



**2020 Substantial Equivalent Documentation for non-U.S. Programs
Standards and Instructions**

Please note that only the specific standards identified below are eligible for consideration of *substantial equivalence*. For all other standards, programs must demonstrate appropriate evidence of compliance. Substantial equivalence information is typed in blue letters.

2020 CAATE STANDARDS	SUBSTANTIAL EQUIVALENCE INSTRUCTIONS
Institutional Organization and Administration	
<p>19. The sponsoring institution is accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation* and must be legally authorized to provide a program of postsecondary education. For programs outside of the United States, the institution must be authorized to provide postsecondary education, and the program must be delivered in the English language†.</p>	<p>*For programs outside of the U.S., approval by the countries appropriate educational oversight body (e.g., ministry of education) will be considered substantially equivalent.</p> <p>†Programs may request to be delivered in a non-English language. This request should describe how the program promotes sufficient English language proficiency for graduates to not be hindered by their language skills on the Board of Certification examination. In addition, this request must commit to fund reliable translation services during the entirety of an on-site visitation that must be pre-approved by the CAATE. Additionally, the self-study must be submitted in English and all evidence provided in the self-study documents (e.g., course syllabi, sample transcripts, student handbooks, catalogs) must be a certified translation into the English language for review.</p>

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	<p><u>How to Address this Standard</u></p> <ul style="list-style-type: none"> • N/A <p><u>Uploads</u></p> <ul style="list-style-type: none"> • Provide documentation verifying the institution is properly recognized by the appropriate governmental or non-governmental approval agency to offer higher education.
<p>20. Professional programs result in the granting of a master's degree in athletic training.* The program must be identified as an academic athletic training degree in institutional publications.</p> <p><i>Annotation: The CAATE recommends a Master of Athletic Training degree. The degree must appear on the official transcript, similar to normal designations for other degrees at the institution. International programs must use language consistent with the host country's nomenclature and have CAATE approval of that language.</i></p>	<p>*For programs outside of the U.S., a degree in Athletic Therapy is considered substantially equivalent. A combination of 'Athletic Training and Therapy' is also considered substantially equivalent. Additional degree names will be evaluated on an individual basis.</p> <p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe how the program is listed as a master's degree in institutional public documents. <p><u>Uploads</u></p> <ul style="list-style-type: none"> • Official institution document (catalog or state department letter) verifying that Athletic Training or Athletic Therapy* is a master's degree • Official transcript of an athletic training or athletic therapy* student (a sample transcript or a transcript with all student identifiers blinded)

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<p>21. The program is administratively housed with similar health care profession programs that are subject to specialized programmatic accreditation.*</p> <p><i>Annotation The intent of this standard is to ensure the professional socialization of the athletic training program faculty and students within a health care profession culture. If the institution offers no other health care profession programs, or the athletic training program is not administratively housed with similar health care profession programs, explain how the existing organizational structure meets the intent of this standard.</i></p>	<p>* For programs outside of the U.S. where specialized programmatic accreditation may not exist, the program should be administratively housed with similar health care profession programs that have received appropriate institutional and governmental approvals.</p> <p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe the organizational structure of the institution as it pertains to where similar health care profession programs are administratively housed. (If the institution offers no other health care profession programs, or the athletic training/athletic therapy program is not administratively housed with similar health care profession programs, explain how the existing organizational structure meets the intent of this standard by ensuring professional socialization of the athletic training faculty and students.) • Describe how the program ensures professional socialization is taking place for athletic training faculty and students. • List the health care programs that are housed with the AT program and identify their specialized accreditor, if applicable. <ul style="list-style-type: none"> ○ For programs outside of the U.S. where specialized programmatic accreditation may not exist, the program should be administratively housed with similar health care profession programs that have received appropriate institutional and governmental approvals. <p><u>Uploads</u></p> <ul style="list-style-type: none"> • Official institutional documentation of the organizational structure indicating where similar healthcare profession programs are administratively housed (for example, catalog, website URL)

