



# CAATE

Commission on Accreditation  
of Athletic Training Education



## STANDARDS AND PROCEDURES FOR ACCREDITATION OF PROFESSIONAL PROGRAMS IN ATHLETIC TRAINING

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### IMPLEMENTATION AND GUIDE TO THE CAATE 2020 PROFESSIONAL STANDARDS

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## Accreditation Overview

The following resources describe the Commission on Accreditation of Athletic Training Education (CAATE) accreditation of professional athletic training programs. Professional educational programs in athletic training are designed to qualify graduates to sit for the credentialing examination for athletic trainers and to enter the profession of athletic training. There are several essential documents to review when considering accreditation of a professional program in athletic training. *Standards and Procedures for Accreditation of Professional Programs in Athletic Training* provides an overview to professional athletic training programs that are seeking initial accreditation or continuing accreditation. Within the *Standards and Procedures for Accreditation of Professional Programs in Athletic Training* the *2020 Standards for Accreditation of Professional Athletic Training Programs (Standards)* outline the standards that must be met by all accredited professional programs. Its purpose is to explicitly define the requirements to achieve and maintain CAATE accreditation of professional athletic training programs. The [CAATE Policy and Procedures](#) manual governs actions for all programs seeking accreditation from and accredited by the CAATE.

For international programs, a substantial equivalence document has been developed. That document may be accessed here: [Substantial Equivalence for 2020 Standards for Accreditation of Professional Athletic Training Program](#).

Accreditation is a voluntary, nongovernmental peer review process that strives to ensure quality, accountability, and programmatic improvement. By requesting accreditation, the sponsoring institution of the degree program agrees to be assessed against the *Standards*. The sponsoring institution of an accredited program must comply with these *Standards* and use them to examine, improve upon, and report on its program's growth and achievement. Additionally, accredited programs must comply with [CAATE Policies and Procedures](#).

Accreditation involves a collegial process of self and peer review, incorporating three major activities:

1. A self-evaluation (self-study) by an institution or program using the *Standards* to submit a self-study report to the CAATE.
2. A peer review of the self-study and the institution during a site review to confirm the accuracy of the self-study and gather additional evidence of quality. (All programs submitting a self-study are required to pay the [comprehensive programmatic review fee](#) with the submission of the self-study. An invoice will be emailed to the program director in early June and can be paid by check or with credit card.)
3. A recommendation by the Professional Program Accreditation, following thorough review of the Peer Review Report, to the CAATE Commission, which will make a final decision regarding accreditation.

*Standards and Procedures for Accreditation of Professional Programs in Athletic* document is organized according to the following aspects of the accreditation process.

- I. Decision to Seek Accreditation
- II. Conduct a Self-Study of the Program to Ensure It Meets the Standards
- III. Compile a Self-Study Report
- IV. Submit a Self-Study Report
- V. Peer Review of Document and Program Through On-Site Review
- VI. Peer Review Report Program Response
- VII. Annual Report
- VIII. Substantive Change

## Accreditation Process

### I. Decision to Seek Accreditation

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

Once the decision is made to seek accreditation, the sponsoring institution of the program must register with the CAATE and make formal application for accreditation through eAccreditation. (Registration and information submission is completed via the eAccreditation account that is established at [www.CAATE.net](http://www.CAATE.net).) Instructions on creating a new program account can be found [here](#).

Formal application requires registration via eAccreditation by the program director of the sponsoring institution and payment of the [eAccreditation registration fee](#).

The program must register in eAccreditation **at least** six months prior to submitting the self-study; however, it is recommended that programs register 12 months or more in advance of self-study submission to ensure timely completion of the self-study and allow for programmatic data to be entered into the system. Programs may have access for up to two years prior to the due date of the self-study as long as the yearly application fee is paid. Application does not guarantee accreditation will be achieved.

The program then begins the comprehensive programmatic review process, including the self-study and peer review process. The self-study report may only be submitted after all aspects of the program have been approved and implemented by the sponsoring institution. All aspects of the program must be functioning at the time the self-study is submitted. It is important to note that in order to be eligible to take the Board of Certification Inc. (BOC) examination, the credentialing examination for athletic trainers, candidates **MUST** be a graduate of a CAATE-accredited program. The institution should work closely with the CAATE Office to allow ample time for the peer review, review of materials, the submission of a rejoinder and final review by the Professional Program Accreditation Council prior to action taken by the Commission. If accreditation is granted, it is considered active as of the date of the last day of the site review.

#### Initial Programs Seeking Accreditation:

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

*“\_\_\_\_\_is currently seeking accreditation for their new athletic training program and is not accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The institution will be submitting a self-study to begin the accreditation process on \_\_\_\_, 20--. Submission of the self-study and completion of an site review does not guarantee that the program will become accredited. Students who graduate from the program prior to accreditation WILL NOT be eligible to sit for the credentialing examination for athletic trainers and will not be eligible for licensure in most states.”*

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

## **II. Conduct a Self-Study**

A self-study is the foundation of the voluntary peer review process of accreditation. It is a critical and major component of the ongoing program evaluation process, performed as a cooperative effort by individuals with varied interests in program improvement, including the sponsoring institution’s administration, program director, program faculty, preceptors, students, and affiliated clinical staff. For continuing accreditation, alumni and the employers or supervisors of program graduates may also be involved.

The self-study process requires a detailed analysis of all aspects of the program, including program sponsorship, outcomes, personnel, program delivery, health and safety, financial resources, facilities and instructional resources, operational policies and fair practices, program description and requirements, student records, and distance learning (if applicable). The process critically examines a program in structure and substance, evaluates the program’s overall

effectiveness relative to its mission, goals and objectives and its delivery of curricular content (i.e., knowledge, skills, and abilities), identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and continual program improvements.

The information gathered by the program is used to compile a self-study report, which is submitted to the CAATE via eAccreditation in advance of the peer review. The self-study is due by July 1 of the academic year preceding a peer review/site review. The self-study module in eAccreditation is not available for continuing programs until July 1, one year prior to the submission deadline (e.g., if the self-study is due July 1, 2022, the module becomes available to the program July 1, 2021). Programs seeking initial accreditation may gain access to the self-study module within eAccreditation up to two years prior to submission date.

### Self-Study Plan of Action

1. The institution should convene a committee of individuals who represent the program and whose primary focus is to conduct the self-study and develop the self-study report.
  - a. Organize the committee early enough to allow ample time to conduct an in-depth, probing self-study. Most sponsoring institutions begin at least one year in advance.
  - b. The committee should be a manageable size, chaired by the program director, and should include faculty, preceptors, administrators, affiliated clinicians, academic faculty, and current students (subsequent self-studies should also include alumni). Additional individuals from outside of the main self-study committee may serve on subcommittees.
2. Assign each committee member to this document, *Standards and Procedures for Accreditation of Professional Programs in Athletic*, so the committee can become thoroughly familiar with the task at hand. Committee members should review the document during the first meeting to clarify any questions or differences of interpretation.
3. Establish a timetable and assign tasks for the completion of the self-study.
4. Collect and summarize existing data about the program's ability to achieve the stated mission, goals, objectives and outcomes of the program. Data should come from conclusions and reports of previous and ongoing program activities (including previous self-studies, when applicable) and should be distributed to members of the self-study committee. The self-study must explicitly identify the extent to which the program is achieving the stated mission, goals, objectives, and outcomes of the program.
5. Begin gathering program information and drafting the self-study report responses that will be entered into eAccreditation.
6. Meet regularly to report on assigned tasks, discuss implications of collected data on the program and receive new assignments. The frequency of such meetings generally increases as deadlines approach.
7. Incorporate sufficient quantitative and qualitative information in the self-study report to provide documentation of your program's compliance with the *Standards*. The final draft of the self-study report should reflect the consensus of the self-study committee.

### III. Completing the Self-Study

The self-study is an evidential summary of the findings of the self-evaluation process. The self-study incorporates sufficient qualitative and quantitative data about graduates and educational outcomes to demonstrate compliance with the *Standards* and validate the goals and objectives of the program.

- A. Self-Study Format
  - a. The self-study is completed electronically in eAccreditation.
  - b. The process includes completion of tables, data entry and submission of narratives.
- B. Drafting the Self-Study
  - a. The following (from eAccreditation) depicts the steps taken when completing the self-study.
    - i. Program director (PD) creates Application User(s) with self-study access.
    - ii. Program director assigns the *Standards* to the Application User(s) with read/write access.
      1. Application User responds to the assigned *Standards*.
      2. Application User selects "Ready for Program Director Review" after completing the *Standard*.

- iii. After all the assigned *Standards* are in the “Ready for program director review” status, the Application User will send a notification to the program director.
  - iv. Program director will review all the Application User(s)’ *Standards*.
  - v. Program director can edit responses.
  - vi. Program director selects “Ready for Submission” after completing the *Standard*.
    - 1. All *Standards* must be marked “Ready for Submission” in order to submit the self- study.
  - vii. Program director will indicate they have completed the self-study and agrees with all the responses.
  - viii. Program director will electronically submit completed self-study to the program officials/program administrators for approval.
    - 1. All program officials/program administrators (chair, dean, provost or CAO, president, or CEO) must sign off on the self-study before PD can submit to CAATE.
  - ix. Program director submits completed self-study to CAATE.
- b. Refer to the glossary of the *Standards* for clarification of specific terms within the standards.

#### IV. Submitting the Self-Study

- A. What to Submit
  - a. The self-study report and
  - b. All accompanying files and supporting materials must be submitted via eAccreditation.
- B. Due Dates and Fees
  - a. The completed self-study must be submitted via eAccreditation by July 1 for scheduling of a site review during that upcoming academic year (e.g., July 1, 2021, for a 2021-2022 academic year visit). Failure to meet this deadline precludes evaluation of the proposed program during the year requested.
  - b. A nonrefundable self-study and [comprehensive programmatic review fee](#), payable to the CAATE, must be submitted prior to the review of the self-study materials. An invoice will be emailed to the program director in the beginning of June. If the program wishes to receive the invoice early, program administrators may request the invoice by emailing [accounting@caate.net](mailto:accounting@caate.net). The peer review fee is all-inclusive with all site review expenses covered by the CAATE. No program will be reviewed until the self-study/peer review fee is paid.

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

#### V. Peer Review Process

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

The purpose of the peer review is to validate the self-study and evaluate the program’s compliance with the *2020 CAATE Standards for Accreditation of Professional Athletic Training Programs*. The peer review evaluation includes a review of both the didactic and clinical aspects of the program, including the potential review of clinical experience sites, and to evaluate the correlation between the didactic and clinical aspects of the program. The number of off-campus clinical sites and specific facilities to be visited is determined by the peer reviewers.

- A. After the CAATE Office receives the self-study submission notification and related materials via eAccreditation, and the payment of the self-study and peer review fee, the following steps occur:
  - a. A peer review team is assigned to the institution/program. The peer review team will consist of a peer review chair, a peer review member, and a peer review reader.

