2009

University of North Dakota Division of Sports Medicine: Historical Perspective

University of North Dakota

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University of North Dakota
Division of Sports Medicine

Historical Perspective
Previous to 1989

The Division of Sports Medicine Athletic Training Education Program (ATEP) at UND was struggling. Based in Arts and Sciences, the ATEP was on probation in 1989 by the accreditation body at the time, the National Athletic Trainers Association Professional Education Committee. This was based on many major weaknesses. These included resources, Dean or Department Head, Program Director, and clinical supervision.
November 17, 1989

Cheryl Bushell  
Program Director  
University of North Dakota  
Department of Health,  
Physical Education & Recreation  
Grand Forks, ND 58202

Dear Ms. Bushell:

As you know, your NATA approved undergraduate athletic training education program was placed on probation for a one-year period in June, 1989 for failure to comply with the standards and criteria cited in Sections II,B,2 (Resources), II,C,1,a (Dean or Department Head), II,C,1,c (Program Director-two citations), II, G,4 (Clinical Supervision -two citations) of the 1988 Guidelines.

Please accept this reminder that written documentation of steps taken to bring your program into full compliance with the Guidelines must be submitted to the Professional Education Committee office by January 15, 1990. Written materials must specifically address each of the violations cited and must verify actual implementation of the program changes necessary for continued NATA approval. Please submit four (4) identical copies of all materials. As indicated in my letter of July 3 you and the Dept. Chair are requested to attend a June, 1990, meeting of the Professional Education Committee in Indianapolis, should it be determined that your written materials fail to provide adequate information upon which a committee decision regarding your probation can be made. Shortly following a committee review of your written materials, we will notify you regarding the necessity of your attendance at this meeting. You will also be notified of the meeting date, time, and location.

Should you have any questions regarding your probationary status or the procedures to be followed in demonstrating compliance with the Guidelines, please feel free to contact me.

Sincerely,

Robert S. Behnke, H.S.D., A.T.,C.  
Chair, NATA Professional Education Committee

RB/1b

cc: Dr. Harvey White, Dept. Chair  
    Dan Foster, Chair, Sub-Committee on Undergraduate Education  
    Pete Koehneke, Project Director,  
    Education Program Evaluation
I. Introduction

A. Administrative Structure/Personnel

1. Academic Unit

The athletic training education program at the University of North Dakota currently resides in the College of Arts and Sciences. It is listed in the University Catalog as a minor field of study in the Human Resources Division and the Health, Physical Education and Recreation Department. In order to offer a major equivalency, the program was moved to the College of Arts and Science and is offered as a program of individualized instruction. It is not listed in University documents as an official program in Arts and Sciences. Program changes in the HPER Department, when implemented, will offer the athletic training major equivalency as a program in HPER.

2. Athletics

The University of North Dakota is a member of the National Central Intercollegiate Athletic Conference and Western Collegiate Hockey Association with 9 men’s and 8 women’s sports in both NCAA Division I and II. The Athletic Director is a strong advocate of quality care for the athletes and indicates a need for increasing the number of athletic trainers hired by the Department. The two full time staff are Mark Healy, Head Trainer, and Cheryl Bushell, Asst Trainee, who serves as Program Director for the Undergraduate Education Program. There are two Graduate Assistant Trainers, Laura Schindler and Rick Bancroft who support the Athletic Training services at UND. Cheryl’s time is split between academic classroom instruction and clinical supervision (35%/65%).
Since Cheryl has taken on the responsibility for all teaching of undergraduate athletic training courses, her time as a clinical instructor has been markedly curtailed. The Head Trainer and the two Graduate Assistants travel with UNO teams. One of the GAs is assigned specifically to ice hockey and has limited exposure to students. The other is assigned women's basketball and is more directly involved with clinical supervision of students.

B. Medical Services

The medical support for the Athletic Programs at UND is coordinated by Dr. Thomas Mann. Orthopaedic service offered the athletic teams is coordinated by Dr. Mann and the Head Trainer. Specific physicians, from the UND staff as well as local clinics, are designated as responsible for specific sports.