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<p>26. Students are protected by and have access to written policies and procedures that protect the health and safety of clients/patients and the student. At a minimum, the policies and procedures must address the following:</p> <p>26A A mechanism by which clients/patients can differentiate students from credentialed providers</p> <p>26B A requirement for all students to have emergency cardiac care training before engaging in athletic training and supplemental clinical experiences</p> <p>26C Blood-borne pathogen protection and exposure plan (including requirements that students receive training, before being placed in a potential exposure situation and annually thereafter, and that students have access to and use of appropriate blood-borne pathogen barriers and control measures at all sites)</p> <p>26D Calibration and maintenance of equipment according to manufacturer guidelines</p> <p>26E Communicable and infectious disease transmission</p> <p>26F Immunization requirements for students</p> <p>26G Patient/client privacy protection (FERPA and HIPAA)*</p> <p>26H Radiation exposure (as applicable)</p> <p>26I Sanitation precautions, including ability to clean hands before and after patient encounters</p> <p>26J Venue-specific training expectations (as required)</p>	<ul style="list-style-type: none"> • The organizational structure for where the program is administratively housed <p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe how the program ensures each policy and procedure that meets Standards 26A through 26K is publicly accessible. • Describe how the program implements each policy and procedure that meets Standards 26A through 26K and how the program ensures each one is being met. <ul style="list-style-type: none"> ○ *26G: Programs outside of the U.S. will be required to demonstrate compliance with this standard by verification of policies and procedures specific to patient/client privacy protection, as determined by the host government. ○ *26G: In addition, programs housed outside of the U.S. must document verification of policies and procedures of any additional training required by the host government for client/patient privacy. • Describe how the policy and procedures that meet Standards 26A through 26K were developed and the resources (i.e., national, state, institutional) used to develop the policy and procedure. <p><u>Uploads</u></p> <ul style="list-style-type: none"> • The written policy/procedure or the URL to the page where the policy/procedure is found

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<p>26K Venue-specific critical incident response procedures (for example, emergency action plans) that are immediately accessible to students in an emergency situation</p> <p><i>Annotation: These policies and procedures pertain to all learning environments where students are involved in real or simulated client/patient care (including teaching laboratories). Inherent in the development of policies and procedures is the expectation that they are implemented.</i></p> <p>*The only element of this standard that is subject to substantial equivalence pertains to 26G. All other aspects of the standard must be met as stated.</p>	
<p>27. The institution/program maintains appropriate student records in secure locations. Student records must include the following:</p> <ul style="list-style-type: none"> 27A Program admissions applications 27B Progression through the curriculum 27C Disciplinary actions (if applicable) 27D Clinical placements 27E Verification of annual blood-borne pathogen training 27F Verification of compliance with the program’s technical standards requirements 27G Verification of completed criminal background checks (if applicable) 27H Verification of privacy training (for example, HIPAA and FERPA, as applicable)* 27I Verification of notification of communicable/infectious disease transmission policy and postexposure plan 27J Compliance with immunization policies 	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe how the student records that meet Standards 27A through 27K are maintained in secure locations. <ul style="list-style-type: none"> ○ *27H: Records gathered to meet substantial equivalence for Standard 26K must be maintained in a secure location.

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<p>27K Verification that the program’s students are protected by professional liability insurance</p> <p>*The only element of this standard that is subject to substantial equivalence pertains to 27H. All other aspects of the standard must be met as stated.</p>	
<p>31. Athletic training clinical experiences are supervised by a preceptor who is an athletic trainer* or a physician†.</p> <p><i>Annotation: Note that supplemental clinical experience opportunities involve other health care providers as preceptors, but these opportunities would not fulfill clinical experience requirements as defined in Standards 56 through 94.</i></p>	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> Describe how the program ensures that all athletic training clinical experiences (direct patient/client care) are supervised by a preceptor who is an athletic trainer* or a physician†. <p><u>Uploads</u></p> <ul style="list-style-type: none"> Updated preceptor profiles <p>*Substantial Equivalence for the Athletic Trainer</p> <ul style="list-style-type: none"> For programs outside of the U.S., some other health care credentials will be considered substantially equivalent to that of an ‘athletic trainer’. These include the following: <ul style="list-style-type: none"> Canada = credentialing from the Canadian Athletic Therapist Association Ireland = credentialing from the Athletic Rehabilitation Therapists of Ireland United Kingdom = credentialing from the Society of Sports Therapists or the British Association of Sport Rehabilitators and Trainers