- b. Prior to the peer review, the program director of the sponsoring institution is notified, via eAccreditation, of the names and affiliations of the individuals assigned to the team. At that time, if the program director perceives a conflict of interest, the program director may request replacement of any member of the peer review team. The CAATE decreases the likelihood of conflicts of interest by having the peer reviewers complete a conflict of interest form in advance of the selection.
  - c. Once program approval of the peer reviewers is received by the CAATE Office, the peer reviewers are notified of their peer review assignment.
  - d. The peer review chair makes contact with the program within one week of receiving the self-study via eAccreditation to begin planning the site review. All contact between the program and the peer review team should occur through the peer review chair.
  - e. The peer review team is given access to the self-study documents in eAccreditation.
  - f. The peer reviewers review program documents/self-study.
  - g. If additional materials are deemed necessary, the peer review chair will notify the program director through eAccreditation that additional materials are needed. The requested materials will be submitted via eAccreditation within a time frame that is mutually agreeable between the program director and the peer review team. These additional materials will then be reviewed by the peer review team. The request from the peer review chair for supplemental materials will be made no later than 30 days prior to the peer review. The peer review chair may request these materials be made available in advance of the peer review team's site review or be made available during the site review.
- B. Peer Review Procedures
- a. Application for a peer review for initial programs can only occur following the complete implementation of the *Standards*, including all curricular content courses.
  - b. Site reviews must not be scheduled during periods in which any part of the program is inactive or key personnel are not available (e.g., vacation periods).
  - c. The peer review chair establishes a timetable for the site review during the initial contacts with the program director.
  - d. The site review will occur between Oct. 1 and April 1. Exceptions to these dates must be approved by the Commission.
  - e. All expenses officially connected to the peer review team are paid by the CAATE from the accreditation fees that were submitted to the CAATE. The program pays no additional expenses for the site review.
  - f. The peer review chair works with the program director to finalize the arrangements of the site review. A minimum of three days must be allotted for the site review in order for a thorough and productive evaluation. A typical site review schedule is presented below.
  - g. The program director must prepare a written site review itinerary and interview schedule in consultation with the peer review chair. The itinerary must be finalized at least two weeks prior to the scheduled visitation date. Questions pertaining to preparation of the itinerary and interview schedule must be directed to the peer review chair.
- C. Itinerary and Interview Schedule for On-Site Review
- a. The site review itinerary must include:
    - i. Interview sessions with names, credentials, and titles of all personnel identified
    - ii. Visitation of facilities
    - iii. Peer review team evaluation meetings
    - iv. Exit conference
  - b. The site review schedule should be developed to span across three days. A typical site review begins in the afternoon of the arrival day and concludes by noon three days later (e.g., Sunday through Wednesday or Tuesday through Friday). Spanning the visit across three days facilitates interaction with all individuals associated with the program and allows time for reflection by the peer review team.
  - c. It is suggested that the peer reviewers have a dedicated room for interviews, individual writing, and work. Meals should be scheduled so the peer review team can discuss information privately.
  - d. Interviews will vary in length according to the personnel involved. Schedule additional travel time between meeting rooms and facilities if some sessions must be scheduled at other locations. The

program director, faculty, preceptors, and current students must be scheduled during the first full day of interviews. The following schedule of personnel and meeting times should be followed closely in the development of the site review itinerary. Flexibility in scheduling of interviews is permitted according to the availability of personnel, with the exception of the program director, who must be scheduled first.

- D. Visitation of Facilities
  - a. Allot ample time for visiting facilities used by the program.
  - b. The number of clinical sites and which clinical sites are visited will be determined by the peer review team in consultation with the program director. Peer reviewers may need to split up and go to separate clinical sites for efficient use of time.
- E. Peer Review Team Meeting
  - a. The peer review team will schedule time to reach consensus between the peer reviewers on potential noncompliance(s) and recommendations prior to the final meeting with the program director and the exit conference.
  - b. Sufficient time should be allotted for review of materials between interview sessions.
  - c. The Peer Review Team will meet with the Program Director and Coordinator of Clinical Education at the start and end of each full day.
- F. Final Meeting with Program Director
  - a. This final 30-minute meeting is held before the exit conference.
  - b. This meeting is scheduled to inform the program director of the peer review team's preliminary findings and allow time for questions from the program director.
- G. Exit Conference
  - a. A 30-minute exit conference must be scheduled after the final meeting with the program director. The peer review team will discuss its preliminary report.
  - b. The exit conference is designed to present the peer review team's preliminary findings related to compliance with the *Standards*. The peer review team will provide a description of programmatic strengths, areas where evidence is lacking to support compliance with the *Standards* and recommendations. The peer review team does not make accreditation recommendations, nor should they be asked to provide specifics as to how the institution may rectify noncompliance(s). Guidelines for the methods needed to rectify noncompliant areas will be provided to the institution by the CAATE.
  - c. Individuals included in this meeting are typically the dean, department chair, program director and program faculty.
  - d. Other appropriate personnel as determined by the sponsoring institution may be invited to attend the exit conference.
- H. Peer Review Report
  - a. Within one week following the site review, the peer review team will complete a history of the program, identify areas where the program is lacking evidence to support compliance, and list program strengths and recommendations in eAccreditation.
  - b. The CAATE office assigns two review teams to the program's report and alerts the teams to the report's availability in eAccreditation.
  - c. The primary review team will review the report for content and clarity in consultation with the peer review chair. The document will be revised as needed.
  - d. The primary review team will provide responses to areas lacking evidence to support compliance, if applicable, indicating what evidence must be submitted for the program to come into compliance. It will be sent to the secondary review if a recommendation may result in probation; the primary team cannot come to a consensus; or if there are too many conflicts of interest from the primary team.
  - e. The Peer Review Report is made available to the appropriate academic administrators of the sponsoring institution and the program director via eAccreditation within approximately 10 to 12 weeks of the site review. Program administrators may then share this report with other institutional personnel as necessary. The report defines any area of the *Standards* for which the peer review team found the program to be lacking evidence to support compliance at the time of the site review. Each section of deficiencies corresponds to a section of the *Standards* and is defined by the associated *Standards* number.
  - f. The final Peer Review Report will be uploaded for the program. The Peer Review Report should be viewable by all program administrators indicated in eAccreditation.



## VI. Peer Review Report Response (Rejoinder)

A response to the Peer Review Report (rejoinder) is required by all programs, regardless of the number of citations, and must include the electronic signature of the president/chief executive officer of the sponsoring institution, provost, dean, department chair and program director. Program personnel will have 90 days from the date of receipt of the Peer Review Report to submit their rejoinder via eAccreditation to the CAATE. The sponsoring institution's response to the Peer Review Report should address any factual errors, misinterpretations, clarifications, recommendations, and/or deficiencies and address any areas lacking evidence to support compliance. If no deficiencies are cited, and/or the Peer Review Report is accepted by the institution "as is," receipt of the Peer Review Report must be acknowledged through eAccreditation and include the electronic "signature" of the program director. As part of the rejoinder process, the institution officials will be solicited for their feedback on the quality and professionalism of the peer review team, as well as the peer review process itself. These evaluations do not affect the outcome of the accreditation decision in any manner and are not seen by the peer reviewers or the Commission until after accreditation decisions are made.

### Review of Program Rejoinder

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

The Peer Review Report and the program's rejoinder are evaluated by the CAATE at regularly scheduled meetings. Programs seeking initial accreditation should be aware that students are not eligible to apply for the Board of Certification Inc. (BOC) examination until such time as the program receives official notification of accreditation. A recommendation for appropriate accreditation action is based upon the program's rejoinder. The sponsoring institution and program are notified of the CAATE accreditation action by electronic letter from the CAATE Office. Email notification provides the quickest communication that will allow the program's students an opportunity to apply immediately to take the BOC exam if the program is being awarded initial accreditation. The BOC also will be informed of positive initial accreditation actions.

When determining a recommendation for accreditation, the CAATE considers the Peer Review Report, the program's rejoinder to the Peer Review Report and all documentation supporting the rejoinder. The program's rejoinder must demonstrate, at the time of program rejoinder review, implementation of actions that demonstrate compliance with the *Standards*. Submission of such documents is a comparatively easy and effective way of demonstrating compliance with some *Standards*. However, there are components of the *Standards* that require a peer review evaluation and interviews with appropriate individuals involved in the program.

### Accreditation Actions and Statuses

As the accreditor, the CAATE is responsible for all written communication with the sponsoring organization and its program(s) regarding accreditation actions and the program's subsequent accreditation status. All notification(s) regarding the accreditation process and outcomes must come from the CAATE Office, on the CAATE letterhead or by electronic means through e-Accreditation. All accreditation actions and statuses are described in the [CAATE Policies and Procedures](#) manual

### Accreditation Award

The CAATE determines the accreditation status of the program at a regularly scheduled meeting and notifies the sponsoring institution and program of its action, via email electronically, within five to seven business days after each meeting. Initial accreditation is a maximum of five years, and continuing accreditation is a maximum of 10 years, although the actual length of awarded accreditation will be determined by the Commission.

Timetable for the Accreditation Process:

1. Completed Application for Accreditation in eAccreditation the Self-Study and the application fee submitted to the

- CAATE. Submission date is July 1. Self-studies must be received by the CAATE via eAccreditation on or before July 1. No self-study report or additional materials will be accepted after the deadlines without penalty. For clarification of these penalties, please see the [CAATE Policy and Procedures Manual](#).
2. Site reviews are normally conducted within four to nine months of the receipt of the self-study by the CAATE, except upon written specific agreement of the program or in instances for which the CAATE has documented concerns for compliance with the *Standards* or self-study format. A window of dates will be determined, and the site review must occur during that time frame.
  3. The Peer Review Report is returned to the program approximately 10 to 12 weeks after the site review.
  4. Program personnel will have 90 days to submit their rejoinder (responses to requested materials) via eAccreditation to the CAATE.
  5. Programs are considered by the CAATE at a regularly scheduled meeting. The CAATE conducts conference calls monthly.

The normal accreditation process (from submission of self-study through CAATE action) takes from a minimum of 12 months to as much as 24 months depending upon when various steps are reached on the above-mentioned timetable. **New programs should be aware that the accreditation process must be completed with positive CAATE action before students are eligible to apply to sit for the Board of Certification Inc. (BOC) examination.**

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

Maintaining and administering accreditation entails several important processes, such as completing a CAATE Annual Report; notification of changes in program directors, clinical staff, and administrators; initial placement of graduates; and other functions prescribed by the CAATE. Failure to notify the CAATE of change in personnel, especially the program director, within 30 days may result in administrative probation or, ultimately, in probation.

## **VII. Annual Report**

To maintain programs accreditation status, the institution sponsoring the program must complete an annual report designed to document continued compliance with the Standards. Annual reports are due via eAccreditation, in addition to submitting annual reports, programs must maintain the faculty, student, clinical site, and preceptor tabs with eAccreditation at all times.

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

### Annual Report Instructions

Programs must submit their Annual Report by Oct. 1 through eAccreditation each year. This includes programs who are completing self-studies or have a site review.

The Annual Report consists of six sections:

1. Section I: General Program Information
2. Section II: Applicants & Enrollment
3. Section III: Faculty
4. Section IV: Program Operations
5. Section V: Outcomes
6. Section VI: Access to Information & Compliance

- A. Mark each section as “Ready for Submission.”
- B. Directory information (student, faculty, preceptor, and clinical site profiles) needs to be up to date and submitted.
- C. Student information (students need to be matched to their BOC IDs) needs to be up to date and submitted. Student status should also be updated to reflect the student cohorts that have graduated. This will ensure the BOC passrate table is up to date.
- D. Once all sections have been marked “Ready for Submission,” the program director (PD) will then navigate to the Annual Report > Home page to “Submit for Sign Off.”
- E. The Annual Report requires electronic signoff by the department head and dean.
- F. Once the department chair and dean have signed off, the PD will receive an email notification and can then “Submit to the CAATE.”

