



CAATE Accreditation Application – Fillable Template

Instructions: Complete all sections. Fields marked with * are required. Attach supporting documentation where indicated. This template is designed to be filled out electronically.

Section 1: Preliminary Information

Have you spoken to a CAATE Staff Member about this application? *: ☐ Yes ☐ No

Institution Name*: _____

Program Type*: ☐ Fellowship ☐ Residency

Specialty Area*: _____

Month of Self-Study Submission*: _____

Year of Self-Study Submission*: _____

Section 2: Institution Address

Street Address*: _____

Street Address Line 2*: _____

City*: _____

State and Zip Code*: _____

Section 3: Program Personnel

Program Director

Name*: _____

Credentials*: _____

Email*: _____

Phone*: _____



CAATE

Commission on Accreditation
of Athletic Training Education

Institutional Leadership Name*: _____

Credentials*: _____

Email*: _____

Section 4: Attestations

I acknowledge that all programs are required to abide by **CAATE Policies and Procedures**.

Program Director Signature*: _____ **Date:** _____

Institutional Leadership Signature*: _____ **Date:** _____