C. Facilities and Equipment

The athletic training room in the field house (Hyslop Sports Center) has been recently remodeled and includes 1171 sq ft of service area. The majority of the athletic training services are offered from this area. Memorial Stadium (684 sq ft) is used primarily for football and possess adequate space and facilities for the specific needs of that sport. The Ralph Englestad Arena (385 sq ft.) is specifically for ice hockey. It is the smallest of the three areas but services only the members of the ice hockey team.

II. Administrative, Faculty, and Staff Support

A. Administrative

Each of the administrative personnel that were interviewed expressed a thorough understanding of the role of the undergraduate athletic training education program in their respective areas. While Athletics and Academics have not always been in agreement on the location for the administrative support of the athletic training program, they agreed that the continuing success of the athletic training education program depends on their cooperation.

There are specific administrative needs to be addressed if the UND program is to continue to grow. When the Athletic Department was split from the College of Human Resources, both athletic training positions went to the Athletic Department. This has caused important concern for the future of the UND program due to the absence of University faculty for athletic training. Each administrator expressed a positive spirit of cooperation for the future as it pertains to the Athletic Training Education Program.

The HPER Department is undergoing a complete review of its programs. It is proposing that the Undergraduate Athletic Training Program be included as a major equivalency. This would upgrade the existing Minor in Physical Education and provide a good foundation for the continued offerings in athletic training.

The current Program Director is listed as an Assistant Professor. While the title indicates faculty status, no official recognition by the University exists. Financial support for the position is derived entirely from Athletics and the time required for the administration of the undergraduate athletic training education program comes as 35% released time from the Athletic Department. During this released time from
athletics, the Program Director administrates the athletic training program, teaches a full academic load (10 credits) each semester, and serves as advisor for students.

B. Faculty

The University faculty interviewed indicated a good awareness of the NATA Behavioral Objectives associated with their course offerings. They were sensitive to the presence of the athletic training students and, in general, expressed the solid status of these students in their classrooms. Each was very supportive of the mission of the undergraduate athletic training program in future plans for the HPER Department and its re-organized programs.

C. Students

All of the students currently enrolled in the athletic training program were interviewed. Concern was expressed for the extended amount of time being spent in covering the variety of sports at UND and the impact it has on academic time. They felt their academic and clinical experiences were adequate, however, the general consensus was a need for more classroom instruction in the details of clinical evaluation and long term rehabilitation procedures and techniques. They expressed a need for additional staff during the busiest times and the positive impact that this new staff would have on their continuing clinical and academic progress.

III. Clinical Experience

A. Athletic Training Facilities and Equipment

The equipment available for the education of student trainers to meet the NATA guidelines is present. The widest range of equipment is available in the Hyslop Training Room. While exposure to contemporary isokinetic equipment is limited, the overall available equipment is considered to be adequate. The renovation of the Hyslop Training Room and the sensitivity of the Athletic Department to equipment needs has made it possible for the education program to improve greatly since its 1984 evaluation.

The other two training rooms are limited in the variety of equipment available, especially the ice hockey area. This does not adversely affect the opportunity for clinical experiences for students since most of the services provided come from the Hyslop area. As the program continues to grow, special attention should be given regarding the outfitting of these two areas.

The students have ample opportunity for exposure to excellent library resources. This comes from the extensive personal library of the Program Director and their access to the Medical School Library. While classroom models and instructional materials are in short supply, the wide variety of audio-visual support and the commitment to quality of instruction of the faculty will make positive strides toward improving this area.
B. Clinical Supervision

The students at UND begin their clinical exposure during the spring semester of their sophomore year. They are enrolled in an introductory course which provides academic and clinical exposure to the activities of the athletic training program. At the end of this semester, the new student trainers for the coming year are selected. Selection is based on the standards established by the Athletic Training Staff.

As students progress toward graduation, they will be assigned to support fellow students and staff with specific sports as well as act as head student trainer for a sport of their own. Students believe that this responsibility is a strong aspect of their clinical preparation. With this strength comes a caution regarding the opportunity for student exposure to a variety of sports.