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	<ul style="list-style-type: none"> ○ Other countries not listed above must petition for recognition of a specific credentialed health care profession as substantially equivalent. ● Provide a narrative describing how the health care credential is similar to BOC Certified Athletic Trainers in the U.S. ● Provide verification of comparable certification <p>†Substantial Equivalence for the Physician</p> <ul style="list-style-type: none"> ● For programs outside of the U.S., valid credentialing as a medical physician or surgeon will be considered substantially equivalent. ● Provide a narrative describing how the health care credential is similar to the physician credential in the US ● Provide verification of comparable certification
<p>37. The program director is a full-time faculty member whose primary assignment is to the athletic training program. The program director’s experience and qualifications include the following:</p> <ul style="list-style-type: none"> ● An earned doctoral degree* ● Contemporary expertise in the field of athletic training ● Certification and good standing with the Board of Certification† ● Current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)‡ ● Previous clinical practice as an athletic trainer ● Scholarship 	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> ● Describe the program director’s qualifications, including the following: <ul style="list-style-type: none"> ○ *An earned doctoral degree (unless already employed as a program director at the time of implementation of the 2020 Standards) ○ Scholarship ○ Previous full-time academic appointment with teaching responsibilities at the postsecondary level ○ Describe how the program director fulfills the definition of contemporary expertise in the field of athletic training. <p><u>Uploads</u></p>

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<ul style="list-style-type: none"> • Previous full-time academic appointment with teaching responsibilities at the postsecondary level <p><i>Annotation: The program director’s faculty status, rights, and responsibilities are consistent with similar positions at the institution and provide appropriate program representation in institutional decisions. Any person who is employed as a program director in a CAATE-accredited program as of July 1, 2020, will remain eligible for employment as a program director at a CAATE-accredited institution without an earned doctoral degree.</i></p> <p>*The only element of this standard that is subject to substantial equivalence pertains to the program director credentials highlighted in blue. All other aspects of the standard must be met as stated.</p>	<ul style="list-style-type: none"> • Verification that the program director’s rights, privileges, and responsibilities are consistent with similar positions at the institution • †Verification of current BOC certification • †Verification of the program director’s state athletic training license (as applicable) • Verification NPI number with appropriate healthcare field designation (not required of international programs) • The program director’s curriculum vitae • Contemporary Expertise Table • Evidence of employment as a program director at the time of implementation of the 2020 Standards (needed only if the program director does not have an earned doctorate) <p>*For regions outside of the United States where a doctoral degree is not the standard of practice, please provide the following:</p> <ul style="list-style-type: none"> • A narrative that describes the standard practice within the region for the required degree(s) earned by a program director. • Evidence of similar degree requirements for other healthcare education programs within the institution or athletic training/athletic therapy programs in the region. <p>†For programs outside of the U.S., some other health care credentials will be considered substantially equivalent for the athletic trainer. These include the following:</p> <ul style="list-style-type: none"> ○ Canada = credentialing from the Canadian Athletic Therapist Association