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

To maintain proper accreditation, the program director must inform the CAATE of any substantive change for the following areas:

- A. Program director is a new faculty member
- B. Existing program director takes leave of absence
- C. Existing faculty member appointed as a permanent program director
- D. Change in degree
- E. Relocation (change of department, school, or college)
- F. Change in school or institutional accreditation status
- G. Change in program resources
- H. Withdraw from accreditation

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

For more information, please visit the CAATE website: <http://caate.net/substantive-documents>.

### **Development of the 2020 Standards**

On May 20, 2015, the Strategic Alliance announced the elevation of the professional athletic training degree to the master’s degree level. On June 25, 2015, in St. Louis, the Commission on Accreditation of Athletic Training Education (CAATE) Standards Committee (see Table 1) met to revise the standard specifying the degree awarded at the completion of a professional program. This proposed revision was sent out for open comment on July 1, 2015, revised during the August 2015 Standards Committee meeting, and released on Sept. 25, 2017. With the announcement of the degree elevation, the CAATE also released a list of anticipated substantial changes to accreditation requirements. These changes included the following: periods of full-time clinical engagement, strong foundational scientific knowledge, faculty with areas of specific expertise, inclusion of the Academy of Medicine’s core competencies, and administrative alignment with schools of health professions.

The Standards Committee was charged with incorporating these components into the draft of the standards for master’s degree level professional athletic training programs.

The Standards Committee met at Boston University on Aug. 11-12, 2015, to identify the process for writing the standards for professional programs at the master’s degree level. The committee determined that the standards should be written with sufficient flexibility to accommodate a program’s pedagogical philosophy and various methodologies for producing competent athletic trainers, encouraging creativity in developing innovative, evidence-based educational programs to

prepare athletic trainers for their place in health care. The Standards Committee met again prior to the CAATE Accreditation Conference in October 2015 to continue to develop the draft of standards. The committee continued to revise the draft of standards throughout the winter and spring, culminating in an initial draft that was released for open comment from May 1, 2016, through June 30, 2016.

Sept. 10-11, 2015, marked the first gathering, also at Boston University, of the newly formed Steering Committee for the development of the Curricular Content section of the standards. The Steering Committee — comprising two representatives each from the CAATE, Board of Certification and the National Athletic Trainers' Association (NATA) — identified the Curricular Content development process, the need for a clinician- and educator-based working group external to the Steering Committee, and the members of the working group. The Steering Committee completed the revisions to the Curricular Content standards prior to, and following, the open comment process. (Members of the Steering Committee are listed in Table 2.) The Steering Committee and NATA committee chairs, at the request of the Steering Committee, compiled a list of names of approximately 70 people, spanning various practice settings and geographic areas. These names were reviewed for potential conflicts of interest, and the remaining individuals on the list were reviewed (based in part on their biographies) and ranked by the Steering Committee. Approximately 15 people were selected and contacted regarding interest and availability. The final list of working group members (see Table 3) reflects those individuals who were both interested and available. The final working group was composed of a mix of practicing clinicians from a variety of practice settings and AT educators from across the country.

The working group met on Jan. 15-16, 2016, in Phoenix, Arizona. The working group developed a list of needed knowledge and skills for clinical practice and expanded upon those skills to create initial standard statements. These statements were then revised and edited by the Steering Committee, resulting in a draft of Curricular Content standards that was released for open comment from June 1, 2016, through Aug. 15, 2016.

During the open comment periods, the Standards Committee and Steering Committee held multiple open forums at the NATA Clinical Symposia and AT Expo in Baltimore, Maryland, to answer questions from stakeholders and provide explanations regarding the standards development process.

Following these initial open comment periods for both sets of standards, comments from up to 1,500 respondents were coded into final reports made available to the respective committees for review and consideration. Beginning in October 2016, both the Standards Committee and the Steering Committee began a series of face-to-face meetings and conference calls to incorporate feedback into the revised drafts. Upon completion of the revisions to the Curricular Content standards, the draft was forwarded to the Standards Committee for additional revisions to create one cohesive document.

The revised, singular draft of the Standards for Professional Athletic Training Programs at the master's degree Level was then forwarded to the CAATE for review. The CAATE made final edits and updates to the document at a meeting in Chicago, Illinois, from March 31, 2017, through April 2, 2017. CAATE staff then used the resulting document to develop preliminary evidence of compliance statements to be included in the next open comment period. This draft of standards was released for open comment from June 1, 2017, through July 31, 2017.

During this open comment period, the CAATE once again hosted multiple open forums at the NATA Clinical Symposia and AT Expo in Houston, Texas, to allow stakeholders the opportunity to express their thoughts and questions about the revised draft of standards. Following the open comment period, comments from up to 430 respondents, including the comments received during the open forums, were coded into final reports that were made available to the Standards Committee. The Standards Committee met in Virginia Beach, Virginia, on Aug. 9-10, 2017, to incorporate feedback into the revised version of the standards. This draft of the standards was then forwarded back to the CAATE for review and final edits.

The CAATE reviewed the standards at their face-to-face meeting in September 2017 in New Orleans, Louisiana, as well as during subsequent conference call meetings. The standards were formally voted into action on Jan. 9, 2018, with an implementation date of July 1, 2020. An ad hoc committee of staff, current and former commissioners, and a member from the Standards

Committee was formed to develop the final evidence of compliance statements for each standard. The compliance statements were then approved by the CAATE on June 12, 2018.

Table 1 CAATE Standards Committee Members	
Name	University or Organization
Sara Brown, MS, ATC (Committee Chair)	Boston University
Barton Anderson, DHSc, ATC	A.T. Still University
Craig Garrison, PhD, PT, ATC, SCS	Texas Health Ben Hogan Sports Medicine
Chris Ingersoll, PhD, ATC, FNATA	University of Toledo
Gail Samdperil, PhD, ATC	Sacred Heart University
Luzita Vela, PhD, ATC	University of Virginia

CAATE commission liaisons: Mark Laursen (2015-2016), LesLee Taylor (2016-2017); CAATE staff support: Julie Cavallario

Table 2 Steering Committee for Development of Curricular Content Standards	
Name	Strategic Alliance Organization Affiliation
Sara Brown, MS, ATC (Committee Chair)	Commission on Accreditation of Athletic Training Education (CAATE)
Lou Fincher, EdD, ATC	Commission on Accreditation of Athletic Training Education (CAATE)
Jolene Henning, EdD, ATC	National Athletic Trainers' Association (NATA)
Kristen Schellhase, EdD, ATC, CSCS	National Athletic Trainers' Association (NATA)
Shannon Leftwich Fleming, MA, ATC	Board of Certification (BOC)
Patrick Sexton, EdD, ATR, ATC, CSCS	Board of Certification (BOC)

CAATE commission liaisons: Mark Laursen (2015-2016), Mark Merrick (2016-2017); CAATE staff support: Julie Cavallario

Table 3

## Working Group for Curricular Content

Name	Affiliation (Role)
Ann Berry	Tri-Rehab (Clinician)
Sara Brown	Boston University (Educator, Group Facilitator)
Cindy Clivio	Hawaii High School Athletic Association (Clinician)
Randy Cohen	University of Arizona (Clinician)
Mary Kirkland	NASA (Clinician)
Mark Laursen	Boston University (Clinician)
Katherine Newsham	St. Louis University (Educator)
Christine Odell	Metropolitan State University–Denver (Educator)
Corey Oshikoya*	University of St. Augustine for Health Sciences (Clinician, Administrator, Educator)
John Parsons	NCAA (Clinician, Administrator)

\*Participated in the planning prior to the meeting but was unable to attend the meeting CAATE staff support: Julie Cavallaro

The dynamic nature of Athletic Training Education requires continuous evaluation and updating of the educational standards. This may require the addition of new standards. Space appears at the conclusion of each section, for the placement of new standards related to that section, as they are released and implemented. Standards appearing in these sections will be incorporated into the numbering sequence at set point.

**Commission on Accreditation of Athletic Training Education**  
**2020 Standards for Accreditation of Professional Athletic training Programs**  
**Master’s Degree Programs**  
**Adoption date: Jan. 9, 2018**  
**Effective date: July 1, 2020**

**Section I: Program Design and Quality**

**Standard 1**     The program has a written **mission** statement that addresses the **professional preparation of athletic trainers** and aligns with the **mission** of the institution and the program’s associated organizational units.

*Annotation*     Associated organizational units are those under which athletic training falls. For example, if an athletic training program is in a department and the department is in a school, then the **mission** must be congruent with these units.

How to Address This Standard

- Describe how the program’s **mission** aligns with both the institution’s **mission** and the **mission** of all associated organizational units.

Uploads

- Program **mission** statement
- Institution **mission** statement
- **Mission** statement for all associated units (for example, department, school, college, division)

**Standard 2**     The program has developed, implemented, and evaluated a **framework** that describes how the program is designed to achieve its **mission** and that guides program design, delivery, and assessment.

*Annotation*     This written **framework** describes essential program elements and how they’re connected; these elements include core principles, strategic planning, **goals** and expected **outcomes**, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the **assessment plan**. The **framework** is evaluated and refined on an ongoing basis.

*The **framework** includes program-specific **outcomes** that are defined by the program; these **outcomes** include measures of student learning, quality of instruction, quality of clinical education, and overall program effectiveness. Programs must minimally incorporate the student achievement measures identified in Standard 5 as **outcomes**. Improvement plans must include targeted **goals** and specific action plans for the communication and implementation of the program.*

How to Address This Standard

- Describe the development of the program’s **framework** designed to meet its **mission**, including a description of the essential program elements (see Annotation) and how they are connected.
- Describe how the program has implemented the **framework**.
- Describe how the program has evaluated and refined the **framework** on an ongoing basis. Provide a specific example of how the program used this process to improve the program.

Uploads

- The program’s **framework**

\*Annotation: updated second paragraph second sentence. Sentence read: “Programs must minimally incorporate the student achievement measures identified in Standard 6 as outcomes.” It was updated to read “Programs must minimally incorporate the student achievement measures identified in Standard 5 as outcomes.” Approved by Commission on August 11, 2020.

**Standard 3      Development, implementation, and evaluation of the framework engage all core faculty and include other stakeholders as determined by the program.**

*Annotation      All **core faculty** must participate in the development, implementation, and evaluation of the **framework** on an ongoing basis. The nature and extent of participation by each **core faculty** member and other stakeholders is determined by the program.*

How to Address This Standard

- Describe the role of each **core faculty** member and additional identified stakeholders in the development, implementation, and evaluation of the **framework**.

Uploads

- N/A

**Standard 4      The results of the program’s **assessment plan** are used for continued program improvement.**

*Annotation      The program analyzes the extent to which it meets its program-specific **outcomes** and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.*

How to Address This Standard

- Describe the process used to analyze outcome data and the indicators used to determine the extent to which **outcomes** are met. Include a list and description of the assessment tools used.
- Describe a minimum of three examples of how assessment results



have been used for program **quality improvement**.

Uploads

- The program **mission**
- The **goals** and related **outcomes** (including those identified in Standard 5)
- Examples (blank) of assessment tools that measure student learning, quality of instruction, quality of **clinical education**, and overall program effectiveness

**Standard 5 The program collects student achievement measures on an annual basis.**

*Annotation*

*The following student achievement measures must be collected:*

- *Program graduation rate*
- *Program retention rate*
- *Graduate placement rate*
- *First-time pass rate on the Board of Certification examination*

How to Address This Standard

- Ensure all information related to achievement measures is updated in eAccreditation.