The two graduate assistants have a limited opportunity to supervise students. One is assigned to men's ice hockey and deals with a minimum number of students per year. A similar situation exists for the GA assigned to women's basketball. The overall impact of the GA's participation in the clinical supervision of undergraduate students is minimal and could be increased by formulating a specific instruction plan for the GA positions.

There is an overall program of routine in-service meetings for staff and students. This is a good forum for special topics and discussion for mutual benefit of staff and students. The size of the program makes it important for the staff to meet regularly in order to coordinate clinical and academic aspects of the program. The in-service with staff and students should not take the place of these periodic staff meetings.

C. Medical Personnel

The Team Physician is a member of the UND Medical School Faculty. His position has been assumed over the years and he has had a positive influence on the Athletic Training Services. His involvement in the curricular aspects of the undergraduate program has been limited. He has expressed a strong interest in becoming more involved in classroom instruction, at least as his appointment as Director of the Residency Program for the UND Medical School allows. He has supported the clinical and educational aspects of the program by developing a rotation in Sports Medicine for Residents in Family Practice. Several persons interviewed, including staff and students, had many excellent things to say about this program. The intensity of this exposure has fallen off in the last few months. While he is not directly involved with students, he is cognizant of their presence and positive influence on the Sports Medicine Program.

IV. Curriculum

A. Content and Instruction

The overall course of instruction at UND has been developed so as to provide a good foundation for providing students with the opportunity to acquire the entry level skills required for athletic training. It has been implemented in order to meet NATA guidelines and is currently undergoing a complete review. Specific recommendations have been made that would insure a quality of instruction. The new course of study proposed by the Program Director to the HPER Department
is receiving positive support from administrators and faculty. Although it is not implemented, when it is approved many of the weaknesses in the undergraduate athletic training education program will be eliminated. This will provide a good home for the program.

In the application materials, the athletic training students appear to be required 65 credits for this major type option, while other students are required something less. On closer examination, 19 of the 65 credits also counted as General Education credits and therefore were not unique to athletic training. This would make the actual curriculum in athletic training more in line with established University programs.

It was noted that over 40% of the Behavioral Objective were being met by the HPER 480 series of courses. Recently these courses have had to be cancelled thus affecting the progress of students. While this is not a frequent occurrence, it points out the need for a more formalized program for course sequencing to provide for continuity of instruction. Several of the basic science courses were listed as meeting only one or two objectives. Some required courses actually did not meet any of the NATA objectives. The unusual distribution of behavioral objectives points out a need to continually monitor course offerings to guard against overlap and omission of specific objectives.

One important concern reported by students was their perceived inexperience with the specific points of ongoing rehabilitation programs and complete regional clinical evaluation skills.) When courses are sequenced and a student is forced out the sequence, it can seriously affect the students ability to perform clinical responsibility. Classroom experiences in these areas may need to be supplemented, possibly during in-service meetings.

B. Selection, Retention and Evaluation of Students

The selection of students in the UND program is documented in the student handbook and is based on clinical exposure, GPA, recommendations and space available. Students are informed of their responsibilities prior to admission. Their student trainer requirements and procedures for retention are written in the handbook.

Over the past few years, a formal program for the evaluation of student progress during clinical instruction has been implemented. This evaluation procedure is carried out once each year and shared with each student. The program is beneficial to the students. To gain maximum benefit from this formal procedure it is recommended that it be administer at least once each semester. This will allow more time for student to effect positive change in their weakest areas.

Additionally, the students are asked to evaluate the program and offer ideas for improvement. These procedures coupled with the classroom evaluation of instruction required by the University, provide an ongoing program evaluation by students. One area that should be explored to aid the evaluation process might be periodic follow-up of graduates.
SUMMARY AND RECOMMENDATIONS

A. STRENGTHS

1. The current Program Director provides strong professional and personal dedication to the operation of the existing program in athletic training education.

2. There is an excellent working relationship between the Program Director and Clinical Supervisors to provide skills necessary to become an entry level athletic trainer.

3. All teaching faculty interviewed were well aware of the Athletic Training Education Program.

4. Core athletic training courses, when offered, provide excellent opportunities to meet NATA competencies.

5. Strong opportunities exist for the development of close academic association with UNO Medical School resources. Although formal arrangements do not exist.