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	<ul style="list-style-type: none"> ○ Ireland = credentialing from the Athletic Rehabilitation Therapists of Ireland ○ United Kingdom = credentialing from the Society of Sports Therapists or the British Association of Sport Rehabilitators and Trainers ○ Other countries not listed above must petition for recognition of a specific credentialed health care profession as substantially equivalent. ● Provide a narrative describing how the health care credential is similar to BOC Certified Athletic Trainers in the U.S. ● Provide verification of comparable certification ● Provide a narrative describing how the health care credential is regulated and submit evidence of credentialing and good standing with appropriate regulatory agency, where applicable.
<p>39. The coordinator of clinical education is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. The coordinator of clinical education’s experience and qualifications include the following:</p> <ul style="list-style-type: none"> ● Contemporary expertise in athletic training ● Certification and good standing with the Board of Certification* ● Possession of a current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)* ● Previous clinical practice in athletic training 	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> ● Describe the qualifications of coordinator of clinical education, including previous clinical practice in athletic training*. ● Describe how the coordinator of clinical education fulfills the definition of contemporary expertise in the field of athletic training. <p><u>Uploads</u></p> <ul style="list-style-type: none"> ● The curriculum vitae of the coordinator of clinical education ● Verification of the faculty status of the coordinator of clinical education ● *Verification of current BOC certification of the coordinator of clinical education

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<p><i>Annotation: The title of this individual is determined by the institution, and the position should be consistent with the responsibilities of others at the institution who have similar roles. This individual is not the same person as the program director.</i></p> <p>*The only element of this standard that is subject to substantial equivalence pertains to the coordinator of clinical education credentials highlighted in blue. All other aspects of the standard must be met as stated.</p>	<ul style="list-style-type: none"> • *Verification of the state athletic training license of the coordinator of clinical education (as applicable) • Verification NPI number with appropriate healthcare field designation (not required of international programs) • Verification that the rights, privileges, and responsibilities of the coordinator of clinical education are consistent with similar positions at the institution • Contemporary Expertise Table <p>*For programs outside of the U.S., some other health care credentials will be considered substantially equivalent for the athletic trainer. These include the following:</p> <ul style="list-style-type: none"> ○ Canada = credentialing from the Canadian Athletic Therapist Association ○ Ireland = credentialing from the Athletic Rehabilitation Therapists of Ireland ○ United Kingdom = credentialing from the Society of Sports Therapists or the British Association of Sport Rehabilitators and Trainers ○ Other countries not listed above must petition for recognition of a specific credentialed health care profession as substantially equivalent. <ul style="list-style-type: none"> • Provide a narrative describing how the health care credential is similar to BOC Certified Athletic Trainers in the U.S. • Provide verification of comparable certification

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	<ul style="list-style-type: none"> Provide a narrative describing how the health care credential is regulated and submit evidence of credentialing and good standing with appropriate regulatory agency, where applicable.
<p>44. All faculty who instruct athletic training skills necessary for direct patient care must possess a current state credential and be in good standing with the state regulatory agency (in states where their profession is regulated).* In addition, faculty who are solely credentialed as athletic trainers and who teach skills necessary for direct patient care must be BOC certified.†</p>	<p><u>How to Address This Standard</u> N/A</p> <p><u>Uploads</u></p> <ul style="list-style-type: none"> *Verification of all state credentials for faculty members who instruct athletic training skills necessary for direct patient care. †Verification of BOC certification for all faculty members who are solely credentialed as athletic trainers who teach skills necessary for direct patient care. Verification NPI number with appropriate healthcare field designation (not required of international programs) <p>All Faculty*</p> <p>For programs outside of the U.S., provide a narrative of the preceptor(s) health care profession(s) and detail how they are regulated.</p> <ul style="list-style-type: none"> Provide verification of comparable certification Submit evidence of credentialing and good standing with appropriate regulatory agency, where applicable. <p>Athletic Trainers Only†</p> <p>For programs outside of the U.S., some other health care credentials will be considered substantially equivalent for an athletic trainer. These include the following:</p>