Uploads

- N/A

**Standard 6 The program meets or exceeds a three-year aggregate of 70% first-time pass rate on the BOC Examination.**

*Annotation*

*Procedures for review and action on this standard are described in the CAATE policies and procedures manual.*

How to Address This Standard

- Ensure all information related to the BOC pass rate is updated in eAccreditation.

Uploads

- N/A

\*Standard: Standard 6 has been vacated. Approved by the Commission on February 25, 2022.

**Standard 7 Programs that have a three-year aggregate BOC examination overall pass rate below 70% must provide an analysis of deficiencies and develop and implement an **action plan for correction of BOC-examination pass-rate deficiency**.**

*Annotation*

*Action plans for correction of BOC-examination pass-rate deficiency will be required of programs through June 30, 2024, at which time this standard will sunset.*

## How to Address This Standard & Upload

- N/A

\*Annotation: deleted annotation. Approved by Commission on December 13, 2022.

\*Standard: Changed first-time pass rate to overall pass rate. Approved by Commission on August 8, 2023.

\*Annotation: Added an annotation to create a sunset date. Approved by Commission on August 8, 2023.

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### SECTION I: PROGRAM DESIGN AND QUALITY: New Standards

*The dynamic nature of Athletic Training Education requires continuous evaluation and updating of the educational standards. This may require the addition of new standards. Space appears at the conclusion of each section, for the placement of new standards related to that section, as they are released and implemented. Standards appearing in these sections will be incorporated into the numbering sequence at set intervals.*

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### SECTION II: PROGRAM DELIVERY

**Standard 8** **Interprofessional education is incorporated within the professional program.**

*Annotation* Varying methods can be used to incorporate *interprofessional education*. To meet this standard, each student in the program must have multiple exposures to *interprofessional education*.

#### How to Address This Standard

- Describe how **interprofessional education** is incorporated within the **professional program**. Specify the associated courses and/or activities that include **interprofessional education** as a required component of the course.

#### Uploads

- Documents verifying **interprofessional education** is a required component of the program

\*Standard: removed the word “planned.” Approved by Commission on October 16, 2020

**Standard 9** **All courses used to fulfill athletic training clinical experience requirements and to meet the curricular content standards (Standards 56 through 94) are delivered at the graduate level.**

*Annotation* Graduate-level courses award graduate credit. The determination of whether a course is graduate level is made by the institution.

#### How to Address This Standard

- Describe the institutional requirements for graduate-level courses. If the program is a hybrid structure (for example, a 3+2 accelerated baccalaureate program), provide a narrative that explains how the program officially enrolls students into the **professional program** and at what point graduate-level coursework, as identified by the institution, begins.

Uploads

- Institutional policy verifying how the institution identifies graduate-level coursework
- Curriculum course sequence

**Standard 10** Students fulfill all **athletic training clinical experience** requirements and curricular content standards (Standards 56 through 94) within the **professional program**.

*Annotation* Fulfillment of *athletic training clinical experience requirements* and curricular content standards prior to enrollment in the *professional program* is not sufficient to meet this standard. *Athletic training clinical experiences* must occur during the *professional program*.

How to Address This Standard

- Describe the process by which the program officially enrolls students into the **professional program** and at what point integration of professional content and athletic training clinical experiences commences.

Uploads

- Curriculum course sequence

\*Standard and Annotation: updated the clinical experience term by changing it to “athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

\*Annotation: replaced the word “throughout” with “during.” Approved by Commission on December 8, 2020.

**Standard 11** The program uses clearly written syllabi for all courses that are part of the **professional program**.

*Annotation* Course syllabi include clearly written course objectives, assessment methods, and a daily/weekly schedule. Each syllabus includes sufficient information in the objectives and the daily/weekly schedule to ascertain the curricular content (see Section IV) that is being taught in the course.

How to Address This Standard

- N/A

Uploads

- Curriculum course sequence
- Syllabus for each course that is part of the **professional program**

**Standard 12** **Course credits are consistent with institutional policy or institutional practice.**  
*Annotation* *Policy or practice must address credit allocation for all types of courses (for example, didactic, practicum, with associated **athletic training and/or supplemental clinical experience** components).*

How to Address This Standard

- If no institutional policy exists, describe how course credit allocation is consistent with institutional practice.

Uploads

- Institutional policy on how graduate credit hours are granted for academic courses

\*Standard and Annotation: updated the clinical experience term by changing it to “athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

**Standard 13** **The program ensures that the time commitment for completing program requirements does not adversely affect students’ progression through the program.**  
*Annotation* *The program must identify policies and procedures used to ensure that students’ program-related time commitments, including time spent in **athletic training and supplemental clinical experiences**, are not excessive.*

How to Address This Standard

- Describe the process used to develop the policies and/or procedures used to ensure that students’ time commitments are not excessive.

Uploads

- The policies and/or procedures

\*Standard and Annotation: updated the clinical experience term by changing it to “athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

**Standard 14** **A program’s **clinical education** requirements are met through graduate courses and span a minimum of two **academic years**.**

How to Address This Standard

- List the courses (course number and title) that include clinical education requirements and when each occurs in the program.

Uploads

- Curricular course sequence
- Syllabus for each course with **clinical education** requirements

**Standard 15** A program’s **athletic training clinical experiences** and **supplemental clinical experiences** provide a logical progression of increasingly complex and autonomous patient-care and client-care experiences.

How to Address This Standard

- Describe the criteria and processes used to determine that a student has attained requisite clinical competence to progress to a subsequent **athletic training and/or supplemental clinical experience**.
- Describe the process used to determine that students are ready to engage in **athletic training and or supplemental clinical experiences** and are competent to safely perform skills on a client/patient population.
- Describe how **athletic training and/or supplemental clinical experiences** are designed to progress the student toward autonomous practice.
- Describe the methods used to ensure that the **athletic training and/or supplemental clinical experience** and the style of **preceptor supervision** and feedback are developmentally appropriate for each student based on his/her progression in the program.

Uploads

- N/A

\*Annotation: deleted. It was the same as the bullets in “How to Address This Standard.” Approved by Commission on June 12, 2018

**Standard 16** The **clinical education** component includes at least one athletic training **immersive clinical experience**.

*Annotation* An athletic training **immersive clinical experience** is a practice-intensive experience that allows the student to experience the totality of care provided by **athletic trainers**. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period).

How to Address This Standard

- Describe the program’s athletic training **immersive clinical experience** requirements, including how the program ensures that students participate in the full-time, day-to-day role of the athletic trainer.
- Describe when the athletic training **immersive clinical experience** occurs in the curricular course sequence and how the program determines the placement of the athletic training **immersive clinical experience**.
- If a program includes educational activities outside of the **immersive clinical experience**, describe how these activities do not detract from the nature of the **immersive clinical experience**.

Uploads

- N/A

\*Standard and Annotation: Added “athletic training” to the term immersive experience. Approved by Commission on June 12, 2018

\*Annotation: Deleted last sentence, which stated: “Programs may include online education during the immersive experiences that does not detract from the nature of an immersive clinical experience.” Approved by Commission on February 1, 2019

\*How to Address This Standard: revised the last bullet in how to address “If a program includes educational activities outside of the immersive experience, describe how these activities do not detract from the nature of the immersive clinical experience.” Approved by Commission on February 1, 2019

\*Standard: removed the words “is planned to” Approved by Commission on October 16, 2020

**Standard 17** A program’s **clinical education** component includes clinical practice opportunities with varied client/patient populations. Populations must include clients/patients

- throughout the lifespan (for example, pediatric, adult, elderly),
- of different sexes, with different **socioeconomic statuses**,
- of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
- who participate in non-sport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

*Annotation* These clinical practice opportunities should occur in **athletic training clinical experiences** with real clients/patients in settings where **athletic trainers** commonly practice. When this is not possible, the program may use **simulation** to meet portions of this standard. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. Students must have adequate real client/patient interactions (**athletic training clinical experiences**) to prepare them for contemporary clinical practice with a variety of patient populations.

#### How to Address This Standard

- Describe how the program’s **clinical education** component is designed to include clinical practice opportunities with varied client/patient populations, and how the program ensures that each student obtains these experiences.
- Describe how the program determines that students have adequate real client/patient interactions to prepare them for contemporary clinical practice with a variety of patient populations.
- If applicable, describe how and why the program utilizes **simulation** or other patient-based education opportunities to meet portions of this standard.

#### Uploads

- Individual Student Clinical Assignment Table

\*Standard: removed the word “is planned to” Approved by Commission on October 16, 2020

\*Annotation: added “Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member.” Approved by Commission on March 9, 2021

### **Standard 18 Students gain experience with patients with a variety of health conditions commonly seen in athletic training practice.**

*Annotation* **Athletic trainers** routinely practice in the areas of prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Within these areas of athletic training practice, **the athletic training clinical experience** provides students with opportunities to engage with patients with emergent, behavioral (mental health), musculoskeletal, neurological, endocrine, dermatological, cardiovascular, respiratory, gastrointestinal, genitourinary, otolaryngological, ophthalmological, dental, and environmental conditions. When specific opportunities are not possible, programs may use **simulation** to meet portions of this standard. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. Students must have adequate patient/client interactions (**athletic training clinical experiences**) to prepare them for contemporary clinical practice with patients with a variety of health conditions commonly seen in athletic training practice.

#### How to Address This Standard

- Describe how the program ensures that every student gains experience with patients/clients with a variety of health conditions.
- If applicable, describe how, why, and in what instances the program utilizes **simulation** to meet portions of this standard.

#### Uploads

- Data on how the program tracks patient encounters for this standard

\*Annotation: added “Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member.” Approved by Commission on March 9, 2021

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## SECTION II: PROGRAM DELIVERY: New Standards

*The dynamic nature of Athletic Training Education requires continuous evaluation and updating of the educational standards. This may require the addition of new standards. Space appears at the conclusion of each section, for the placement of new standards related to that section, as they are released and implemented. Standards appearing in these sections will be incorporated into the numbering sequence at set intervals.*

**Standard**      **The program demonstrates systematic diversity, equity, inclusion and social justice efforts in its development, design and delivery.**  
**DEI 1**

**Annotation**    *Programs advance diversity, equity, inclusion, and social justice through a variety of efforts*

These can include (but are not limited to) the following:

- *participating in institutional efforts to advance diversity, equity, inclusion and social justice;*
- *incorporating diversity, equity, inclusion and social justice across the program curriculum;*
- *recruiting and retaining diverse faculty, students, and preceptors;*
- *improving faculty and preceptors understanding and integration of diversity, equity, inclusion, and social justice;*
- *implementing policies that support a climate of equity and inclusion, free of harassment and discrimination;*
- *community engagements and/or scholarly endeavors (opportunities) that are reflective of diversity, equity, inclusion, and social justice; and*
- *gathering program data that informs the programs diversity, equity, inclusion, and social justice efforts. Sources may include, but are not limited to, demographic reports, retention reports, equity analysis, climate data, participation in DEI activities, competency development, program evaluations, and interviews/focus group data.*

### How to Address This Standard

- Describe the current efforts (e.g. institutional, school, department, and program) in advancing diversity, equity, inclusion, and social justice within program development, design and delivery.
- Identify the sources of institutional and program data used to inform diversity, equity, inclusion and social justice efforts

### Uploads

- Provide the relevant program data and analysis that informs the program’s diversity, equity, inclusion, and social justice efforts.