6. Recent training room renovations have increased and improved overall Athletic training services and educational opportunities for student trainers.

7. The personal library of the Program Director is excellent. Students opportunity for access to the medical library is superb. Good resources exist for development of audio-visual material for classroom instruction in athletic training courses.

8. Ample opportunity exists for students to acquire entry level clinical skills.

9. Excellent procedures for the evaluation of student academic and clinical performance demonstrates opportunities for continued program growth.

10. Opportunities to work as head student trainer for specifics teams is a strength of students clinical experiences.

11. Coaches have an excellent understanding of the student athletic trainers role in triage and care of the student athletes.

B. GUIDELINE VIOLATIONS

1. Institutional Acceptance and Approval of the Program (NATA Guidelines p 2)

Currently there is no official acceptance of a major or major equivalency in athletic training by University documentation. A minor in PE is listed in the catalog, but the athletic training education program currently carried by Arts and Sciences is not designated as Athletic Training.
I. B. 2 Resources (NATA Guidelines p. 5)

No financial support from "regular institutional-budgets" exists for the athletic training education program. No faculty line position exists for the Program Director.

I. B. 3 Curriculum Location (NATA Guidelines p. 5)

There is no official recognition as a major or major equivalent by the University of North Dakota.

II. C. 1.a Dean or Department Head (NATA Guidelines p. 6)

"Administrative structure must lend itself to coordinated athletic training education program." Courses have been cancelled due to lack of numbers for enrollment. Without specific courses, students are expected to be responsible for knowledge and skills not yet presented.

"Close cooperation between department, school or college administrative personnel and the Director of Athletics" is not evident.

II. C. 1.b Director of Athletics (NATA Guidelines p. 6)

"Effective use of college or university athletic training rooms and intercollegiate athletic programs will necessitate cooperation among Director of Athletics, athletic training Program Director, Department Chairman, and coaching personnel." This cooperative position does not currently exist.

II. C. 1.c Program Director (NATA Guidelines p. 7)

"Program Director must be a member of the teaching faculty as designed by school policy." Does not currently exist.

"Program Director has must have released time from academic responsibility for administrative operation of program." Does not currently exist.

II. E Curriculum Requirements (NATA Guidelines p. 10)

Program not established as a major or equivalent. Progress towards that goal, although not complete.

Classes cancelled because of insufficient numbers will take students out of sequence to acquiring specifics competencies corresponding to clinical level of expectation

II. G. 4 Clinical Supervision (NATA Guidelines p. 16)

"In no instance, shall students be used to conduct work or be required to accept responsibilities normally expected of currently employed fully qualified staff." Due to administrative decisions
training rooms are left unsupervised and students are left to manage major sports and in so doing provide unsupervised services.

C. Evaluation Team Recommendations

1. Considering the clinical and academic loads placed on the existing athletic training staff, it is recommended that additional full time staff be added to the UND program in order to fully support both the clinical services area and the academic requirements of the students in athletic training. The nature and specific appointment areas should be worked out within the administrative units.

2. Encourage a stronger program of administrative support for the Undergraduate Athletic Training Education Program, specifically in the area of financial resources.

3. Given the potential for growth in the athletic training education program, a policy for the thorough assessment of student demand for entrance, areas for graduate placement and procedures for student recruitment should be completed.

4. Encourage clinical evaluation through mock practical exams for NATA competencies.

5. The development of a specific clinical rotation schedule should be initiated to assure equal clinical experiences for all students.

6. Encourage continued support for the development of liaison with allied medical programs and facilities.

7. Formalization of the team physicians involvement in the academic aspects of the athletic training education program.

8. Continue to pursue the funding for the acquisition of contemporary isokinetic equipment to meet the needs for established rehabilitation protocols.

9. Steps should be taken to assure that adequate supervision is maintained during times of high demand for staff involvement with specific sports.

10. While specific team involvement for students is good, care should be taken to assure the student's exposure to a variety of both men's and women's sports.

