceptors (45 minutes)
- AT Students (divide by cohort/clinical experience, etc.) (30 minutes per group)
- On-campus facilities (e.g., classrooms, labs, health center) (45 minutes)
- Clinical sites (exclude sites that are externally accredited)

Optional on-site visit

- President
- Provost
- Other students (e.g., BS feeder program, dual degrees, 3+2)
- Clerical staff
- Dean of Graduate School
- Institution Assessment Office
- Institution Accreditation Office

- Student Health Center
- Library
- Others – Who do you want the SV Team to speak with?

Day 3: Please meet in the following order:

- SV Team with program director/coordinator of clinical education (30 minutes)
- SV Team executive session (2 hrs)
- SV Team with program director/coordinator of clinical education exit summary (15 minutes)
- SV Team exit conference with Program and Institutional Administration

When scheduling, please include the following on the first two days:

- Morning and afternoon 15-minute breaks
- Lunch (1 hr 15 minutes)
- Name and credentials of all individuals to be interviewed

Sample Three-Day Agenda: Post-Professional Degree Program Visits

Arrival Day: Preliminary Conference and Dinner

- The SV team meets with the program director and other program personnel.
- Review the schedule with the program director for any possible last-minute changes.
- This can also provide an opportunity for the program director and the site visitors to get acquainted on an informal basis.
- It can also be used to provide the site visitors with an opportunity to obtain a more complete understanding of the curriculum and the program objectives, philosophies, course objectives, operational procedures, student selection criteria (if used), student evaluation protocols, enrollment, student attrition rates, success of program graduates, and so on.

Day 1

- Preliminary meeting with the program director and administrators
- Program director meeting
- Clinical director interview
- First-year student interviews
- Second-year student interviews
- Program faculty interviews
- Tour teaching, research, and clinical facilities

Day 2

- Clinical supervisor interviews
- Medical director interview
- Department chair meeting
- College dean meeting
- Meeting with other university administrators

Day 3

- Work on report
- Exit conference

Sample Two-Day Agenda: Post-Professional Residency Program Visits

Arrival Day: Preliminary Conference and Dinner

- The SV team meets with the program director and other program personnel.
- Review the schedule with the program director for any possible last-minute changes.
- This can also provide an opportunity for the program director and the site visitors to get acquainted on an informal basis.

Day 1

- Preliminary meeting with the program director and administration
- Program director meeting
- Clinical director interview
- Resident interviews
- Residency faculty interviews
- Residency preceptor interviews
- Medical director interview
- Tour teaching, research, and clinical facilities

Day 2

- Meeting with residency administrators
- Meeting with other hospital or clinic administrators
- Work on report
- Exit conference

APPENDIX E: PRELIMINARY MEETING AND EXIT CONFERENCE SAMPLE SCRIPTS

THESE ARE SAMPLE SCRIPTS MAY BE ADJUSTED DEPENDING ON TYPE OF VISIT – RESIDENCY, POST PROFESSIONAL DEGREE, PROFESSIONAL, SUBSTANTIVE CHANGE LEVEL OF DEGREE

Preliminary Meeting (Sample)

- Site visit team introductions
- “Thank you, [Program Director Name]; you have already been very helpful.”
- “The purpose of the site visit is to validate the self-study report and evaluate the program’s compliance with the appropriate CAATE standards.”
- Share an overview of the process for the next three days. “The established agenda allows us to meet the purpose of visit.”
 - “We will be reviewing the didactic and clinical aspects of the program, including visiting on-campus and off-campus clinical experience sites, interviewing people involved in all aspects of the program, and confirming the information provided within the self-study report.”
 - “This allows us an opportunity to obtain a more complete understanding of the program, including the curriculum, program objectives, philosophies, course objectives, operational procedures, student selection criteria, student evaluation protocols, enrollment, student attrition rates, processes for monitoring progress in the development of student knowledge and skills, and success of program graduates.”
- “We do *not* make accreditation recommendations nor provide specifics on how the institution may rectify non-compliances. We simply determine compliance or noncompliance with each standard.”
- “We will keep the program director in the loop at all times; we don’t want any surprises at the end of the visit. If we find areas of concern or noncompliance and the program can demonstrate implementation prior to [Final Day] morning, we will reevaluate.”
- Ask whether the administrators have any questions or concerns about the next few days.
- “We look forward to visiting with everyone and learning more about your program.”

Exit Conference (Sample)

[The program director may want to have a copy of the standards available for himself or herself and others at the meeting.]