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	<ul style="list-style-type: none"> ○ Canada = credentialing from the Canadian Athletic Therapist Association ○ Ireland = credentialing from the Athletic Rehabilitation Therapists of Ireland ○ United Kingdom = credentialing from the Society of Sports Therapists or the British Association of Sport Rehabilitators and Trainers ○ Other countries not listed above must petition for recognition of a specific credentialed health care profession as substantially equivalent. <ul style="list-style-type: none"> • Provide a narrative describing how the health care credential is similar to BOC Certified Athletic Trainers in the U.S.
<p>45. Preceptors are health care providers whose experience and qualifications include the following:</p> <ul style="list-style-type: none"> • Licensure as a health care provider, credentialed by the state in which they practice (where regulated)* • BOC certification in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers† • Planned and ongoing education for their role as a preceptor • Contemporary expertise <p><i>Annotation: Preceptor education is designed to promote an effective learning environment and may vary based on the educational expectations of the experiences. The program must have a plan for ongoing preceptor training.</i></p>	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe the selection process for preceptors. • Describe the program’s plan for preceptor education and how it is designed to promote an effective learning environment. • Describe the frequency and nature of preceptor education and how it varies based on the educational expectations of the experiences. • Describe how each preceptor fulfills the definition of contemporary expertise in the field of athletic training and how the contemporary expertise aligns with the responsibilities of preceptor. <p><u>Uploads</u></p> <ul style="list-style-type: none"> • *Verification of state licensing for all preceptors. • †Verification of BOC certification for preceptors who are solely credentialed as athletic trainers

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<p>*The only element of this standard that is subject to substantial equivalence pertains to the preceptor’s credentials.</p>	<ul style="list-style-type: none"> • Verification NPI number with appropriate healthcare field designation (not required of international programs) • Contemporary Expertise Table for each preceptor <p>*All Healthcare Professionals</p> <p>For programs outside of the U.S., provide a narrative of the preceptor(s) health care profession(s) and detail how they are regulated.</p> <ul style="list-style-type: none"> • Provide verification of comparable certification • Submit evidence of credentialing and good standing with appropriate regulatory agency, where applicable. <p>†Athletic Trainers Only</p> <ul style="list-style-type: none"> • For programs outside of the U.S., some other health care credentials will be considered substantially equivalent for an athletic trainer. These include the following: <ul style="list-style-type: none"> ○ Canada = credentialing from the Canadian Athletic Therapist Association ○ Ireland = credentialing from the Athletic Rehabilitation Therapists of Ireland ○ United Kingdom = credentialing from the Society of Sports Therapists or the British Association of Sport Rehabilitators and Trainers ○ Other countries not listed above must petition for recognition of a specific credentialed health care profession as substantially equivalent.

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	<ul style="list-style-type: none"> • Provide a narrative describing how the health care credential is similar to BOC Certified Athletic Trainers in the U.S.
<p>46. Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program’s policies and procedures.</p> <p>Preceptors who are athletic trainers or physicians* assess students’ abilities to meet the curricular content standards (Standards 56 through 94).</p>	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe how the program ensures that preceptors function to supervise, instruct, and mentor students during clinical education. • Describe how preceptors are informed about the program’s policies and procedures. • Explain how each preceptor’s adherence to program policies and procedures is assessed. • Describe how the program ensures that students are supervised during their clinical education. • Describe how preceptors who are athletic trainers or physicians assess students’ abilities to meet Standards 56 through 94.* <p>*Substantial equivalence for athletic trainer and physician preceptor qualification and credentials can be found in standard 31.</p>
<p>49. The program has a medical director who is actively involved in the program.</p> <p><i>Annotation: The medical director supports the program director in ensuring that both didactic instruction and athletic training and supplemental clinical experiences meet current practice standards as they relate to the athletic trainer’s role in providing client/patient care.</i></p>	<p><u>How to Address This Standard</u></p> <ul style="list-style-type: none"> • Describe how the medical director supports the program director in ensuring that both didactic instruction and clinical education meet current practice standards as they relate to the athletic trainer’s role in providing client/patient care. <p><u>Uploads</u></p> <ul style="list-style-type: none"> • The current license of the medical director* • A work agreement, contract, appointment letter, or MOU for the medical director

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	<p>*For programs outside of the U.S., valid credentialing as a medical physician or surgeon will be considered substantially equivalent.</p> <ul style="list-style-type: none"> • Provide documentation regarding the qualification and credentialing of the medical director that is consistent with the policies of the country in which the program is housed.