\*Standard, Annotation, How to Address This Standard, and Uploads are new. Implementation of this standard begins immediately, with required reporting in annual reports and self-studies beginning July 1, 2022. Approved by Commission May 11, 2021.

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### SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION

**Standard 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 should be delivered in the English language.

#### How to Address This Standard

- N/A

#### Uploads

- Documentation verifying the institution is accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation (If outside the United States, provide documentation verifying that the institution is authorized to provide postsecondary education and that the program is delivered in the English language).

\*Standard: updated last sentence. It read ... “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.” Updated to “For programs outside of the United States, the institution must be authorized to provide postsecondary education, and the program should be delivered in the English language.” Approved by Commission on August 11, 2020.

**Standard 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.

*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.

#### How to Address This Standard

- Describe how the program is listed as a master’s degree in institutional public documents.

### Uploads

- Official institution document (catalog or state department letter) verifying that Athletic Training is a master's degree
- Official transcript of an athletic training student (a sample transcript or a transcript with all student identifiers blinded)

**Standard 21**    **The program is administratively housed with similar health care profession programs that are subject to specialized programmatic accreditation.**

*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.*

### How to Address This Standard

- 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 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.

### Uploads

- Official institutional documentation of the organizational structure indicating where similar health care profession programs are administratively housed (for example, catalog, website URL)
- The organizational structure for where the program is administratively housed

*\*Annotation: replaced the word “them” with “similar health care profession program.” Approved by Commission on June 12, 2018*

**Standard 22**    **All sites where students are involved in **clinical education** (excluding the sponsoring institution) have a current **affiliation agreement** or **memorandum of understanding** that is endorsed by the appropriate administrative authority at both the sponsoring institution and site.**

*Annotation*    *When the administrative oversight of the **preceptor** differs from the affiliate site, **affiliation agreements** or **memoranda of understanding** must be obtained from all parties. All sites (excluding the sponsoring institution) must have **affiliation agreements** or memoranda of understanding. Any*

experience the student completes to meet *clinical education* requirements as an athletic training student must have an agreement. Credit and noncredit *athletic training clinical experiences* or *supplemental clinical experiences*, including internships, must have *affiliation agreements* or *memoranda of understanding*.

#### How to Address This Standard

- Describe the process used to ensure that there is an executed *affiliation agreement* or *memorandum of understanding* with all sites where students are involved in *clinical education*.

#### Uploads

- Formal agreements, signed and dated by the appropriate administrative authority (those bearing signature authority) from both the sponsoring institution and each *clinical site* listed in the directory (If the administrative oversight of the *preceptor(s)* differs from the affiliate site, provide formal agreements from all parties; for example, if Clinic X contracts athletic trainers to High School A, then those bearing signature authority from Clinic X, High School A, and sponsoring institution must all sign the formal agreement.)

**Standard 23** The institution/program has written policies and procedures that ensure the rights and responsibilities of program students. These policies and procedures are available to the public and must include the following:

**23A** Academic dishonesty policy

**23B** Grievance policy

**23C** Matriculation requirements

**23D** Nondiscrimination policies

**23E** Policies for student withdrawal and refund of tuition and fees

**23F** *Technical standards* or essential functions

*Annotation* Policies and procedures may be institutional and not specific to the athletic training program.

#### How to Address This Standard

- Describe how the program ensures the policies and procedures are available to the public and how students are informed where to find the policies that meet this standard.

#### Uploads

- The written policy/procedure or the URL of the page where the policy/procedure is found

- Standard 24** Prospective and enrolled students are provided with relevant and accurate information about the institution and program. These policies and procedures are available to the public and must include the following:
- 24A** Academic calendars
  - 24B** Academic curriculum and course sequence
  - 24C** Admissions process (including prerequisite courses)
  - 24D** All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing
  - 24E** Catalogs
  - 24F** Criminal background check policies
  - 24G** Degree requirements
  - 24H** Financial aid
  - 24I** Grade policies
  - 24J** Immunization requirements
  - 24K** Information about **athletic training and supplemental clinical experiences**, including travel expectations to **clinical sites**
  - 24L** Matriculation requirements
  - 24M** Nondiscrimination policies
  - 24N** Procedures governing the award of available funding for scholarships
  - 24O** Program **mission, goals**, and expected **outcomes**
  - 24P** Recruitment and admissions information, including admissions criteria, policies regarding transfer of credit, and any special considerations used in the process
  - 24Q** **Technical standards** or essential functions

*Annotation* Information may be institutional and not specific to the athletic training program.

How to Address This Standard

- Describe how prospective and enrolled students are informed and have access to the information that meets Standards 24A through 24Q.
- Describe how the program ensures the information that meets Standards 24A through 24Q is publicly accessible.

Uploads

- The written policy/procedure or the URL of the page where the policy/procedure is found

\*Standard and Annotation: updated the clinical experience term by changing it to “athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

\*Standard: deleted “Available information must include the following” and added “These policies and procedures are available to the public and must include the following:” Approved by Commission on June 11, 2019

**Standard 25** The program posts data detailing its student achievement measures.

*Annotation* The program must include a hyperlink to the program’s “CAATE Program Information and Outcomes” web page on the home page of the athletic training program. The Program Information and Outcomes page includes the following student achievement measures:

- *Program graduation rate*
- *Program retention rate*
- *Graduate placement*
- *First-time pass rate on the Board of Certification examination*

How to Address This Standard

- Ensure that the Institutional and Program Profile tab in the directory is current, including the program homepage URL.

Uploads

- N/A

\*Annotation: changed to reflect the hyperlink requirement for “CAATE Program Information and Outcomes.” Approved by Commission on June 14, 2022.

\*Uploads: uploads are no longer required for this standard. Approved by Commission on June 14, 2022.

**Standard 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:

- 26A** A mechanism by which clients/patients can differentiate students from credentialed providers
- 26B** A requirement for all students to have emergency cardiac care training before engaging in athletic training and supplemental clinical experiences
- 26C** Blood-borne pathogen protection and exposure plan procedures that are immediately accessible (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)
- 26D** Calibration and maintenance of equipment according to manufacturer guidelines
- 26E** Communicable and infectious disease transmission procedures that are immediately accessible
- 26F** Immunization requirements for students
- 26G** Patient/client privacy protection (FERPA and HIPAA)
- 26H** Radiation exposure (as applicable) procedures that are immediately accessible
- 26I** Sanitation precautions, including ability to clean hands before and after patient encounters
- 26J** Venue-specific training expectations (as required)
- 26K** Venue-specific critical incident response procedures (for example,

**emergency action plans) that are immediately accessible to students in an emergency situation**

*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.

How to Address This Standard

- Describe how the program ensures that all learning environments where students are involved in real or simulated client/patient care (including teaching laboratories) have policies and procedures that meet Standards 26A through 26K and that these policies and procedures are accessible to students in the program.
- Provide a narrative of how the program ensures that each site's policies and procedures that meet Standard 26A-26K satisfy a standard of quality established by the program.

Uploads

- The written policy/procedure or the URL to the page where the policy/procedure is found

\*Standard and Annotation: updated the clinical experience term by changing it to "athletic training clinical experience" and/or "supplemental clinical experience." Approved by Commission on June 12, 2018

\*Standard: added language "procedures that are immediately accessible" to 26C, 26E, 26H. Approved by Commission on June 11, 2019

\*How to Address This Standards: deleted bullet "Describe how the program ensures each policy and procedure that meets Standards 26A through 26K is publicly accessible" and added "Describe how the program ensures each policy and procedure that meets Standards 26A through 26K is accessible to students in the program." Approved by Commission on June 11, 2019

\*How to Address This Standards: deleted bullets "Describe how the program ensures each policy and procedure that meets Standards 26A through 26K is accessible to students in the program"; "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"; "Describe how the policy and procedures that meets Standards 26A through 26K were developed and the resources (i.e., national, state, institutional) used to develop the policy and procedure" and added "Describe how the program ensures that all learning environments where students are involved in real or simulated client/patient care (including teaching laboratories) have policies and procedures that meet Standards 26A through 26K and that these policies and procedures are accessible to students in the program" and "Provide a narrative of how the program ensures that each site's policies and procedures that meet Standard 24A-26K satisfy a standard or quality established by the program" Approved by Commission on October 16, 2020

**Standard 27** The institution/program maintains appropriate student records in secure locations. Student records must include the following:

- 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 post-exposure plan
- 27J Compliance with immunization policies
- 27K Verification that the program's students are protected by professional liability insurance

How to Address This Standard

- Describe how the student records that meet Standards 27A through 27K are maintained in secure locations.

Uploads

- N/A

**Standard 28** Admission of students to the **professional program** is made in accordance with the program's identified criteria and processes, which are made publicly available.

*Annotation* Admissions criteria and processes must be consistently reported anywhere they are published.

How to Address This Standard

- Describe the program's criteria and processes used for admissions of students into the program.
- Describe how the program ensures each of the admission criteria and processes are consistently reported and publicly accessible.

Uploads

- The URL of each site that describes the admissions process
- The URL of each site that describes criteria for admission
- A blank application packet for student admission to the professional program

**Standard 29** The program ensures that each student is oriented to the policies and procedures of their **clinical site**.

*Annotation* Orientations must occur at the start of the experience and before a client/patient encounter at the site. The orientation for **athletic training and supplemental clinical experiences** must include (but is not limited to) the following:

- Critical incident response procedures (for example, emergency action plans)
- Blood-borne pathogen exposure plan
- Communicable and infectious disease policies
- Documentation policies and procedures
- Patient privacy and confidentiality protections
- Plan for clients/patients to be able to differentiate practitioners from students

The orientation for other clinical education opportunities that involve client/patients may vary based on the nature of the experience.

#### How to Address This Standard

- Describe the process used to ensure that each student is oriented to a **clinical site's** policies and procedures at the start of the experience before patient/client encounters.
- Describe how a **preceptor** is educated on the information that must be included during an orientation

#### Uploads

- N/A

\*Standard and Annotation: updated the clinical experience term by changing it to “athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

**Standard 30** The program and its stakeholders (e.g. administrators, faculty, staff and preceptors) foster civil, equitable, and professional learning environments that are free from harassment and discrimination.

#### How to Address This Standard

- Describe how the program and stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination.
- Identify the sources of program data used that helps the program determine that professional learning environments are civil, equitable, and free from harassment and discrimination.

#### Uploads

- The program's nonprejudicial or nondiscrimination policy for educational opportunities and placements



- Policies and procedures may be institutional and not specific to the athletic training program.
- Provide the relevant program data, that helps the program determine that professional learning environments are civil, equitable, and free from harassment and discrimination.

\*Standard, How to Address this Standard and Uploads updated to include DEI specific language. Implementation of this updated standard begins immediately, with required reporting in annual reports and self-studies beginning July 1, 2022. Approved by Commission May 11, 2021.

**Standard 31** **Athletic training clinical experiences are supervised by a preceptor who is an athletic trainer or a physician.**

*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.

How to Address This Standard

- 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**.
- Ensure that the preceptor profiles in the directory are current.

Uploads

- N/A

**Standard 32** **Regular and ongoing communication occurs between the program and each preceptor.**

*Annotation* All parties are informed about the program **framework**, individual student needs, student progress, and assessment procedures. The regularity and nature of communication is defined by the program.