- Thank the program director for the hospitality in making the site visit arrangements and making the site visitors comfortable.
- “The purpose of the exit interview is to inform the program and administrators of the site visit team’s *initial* findings.”
- “We have already presented our initial findings to the program director to ensure mutual understanding of the findings and avoid presentation of inaccurate information.”
- “The program will receive a copy of the report from the CAATE, six to eight weeks after the site visit.”
- “The program must respond to any non-compliances via the rejoinder in eAccreditation within 90 days.”
- “The review teams will evaluate the site visit report and the institution’s rejoinder prior to forwarding their report to the CAATE.”
- “We will present the team’s preliminary findings related to the standards, including a description of the program’s strengths, any non-compliances with the standards, the rationale for the non-compliance findings, and recommendations that may strengthen the program.”
- “You are welcome to take notes, but remember this is a preliminary report. I [Team Chair] will read the standard number, standard text, and rationale for any noncompliance findings.”
- “Again, we do *not* make accreditation recommendations or provide specifics as to how the institution may rectify non-compliances.”
- “Once we are finished reading the report, we will not entertain questions. You will have an opportunity to respond to any concerns when you receive the final report.”
- Read the report. (If zero non-compliances, have one site visitor read strengths and one read recommendations.)
 - Strengths: team member
 - Non-compliance: team chair
 - Recommendations: team member
- “Thank you again; this concludes the site visit.”

APPENDIX F: QUALITY ASSURANCE FORMS

Peer Evaluation Questions

The evaluator is to evaluate fellow team members on the following:

- Was knowledgeable of the CAATE standards
- Applied standards, policies, and procedures consistently
- Was fair and objective in his or her decision making
- Was free of any conflicts of interest
- Respected the autonomy of the institution
- Had comprehensive knowledge of the program materials, including the self-study
- Communicated effectively with the program during the review process (SV chair only)
- Did not impose personal values, philosophies, or biases
- Treated all information obtained during the site visit process in a confidential manner
- Worked cooperatively in completing the SVR
- Maintained a professional attitude that was a positive reflection of the CAATE and the comprehensive review process
- Pursued only the data and information that were essential to judging whether accreditation standards were met
- Worked well as a team member
- Communicated effectively with site visit team members
- Completed all correspondence in a timely manner
- Maintained communication with the program director throughout the site visit (chair and member only)
- Conducted interviews in an open and fair manner (chair and member only)
- Interviewed students in a nonthreatening manner (chair and member only)
- Was able to triangulate information obtained on site as well as information from the self-study and from interviews in regard to CAATE standards
- Overall impression of performance as a site visitor

Program Evaluation Questions

The program director is to evaluate the team members on the following:

- Requested material in a timely and appropriate manner
- Completed all correspondence relative to the comprehensive review process in an accurate manner
- Explained the review process thoroughly, including the site visit, report, rejoinder, timetable, and CAATE action
- Was knowledgeable of the CAATE standards
- Applied the standards, policies, and procedures in a consistent manner
- Demonstrated comprehensive knowledge of all the materials submitted by the institution
- Communicated areas of concern on a regular and ongoing basis during the site visit
- Was able to triangulate information obtained on site as well as from the self-study and from interviews in regard to CAATE standards
- Strove to adhere to the schedule and agenda
- Conducted interviews in an honest and forthright manner
- Interviewed students in a nonthreatening manner
- Communicated effectively with institutional personnel
- Demonstrated fairness and objectivity during the site visit
- Appeared to be free of conflicts of interest
- Demonstrated respect for the autonomy of the institution
- Did not impose personal values, philosophies, or biases
- Maintained a professional attitude that was a positive reflection of the CAATE
- Presented the rationale for the findings in a clear and informative manner during the exit conference
- The site visit was of value and benefit to the program

APPENDIX G: APPLICABLE STANDARDS FOR A SUBSTANTIVE CHANGE IN LEVEL OF DEGREE

Professional Programs: Transition from Bachelor's Degree to Master's Degree (2020 Standards)

Professional Degree (11/94)	
Standards sections	Standard numbers
Program Delivery	9, 10, 12, 14
Institutional and Organization Administration	19, 20, 24, 28, 39, 41
Curricular Content	55-94 (via Curricular Content Table)

Post-Professional Degree Programs: Transition from Master's Degree to a Doctoral Degree

Post-Professional Degree (18/83)	
Standards sections	Standard numbers
Sponsorship	1, 3
Outcomes	8, 9, 12, 13, 14
Personnel	None
Program Delivery	41, 42, 51, 55, 56
Financial Resources	60
Facilities & Instructional Resources	61
Operational Policies & Fair Practices	70
Program Description & Requirements	72, 74, 75
Student Records	None