How to Address This Standard

- Describe how regular and ongoing communication occurs between the program and its **preceptors**, including information about the program **framework**, individual student needs, student progress, and assessment procedures.
- Describe how the program defines regular and ongoing communication with the **preceptor** and the nature of the communication.

Uploads

- N/A

**Standard 33** **All active clinical sites are evaluated by the program on an annual basis.**

*Annotation* The program determines the nature and components of the evaluation. These sites include those at the sponsoring institution. Active **clinical sites** are those where students have been placed during the current academic year.

How to Address This Standard

- Describe the processes whereby the program's **clinical sites** are evaluated by the program on an annual basis.
- Provide the name and affiliation of the representative (or representatives) of the program who evaluates the program's **clinical sites**. If the Coordinator of Clinical Education is not the person assigned to evaluate the **clinical sites**, explain the relationship to the program and qualification of the individual who conducted the evaluation.

Uploads

- N/A

**Standard 34** All program policies, procedures, and practices are applied consistently and equitably.

*Annotation* This standard provides a mechanism for programs to respond to inquiries about compliance with program policies. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.

How to Address This Standard

- N/A

Uploads

- N/A

**Standard 35** Program policies, procedures, and practices provide for compliance with accreditation policies and procedures, including the following:

- Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current student achievement measures
- Timely submission of required fees and documentation, including reports of **program graduation rates** and **graduate placement rates**
- Timely notification of expected or unexpected substantive changes within the program and of any change in institutional accreditation status or legal authority to provide postsecondary education

*Annotation* Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.

How to Address This Standard

- N/A

Uploads

- N/A

**Standard 36** The program/institution demonstrates honesty and integrity in all interactions that pertain to the athletic training program.

*Annotation* Programs are not required to submit initial evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will be dependent on the nature of the inquiry.

How to Address This Standard

- N/A

Uploads

- N/A

**Standard 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:

- An earned doctoral degree
- **Contemporary expertise** in the field of athletic training
- Certification and good standing with the Board of Certification
- NPI number with appropriate health care field designation
- 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**
- Previous full-time academic appointment with teaching responsibilities at the postsecondary level

*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.*

#### How to Address This Standard

- Describe the program director’s qualifications, including the following:
  - 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.
- Ensure directory information is updated to verify current BOC certification, state athletic training license (as applicable), and NPI number with appropriate health care field designation for the program director

#### Uploads

- Verification that the program director’s rights, privileges, and responsibilities are consistent with similar positions at the institution
- 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)

\*Uploads: added bullet “Verification of NPI number with appropriate health care field designation.” Approved by Commission on June 11, 2019

\*Standard: added bullet “NPI number with appropriate health care field designation.” Approved by Commission on January 11, 2022.

\*How to Address This Standard: added bullet “Ensure directory information is updated to verify current BOC certification, state athletic training license (as applicable), and NPI number with appropriate health care field designation for the program director.” Approved by Commission on January 11, 2022.

\*Uploads: deleted the bullets “Verification of current BOC certification of the coordinator of clinical education”, “Verification of NPI number with appropriate healthcare field designation”, and “Verification of the state athletic training license of the program director (as applicable).” Approve by Commission on January 11, 2022.

**Standard 38    The program director is responsible for the management and administration of the program.**

This includes the following responsibilities:

- Program planning and operation, including development of the **framework**
- Program evaluation
- Maintenance of accreditation
- Input into budget management
- Input on the selection of **program personnel**
- Input on the evaluation of **program personnel**

#### How to Address This Standard

- Describe the program director's role with regard to the following responsibilities:
  - Program planning and operation, including development of the **framework**
  - Program evaluation
  - Maintenance of accreditation
  - Input into budget management
  - Input on the selection of **program personnel**
- Input on the evaluation of **program personnel**

#### Uploads

- The program director's job description; please delete all personal information (for example, salary, social security number) from the document
- A copy of the program director's work agreement, contract, or letter of appointment indicating his/her faculty status; please delete all personal information (for example, salary, social security number) from the document

**Standard 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:

- **Contemporary expertise** in athletic training
- Certification and good standing with the Board of Certification
- NPI number with appropriate health care field designation
- 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
- Scholarship

*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.

#### How to Address This Standard

- 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.
- Ensure directory information is updated to verify current BOC certification, state athletic training license (as applicable), and NPI number with appropriate health care field designation for the coordinator of clinical education
- Describe the coordinator of clinical education’s scholarship

#### Uploads

- The curriculum vitae of the coordinator of clinical education
- Verification of the faculty status of the coordinator of clinical education
- Verification that the rights, privileges, and responsibilities of the coordinator of clinical education are consistent with similar positions at the institution
- Contemporary Expertise Table

\*Uploads: added bullet “Verification of NPI number with appropriate health care field designation.” Approved by Commission on June 11,2019

\*Standard: added bullet “NPI number with appropriate health care field designation.” Approved by Commission on January 11, 2022.

\*Standard: added bullet “Scholarship.” Approved by Commission on November 8, 2022.

\*How to Address This Standard: added bullet “Ensure directory information is updated to verify current BOC certification, state athletic training license (as applicable), and NPI number with appropriate health care field designation for the coordinator of clinical education.” Approved by Commission on January 11, 2022.

\*How to Address This Standard: added bullet “Describe the coordinator of clinical education’s scholarship.” Approved by Commission on November 8, 2022.

\*Uploads: deleted the bullets “Verification of current BOC certification of the coordinator of clinical education”, “Verification of NPI number with appropriate healthcare field designation”, and “Verification of the state athletic training license of the coordinator of clinical education (as applicable).” Approve by Commission on January 11, 2022.

**Standard 40**    **The coordinator of clinical education is responsible for oversight of the **clinical education** portion of the program. This includes the following responsibilities:**

- **Oversight of student clinical progression**
- **Student assignment to **athletic training clinical experiences** and **supplemental clinical experiences****
- **Clinical site** evaluation

- Student evaluation
- Regular communication with **preceptors**
- Professional development of **preceptors**
- **Preceptor** selection and evaluation

*Annotation* Communication with the preceptors includes familiarizing them with the program **framework**. Professional development of **preceptors** is specific to development of their role as **preceptor**.

#### How to Address This Standard

- Describe the role of the coordinator of clinical education in the following:
  - Oversight of student clinical progression
  - Student assignment to **athletic training clinical experiences** and **supplemental clinical experiences**
  - **Clinical site** evaluation
  - Student evaluation
  - Regular communication with **preceptors**
  - Professional development of **preceptors**
  - **Preceptor** selection and evaluation

#### Uploads

- The job description of the coordinator of clinical education; please delete all personal information (for example, salary, social security number) from the document
- A copy of the work agreement, contract, or letter of appointment of the coordinator of clinical education, indicating his/her faculty status; please delete all personal information (for example, salary, social security number) from the document

**Standard 41** Program faculty numbers are sufficient to meet the needs of the athletic training program and must include a minimum of three **core faculty**.

*Annotation* Sufficiently meeting the needs of the program includes advising and mentoring students, meeting program **outcomes**, **scholarship**, program administration, recruiting and admissions, and offering courses on a regular and planned basis.

*Programs are required to have sufficient numbers of program faculty to meet the needs of the athletic training program by the date of the implementation of these standards. Compliance with the requirement that the program has a minimum of three **core faculty** is required after July 1, 2023. Until July 1, 2023 programs will be required to maintain compliance with the 2012 Standard (Standard 30) requiring a minimum of two core faculty.*

#### How to Address This Standard

- Describe how the number of program faculty members is sufficient to meet the needs of the athletic training program.
- Ensure that the faculty profile in directory is current

### Uploads

- N/A

\*Annotation: added language “Until July 1, 2023, programs will be required to maintain compliance with the 2012 Standard (Standard 30) requiring a minimum of two core faculty.” Approved by Commission on August 14, 2018

\*Annotation: deleted “Program faculty may include core faculty, associated faculty, and adjunct faculty.” Added language: “Sufficiently meeting the needs of the program includes” and “program” in front of faculty. Approved by Commission on November 8, 2022.

**Standard 42** The **core faculty** have **contemporary expertise** in assigned teaching areas, demonstrated effectiveness in teaching, and evidence of **scholarship**.

### How to Address This Standard

- Describe how each **core faculty** member fulfills the definition of **contemporary expertise** in the field of athletic training and how the **contemporary expertise** aligns with their teaching responsibilities.
- Describe how the teaching effectiveness of **core faculty** is assessed.
- Describe scholarship as defined at the institution.
- Describe each **core faculty** member’s **scholarship**.

### Uploads

- Curriculum vitae for each **core faculty** member
- Contemporary Expertise Table for each **core faculty** member

**Standard 43** The program director, coordinator of clinical education and other **core faculty** have assigned load that is sufficient to meet the needs of the program.

*Annotation* Faculty may have other institutional duties that do not interfere with the management, administration, and delivery of the program. Assigned load must be comparable to other faculty with similar roles within the institution or at other peer institutions.

### How to Address This Standard

- Describe how faculty workload is assigned at the institution.
- Describe the process used to arrive at the assigned load for program faculty.
- Describe how the assigned load is comparable to other faculty with similar roles within the institution or at other peer institutions.
- Describe the process by which peer institutions were identified.
- If the assigned load of the program director, coordinator of clinical education, and other **core faculty** deviates from institutional policy/practice, please provide additional explanation.



#### Uploads

- Institutional documents that describe how load is assigned (e.g., faculty handbook, website pages)
- A letter—signed and dated by the program director, the chair, and the dean who is responsible for the program—verifying the institutional process for defining (or determining) and implementing load allocation for the program director, coordinator of clinical education, and other **core faculty**; please include a printed name and title next to each signature for clarity
- Faculty Work-Load Table

**Standard 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 and have an NPI number with an appropriate health care field designation.

#### How to Address This Standard

- Ensure directory information is updated to verify current BOC certification, state athletic training license (as applicable), and NPI number with appropriate health care field designation for all faculty who teach skills necessary for direct patient care.

#### Uploads

- N/A

\*Uploads: added bullet “Verification of NPI number with appropriate healthcare field designation.” Approved by Commission on June 11, 2019.

\*Standard: added “and have an NPI number with an appropriate health care field designation” to the last sentence. Approved by the Commission on January 11, 2022.

\*How to Address This Standard: added “Ensure directory information is updated to verify current BOC certification, state athletic training license (as applicable), and NPI number with appropriate health care field designation for all faculty who teach skills necessary for direct patient care.” Approve by Commission on January 11, 2022.

\*Uploads: deleted bullets: “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 athletics trainers who teach skills necessary for direct patient care”, and “Verification of NPI number with

appropriate health care field designation”.

**Standard 45**     **Preceptors** are **health care providers** whose experience and qualifications include the following:

- 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**
- NPI number with appropriate health care field designation
- Planned and ongoing education for their role as a **preceptor**
- **Contemporary expertise**

*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.*

How to Address This Standard

- 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**.
- Ensure directory information is updated to verify current BOC certification (as applicable), state licensure as a healthcare provider (where regulated), and NPI number with appropriate health care field designation for all preceptors.

Uploads

- Contemporary Expertise Table of each **preceptor**

\*Uploads: added bullet “Verification of NPI number with appropriate health care field designation.” Approved by Commission on June 11, 2019

\*Standard: added bullet “NPI number with appropriate health care field designation.” Approved by Commission on January 11, 2022.

\*How to Address This Standard: added bullet “Ensure directory information is updated to verify current BOC certification (as applicable) state licensure as a healthcare provider (where regulated), and NPI number with appropriate health care field designation for all preceptors.” Approved by Commission on January 11, 2022.

\*Uploads: deleted the bullets “Verification of state licensing for all preceptors”,

“Verification of BOC certification for preceptors who are solely credentialed as athletic trainers”, and “Verification of NPI number with appropriate healthcare field designation.” Approve by Commission on January 11, 2022.

**Standard 46** **Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program’s policies and procedures. Preceptors who are athletic trainers or physicians assess students’ abilities to meet the curricular content standards (Standards 56 through 94).**

How to Address This Standard

- 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.

Uploads

- N/A

**Standard 47** **The number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.**

How to Address This Standard

- Describe how the program determines that the number and qualifications of preceptors are sufficient to meet the clinical education needs of the program.

Uploads

- N/A

**Standard 48** **Program faculty and preceptors receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.**

*Annotation* *This evaluation process should be incorporated into the assessment plan that is a component of the framework (see Standard 2). The program must determine the regularity with which faculty and preceptors are evaluated.*

How to Address This Standard

- Describe how program faculty receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning, specifically within the program and institution.
- Describe how **preceptors** receive regular evaluations and feedback on their performance pertaining to quality of instruction and student learning.

Uploads

- N/A

**Standard 49**    **The program has a **medical director** who is actively involved in the program.**  
*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.*

How to Address This Standard

- 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.

Uploads

- The current license of the **medical director**
- A work agreement, contract, appointment letter, or MOU for the **medical director**

\*Standard and Annotation: updated the clinical experience term by changing it to athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

**Standard 50**    **The program has administrative and technical support staff to meet its expected program **outcomes** and professional education, **scholarship**, and service goals.**

How to Address This Standard

- Describe how the program’s administrative and technical support staff are sufficient to meet the expected program **outcomes** and professional education, **scholarship** and service goals.

Uploads

- N/A

**Standard 51**    **The available technology, the physical environment, and the equipment are of**

sufficient quality and quantity to meet program needs, including the following:

- 51A Classrooms and labs are of adequate number and size to accommodate the number of students, and they are available for exclusive use during class times.
- 51B Necessary equipment required for teaching a contemporary athletic training curriculum is provided.
- 51C Offices are provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.
- 51D The available technology is adequate to support effective teaching and learning.

*Annotation* If a program incorporates remote learning or multi-campus locations, the evidence of compliance should describe how these standards are met at all locations.

#### How to Address This Standard

- Describe the available classroom and lab space used for athletic training education.
- Explain how the program ensures that the space is available for exclusive use during class times.
- Describe how the program ensures that it has the equipment necessary for teaching all components of its curriculum.
- Describe the process by which office space is assured for program faculty and staff on a consistent basis.
- Describe the extent to which available technology is adequate to support effective teaching and learning, including at remote locations and at multiple campus locations.
- If the program incorporates remote learning or multiple campus locations, the narratives must describe how the program meets the standard at each location.

#### Uploads

- Optional

**Standard 52** The program's students have sufficient access to advising, counseling services, health services, disability services, and financial aid services.

*Annotation* Availability of student support services at remote locations (for example, during *athletic training and supplemental clinical experiences*) must be comparable to those for students located on campus.

#### How to Address This Standard

- Describe the access to support services that students have, including students who are at remote locations.
- For programs with remote locations, describe how the availability of support services for these students is comparable to support services

for those students located on campus.

Uploads

- N/A

\*Standard and Annotation: updated the clinical experience term by changing it to “athletic training clinical experience” and/or “supplemental clinical experience.” Approved by Commission on June 12, 2018

**Standard 53**    **Financial resources are adequate to achieve the program’s stated mission, goals, and expected program outcomes.**

*Annotation*    *Funding must be available for expendable supplies, equipment maintenance and calibration, course instruction, operating expenses, faculty professional development, and capital equipment.*

How to Address This Standard

- Describe the program’s financial resources and how those resources are adequate, in context to the size of program, to meet the program’s stated mission, goals, and expected program outcomes.
- Describe the budget allocation process.
- Describe how funds are allocated for expendable supplies, equipment maintenance and calibration, course instruction, operating expenses, faculty professional development, and capital equipment.

Uploads

- N/A

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**SECTION III: INSTITUTIONAL ORGANIZATION and ADMINISTRATION: New Standards**

The dynamic nature of Athletic Training requires continuous evaluation and updating of the educational standards. This may require the addition of new standards. Space appears at the conclusion of each section, for the placement of new standards related to that section, as they are released and implemented. Standards appearing in these sections will be incorporated into the numbering sequence at set intervals.

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**SECTION IV: CURRICULAR CONTENT**

**Prerequisite Coursework and  
Foundational Knowledge**

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**Standard 54** The **professional program** requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.

*Annotation* The program determines the classes that meets these standards and supports the program's curricular plan.

*Additional prerequisite coursework may be required as determined by the program.*

How to Address This Standard

- Describe how the program determines the classes that meet this standard and supports the program's curricular plan.
- Describe how the program ensures all students complete prerequisite coursework prior to matriculation in the **professional program**.

Uploads

- Curricular course sequence
- Program's policy regarding how prerequisite classes are evaluated

\* Uploads: added bullet: "program's policy regarding how prerequisite classes are evaluated." Approved by Commission December 11, 2018

\* How to Address This Standard: deleted "admission to" and replaced it with "matriculation in." The bullet will read "Describe how the program ensures all students complete prerequisite coursework prior to matriculation in the professional program." Approved by Commission June 11, 2019

**Standard 55** Students must gain **foundational knowledge** in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

*Annotation* **Foundational knowledge** areas can be incorporated as prerequisite coursework, as a component of the **professional program**, or both.

How to Address This Standard

- Describe how the program incorporates each of the **foundational knowledge** areas.
- If **foundational knowledge** is incorporated as prerequisite coursework, describe how the program determines that the content is sufficient for entry into the program.

Uploads

- Table of Courses that have **foundational knowledge** and criteria to determine successful completion of courses
- Curricular course sequence
- Course syllabi for all courses in the professional program that

incorporate **foundational knowledge** areas

\*Uploads: deleted bullet which stated: “Program’s policy regarding how transfer credits are evaluated that is aligned with the institution’s policy” and “Institution’s policy regarding how transfer credits are evaluated.” Approved by Commission December 11, 2018

**The professional program content will prepare the graduate to do the following:**

Standards 56-94:

\*Uploads: deleted bullet “Syllabus (or syllabi); highlight the course objective(s) and/or the daily/weekly schedule associate with the standard.” Approved by Commission June 11, 2019

\*How to Address This Standard: added bullet “List the objective(s) and/or the daily/weekly schedule from the course syllabi that are associated with this Standard (include the course prefix and course number with each objective.)” Approved by Commission June 11, 2019

Standards 56-94

\*How to address This Standard: deleted bullets “List the objectives and/or daily/weekly schedule from the course syllabi that are associated with this Standard (include the course prefix and course number with each objective).” “Describe the learning experiences (didactic and athletic training clinical experience) associated with this standard and how student performance is assessed.” “Provide examples (didactic and athletic training clinical experience) of outcome data used to verify an acceptable level of student performance.” Added bullets “Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standards.” “Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.” Approved by Commission April 4, 2022.

\*Uploads: deleted bullet “Assessment tool(s) that verifies that students are prepared to practice in this content area.” Added Bullet “Assessment tool(s) used to determine student level of performance, if applicable.” Approved by Commission April 4, 2022.

Standard DEI 2

\*How to address This Standard: deleted bullets “List the objectives and/or daily/weekly schedule from the course syllabi that are associated with this Standard (include the course prefix and course number with each objective).” “Describe the learning experiences (didactic and athletic training clinical experience) associated with this standard and how student performance is assessed.” “Provide examples (didactic and athletic training clinical experience) of



outcome data used to verify an acceptable level of student performance.”

Added bullets “Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standards.” “Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.” Approved by Commission May 10, 2022.

\*Uploads: deleted bullet “Assessment tool(s) that verifies that students are prepared to practice in this content area.” Added Bullet “Assessment tool(s) used to determine student level of performance, if applicable.” Approved by Commission May 10, 2022.

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## Core Competencies

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### Core Competencies: **Patient-Centered Care**

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**Standard 56** **Advocate for the health needs of clients, patients, communities, and populations.**  
*Annotation* *Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.*

#### How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

#### Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 57** **Analyze the impact of **health literacy and social determinants of health** on patient care and outcomes to determine healthcare strategies that empower patients and improve outcomes.**

#### How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.

- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

\*Standard updated to clarify DEI specific language. Implementation of this updated standard begins immediately, with required reporting in annual reports and self-studies beginning July 1, 2022. Approved by Commission May 11, 2021.

\*Annotation removed. Approved by Commission on May 11, 2021

**Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 60** Use the **International Classification of Functioning, Disability, and Health (ICF)** as a framework for delivery of patient care and communication about patient care.

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

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Core Competencies: **Interprofessional Practice** and **Interprofessional Education**

**Standard 61** Practice in collaboration with other health care and wellness professionals.

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

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Core Competencies: **Evidence-Based Practice**

**Standard 62** Provide athletic training services in a manner that uses evidence to inform practice.

*Annotation*

*Evidence-based practice includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.*

How to Address This Standard

- Identify the courses and/or clinical education experiences

where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.

- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

Core Competencies: Quality Improvement

**Standard 63 Use systems of **quality assurance** and **quality improvement** to enhance client/patient care.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

Core Competencies: Health Care Informatics

**Standard 64 Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:**

- Use data to drive informed decisions
- Search, retrieve, and use information derived from online databases and internal databases for clinical decision support
- Maintain data privacy, protection, and data security
- Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)
- Use an **electronic health record** to document, communicate, and manage health-related information;

**mitigate error; and support decision making.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

Core Competencies: Professionalism

**Standard 65 Practice in a manner that is congruent with the ethical standards of the profession.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:**

- Requirements for physician direction and collaboration
- Mandatory reporting obligations
- Health Insurance Portability and Accountability Act (HIPAA)
- Family Education Rights and Privacy Act (FERPA)
- Universal Precautions/OSHA Bloodborne Pathogens Standards
- Regulations pertaining to over-the-counter and prescription medications

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 67 Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 68 Advocate for the profession.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

Care Plan

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- Standard 69**    **Develop a care plan for each patient. The care plan includes (but is not limited to) the following:**
- **Assessment of the patient on an ongoing basis and adjustment of care accordingly**
  - **Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care**
  - **Consideration of the patient’s goals and level of function in treatment decisions**
  - **Discharge of the patient when goals are met, or the patient is no longer making progress**
  - **Referral when warranted**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

Examination, Diagnosis, and Intervention

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- Standard 70**    **Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:**
- **Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)**
  - **Respiratory compromise (including use of pulse oximetry, adjunct airways,**

supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)

- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

#### How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

#### Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 71** Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions
- Assessing function (including gait)
- Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:
  - Cardiovascular system (including auscultation)
  - Endocrine system
  - Eyes, ears, nose, throat, mouth, and teeth
  - Gastrointestinal system
  - Genitourinary system
  - Integumentary system
  - Mental status



- Musculoskeletal system
- Neurological system
- Pain level
- Reproductive system
- Respiratory system (including auscultation)
- Specific functional tasks
- **Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:**

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques

- **Movement training (including gait training)**
- **Motor control/proprioceptive activities**
- **Task-specific functional training**
- **Therapeutic modalities**
- **Home care management**
- **Cardiovascular training**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 74 Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 75 Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.

- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 76 Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:**

- **Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview**
- **Re-examination of the patient on an ongoing basis**
- **Recognition of an atypical response to brain injury**
- **Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)**
- **Return of the patient to activity/participation**
- **Referral to the appropriate provider when indicated**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 77 Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate. These behavioral health conditions include (but are not limited to) the following:**

- **Suicidal ideation**
- **Depression**
- **Anxiety Disorder**
- **Psychosis**
- **Mania**

- **Eating Disorders**
- **Attention Deficit Disorders**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

\*Annotation was moved to Standard. Annotation was deleted. Commission approved August 11, 2020

**Standard 78** **Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:**

- **Durable medical equipment**
- **Orthotic devices**
- **Taping, splinting, protective padding, and casting**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Prevention, Health Promotion, and Wellness**

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**Standard 79** **Standard 79 Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan.**

**These include (but are not limited to) the following conditions:**

- **Adrenal diseases**
- **Cardiovascular disease**
- **Diabetes**
- **Neurocognitive disease**
- **Obesity**
- **Osteoarthritis**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 80    Develop, implement, and assess the effectiveness of programs to reduce injury risk.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 81    Plan and implement a comprehensive preparticipation examination process to affect health outcomes.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide

example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 82    Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 83    Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 84    Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.**

*Annotation*

-

#### How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

#### Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 85**    **Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.**

#### How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

#### Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 86**    **Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.**

#### How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

#### Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 87** Select and use **biometrics** and **physiological monitoring systems** and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

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Health Care Administration

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**Standard 88** Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- Strategic planning and assessment
- Managing a physical facility that is compliant with current standards and regulations
- Managing budgetary and fiscal processes
- Identifying and mitigating sources of risk to the individual, the organization, and the community
- Navigating multipayer insurance systems and classifications
- Implementing a model of delivery (for example, value-based care model)

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.



**Standard 89** Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 90** Establish a working relationship with a directing or collaborating physician.

*Annotation*

*This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, "The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations."<sup>1</sup>*

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 91** Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

*Annotation*

*Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.*

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience

ensures students are prepared to perform the skills associated with the standard.

- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 92    Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 93    Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:**

- **Education of all stakeholders**
- **Recognition, appraisal, and mitigation of risk factors**
- **Selection and interpretation of baseline testing**
- **Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

**Standard 94**    **Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

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**SECTION IV: CURRICULAR CONTENT: New Standards**

The dynamic nature of Athletic Training requires continuous evaluation and updating of the educational standards. This may require the addition of new standards. Space appears at the conclusion of each section, for the placement of new standards related to that section, as they are released and implemented. Standards appearing in these sections will be incorporated into the numbering sequence at set intervals.

**Standard DEI 2**    **Standard DEI 2: Practice **cultural competency**, foster **cultural humility**, and demonstrate respect in client/patient care. This includes (but is not limited to) the following:**

- **Using contemporary nomenclature of various **identities**.**
- **Analyzing the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care, and patient outcomes.**
- **Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.**
- **Developing strategies that minimize the impact of clinician-based bias, prejudice, and privilege on patient interactions.**
- **Devising patient-centered interventions to diverse populations that account for the healthcare delivery system**

How to Address This Standard

- Identify the courses and/or clinical education experiences where students gain learning opportunities associated with this standard and describe how each learning experience ensures students are prepared to perform the skills associated with the standard.
- Describe how these learning experiences are assessed and provide example(s) of assessment tool(s) used.

### Uploads

- Assessment tool(s) used to determine student level of performance, if applicable.

\*Standard, Annotation, How to Address This Standard, and Uploads are new. Implementation of this standard begins immediately, with required reporting in annual reports and self-studies beginning July 1, 2022. Approved by Commission May 11, 2021.

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## Glossary

**Academic year:** Customary annual period of sessions at an institution. The academic year is defined by the institution.

**Action plan for correction of BOC examination pass-rate deficiency:**

- A. A review and analysis of the program's previously submitted action plans. This should include
  1. any assessment data used to evaluate the previous action plan,
  2. a discussion of strategies that have and have not worked, and
  3. any revisions that have been made to the previous action plan based on subsequent assessment data.
- B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
  1. the number of students enrolled in the program in each of the past three years,
  2. the number of students who have attempted the exam in each of the past three years,
  3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
  4. the three-year aggregate first-time pass rate for each of the past three years.
- C. Projection for the program's anticipated exam outcomes for next year.

This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include

  1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
  2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
  3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
  4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include

1. developing targeted goals and action plans to achieve the desired outcomes,
2. stating the timelines for reaching the outcomes, and
3. identifying the person or persons responsible for each element of the action plan.
4. Updating the elements of the action plan as they are met or as circumstances change.

**Affiliation agreement:** A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus **clinical education**. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also Memorandum of understanding.*

**Assessment plan:** A description of the process used to evaluate the extent to which the program is meeting its stated educational **mission, goals, and outcomes**. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of **clinical education**, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the **framework**.

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

*\*Added 'An athletic trainer is state credentialed (in states with regulation), certified and in good standing with the Board of Certification' to the definition; approved by Commission on February 1, 2019*

**Athletic training clinical experiences:** Direct client/patient care guided by a **preceptor** who is an **athletic trainer** or **physician**. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, **simulation** may be used for this verification. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. *See also Clinical education.*

*\*Definition added; approved by Commission on June 12, 2018*

*\*Sentence added: "Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member." Approved by Commission on March 9, 2021*

**Biometrics:** Measurement and analysis of physical characteristics and activity.

**Clinical education:** A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: **athletic training clinical experiences**, **simulation**, and **supplemental clinical experiences**.

**Clinical site:** A facility where a student is engaged in clinical education.

**Contemporary expertise:** Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

**Core faculty:** Core faculty members are involved in meeting the day to day needs of the program, including but not limited to teaching athletic training courses, advising, and mentoring athletic training students, engaging in scholarship, and fulfilling other roles and responsibilities as assigned by the Program Director. Core faculty must have faculty status, rights, responsibilities, privileges, and voting rights as defined by the institution. Core faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an **athletic trainer** or **physician**.

*\*Added last sentence 'A core faculty member must be an athletic trainer or physician' to the definition; approved by Commission on February 1, 2019*

*\*Clarified the intent of the definition. Approved by the Commission on November 8, 2022.*

**Cultural competency:** the ability of both providers and systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.<sup>2,3</sup>

\*Added definition of cultural competency; approved by Commission on May 11, 2021.

**Cultural humility:** A lifelong process of self-reflection and self-critique by which an individual willingly interacts with diverse individuals and not only learns about the cultures of others, but also examines their own beliefs and cultural identities to create an environment of empowerment, respect, and optimal care for all. Cultural humility includes sensitivity to historical realities of marginalization, violence, and oppression against certain groups.<sup>4,5</sup>

\*Added definition of cultural humility; approved by Commission on May 11, 2021.

**Durable medical equipment:** Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.<sup>6</sup>

**Electronic health record:** A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

**Evidence-based practice:** The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.<sup>7</sup>

**Faculty:** See [Adjunct faculty](#); [Associated faculty](#); [Core faculty](#).

**First-time pass rate on the Board of Certification examination:** The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

**Foundational knowledge:** Content that serves as the basis for applied learning in an athletic training curriculum.

**Framework:** A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the [assessment plan](#) (including [goals](#) and outcome measures).

**Goals:** Specific statements of educational intention that describe what must be achieved for a program to meet its [mission](#).

**Graduate placement rate:** Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

**Health care providers:** Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

**Health care informatics:** The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care

services.<sup>8</sup>

**Health literacy:** The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.<sup>9</sup>

**Identities:** identities that include but are not limited to: race; ethnicity; religion; national origin; age; marital status; disabilities/ability; sexual orientation; sex; gender; gender identity and expression; socioeconomic status; religion/spirituality; political affiliation; literacy/health literacy.

\*Added definition of identifies; approved by Commission on May 11, 2021.

**Immersive clinical experience:** A practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers.

**International Classification of Functioning, Disability, and Health (ICF):** A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.<sup>10</sup>

**Interprofessional education:** When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.<sup>11</sup>

**Interprofessional practice:** The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

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

**Memorandum of understanding:** Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

**Mission:** A formal summary of the aims and values of an institution or organization, college/division, department, or program.

**Outcomes:** Indicators of achievement that may be quantitative or qualitative.

**Patient-centered care:** Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.<sup>12</sup>

**Physician:** Health care provider licensed to practice allopathic or osteopathic medicine.

**Physiological monitoring systems:** Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

**Preceptor:** Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are athletic trainers are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be athletic trainers or physicians.

**Professionalism:** Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and



self-control. It is exhibited through delivery of **patient-centered care**, participation as a member of an interdisciplinary team, commitment to continuous **quality improvement**, ethical behavior, a respectful demeanor toward all

persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.<sup>13</sup>

**Professional preparation:** The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

**Professional program:** The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two **academic years**.

**Professional socialization:** Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.<sup>14</sup>

**Program graduation rate:** Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of “normal time” for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

**Program faculty:** Includes all faculty members who are involved in the design and/or delivery of the professional athletic training program, regardless of their employment classification.

\*Added definition. Approved by Commission on November 8, 2022.

**Program personnel:** All program faculty and support staff involved with the **professional program**.

\*Deleted “core, affiliated, and adjunct.” Approved by Commission on November 8, 2022.

**Program retention rate:** Measures the percentage of students who have enrolled in the **professional program** who return to the institution to continue their studies in the program the following **academic year**. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

**Quality assurance:** Systematic process of assessment to ensure that a service is meeting a desired level.

**Quality improvement:** Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.<sup>15</sup> Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.<sup>16</sup>

**Scholarship:** Scholarly contributions that are broadly defined in four categories.<sup>17</sup>

- Scholarship of discovery* contributes to the development or creation of new knowledge.
- Scholarship of integration* contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- Scholarship of application/practice* applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- Scholarship of teaching* contributes to the development of critically reflective knowledge

associated with teaching and learning.

**Social justice:** Social justice in healthcare is recognizing that equitable healthcare, which encompasses access to and quality of care, is a fundamental right and that healthcare providers promote fair treatment so that disparities are eliminated.

\*Add definition of social justice; approved by Commission on May 11, 2021.

**Simulation:** An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.<sup>18</sup> Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. *See also* **Clinical education**.

\*Sentence added: "Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member." Approved by Commission on March 9, 2021.

**Social determinants of health:** The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.<sup>19</sup>

**Socioeconomic status:** The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.<sup>20</sup>

**Supervision:** Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. **Preceptors** must be onsite and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care. If the patient/client care is occurring via **telehealth** or **telemedicine**, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology.

\*Added last sentence 'If the patient/client care is occurring via telehealth or telemedicine, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology' to the definition; approved by Commission on October 16, 2020

**Supplemental clinical experiences:** Learning opportunities supervised by **health care providers** other than **athletic trainers** or **physicians**. *See also* **Clinical education**.

\*Definition added; approved by Commission on June 12, 2018

**Technical standards:** The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

**Telehealth:** Telehealth is an umbrella term that encompasses the use of telecommunication technology for non-clinical health-related purposes. Some uses of telehealth include enhancing and supporting clinical services and providing individual or public health education.

\*Definition added; approved by Commission on October 16, 2020

**Telemedicine:** Telemedicine involves the delivery of patient/client care remotely using appropriate information and communication technologies. Patient/client care provided via telemedicine must occur in compliance with all local, state, and federal laws.

\*Definition added; approved by Commission on October 16, 2020

**Value-based care models:** Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.<sup>21</sup>

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