11. Frequency of student clinical evaluations should be increased so that students have ample time to facilitate recommended growth.

12. Continuing evaluation of coursework, especially where there is an overlap of NATA competencies, to protect against excessive redundancy or inadvertent omissions of critical content.

13. Delegate specific educational responsibilities to Graduate Assistants in order to distribute athletic training loads equitably.
14. Orient Graduate Assistants to the goals and objectives of the UND Athletic Training Education Program.

15. Schedule staff meetings for all certified staff to discuss overall academic and clinical needs of the program.

16. Continued support for Program Director to attend annual NATA Program Director’s Council Meeting at the National Convention.

17. Encourage current Program Director to pursue advanced educational opportunities.

Chief Evaluation Team Officer: 

Date: 04/06/89
February 25, 1991

Cheryl Bushell, Program Director  
Univ. of North Dakota (1)  
Department of Family Medicine  
Grand Forks, ND 58202

Dear Ms. Bushell:

A Sub-Committee of the NATA Professional Education Committee met on February 15, 1991 and reviewed the materials submitted by your institution regarding violations cited during your most recent program visitation.

It is the opinion of the Sub-Committee that the materials submitted, plus the report from the upcoming re-visitation this Spring, will provide sufficient information to allow the entire PEC to make it's recommendation to the NATA Board of Directors regarding your program's probationary status.

As soon as I receive notice of the formal actions of the NATA Board of Directors after their June, 1991 meetings, I will notify you of the status of your program. This notification should be somewhere around the first of July, 1991.

I'd like to personally thank you on your efforts to resolve the cited guideline violations as evidenced by the materials you have submitted. It looks, on paper, that you've made much progress since your last PEC visitation and the students at your institution are, or are going to be, the beneficiaries of your efforts. Best wishes for a successful re-visitation. I look forward to reading the re-visitation report and presenting it to the entire PEC at it's June, 1991 meetings in New Orleans.

Sincerely,

Robert S. Behnke, H.S.D, A.T.,C.  
Chair, NATA Professional Education Committee

RB/1b

cc: Dr. Edwin James, Dean  
Dan Foster, Chair, PEC Sub-Committee on Undergraduate Education  
Gerald Bell, Re-Visitation Officer
Cheryl Bushell, Coordinator  
Athletic Training Curriculum  
University of North Dakota  
School of Medicine  
U.S. P.O. Box 8175  
Grand Forks, North Dakota 58202

Dear Ms. Bushell:

The NATA Professional Education Committee has voted to accept your request to extend the "approval" status of your undergraduate athletic training education program for an additional year. This action means your undergraduate education program will lose its NATA approved status in June, 1995.

To protect your current students who will complete your program after June, 1995, you must either apply for Joint Review Committee on Educational Programs in Athletic Training (JRC-AT) accreditation or establish a program which qualifies your students for the Internship Route to NATA Certification.

You have already received the appropriate materials to apply for JRC-AT accreditation. If your completed Self-Study is received by June 1, 1994, a Fall, 1994 visitation could be scheduled. If your Self-Study is received by September 1, 1994, a Spring, 1995 visitation can be scheduled. If your program is not accredited by the JRC-AT, the only route to NATA certification open for your students would then be the Internship Route.

While the PEC did vote to extend your "approval" status for an additional year, concerns were expressed that there appears to be a pattern being established whereby an extension at your institution is becoming routine. I realize that your last review was delayed as a result of switching your program to the School of Medicine and that this current extension is the result of staffing problems as well as the new accreditation process, but please be aware that in the future, because of your program's history, extension requests will be carefully studied before granting further requests.

Sincerely,

Robert S. Behnke, Chair  
NATA Professional Education Committee
The Transition

There was a desire to look at an athletic training degree at UND. This was supported by many people across the University including the President, the Dean of the School of Medicine, the Department Chair, the Athletic Director, and others. After much work the University Curriculum Committee approved the Bachelor of Science Degree on April 27th, 1990. The degree was approved by the State Board of Higher Education on September 13th, 1990.

The push for this program came from many areas. Educational reform for the athletic training profession was being talked about on a national level. Without accreditation, UND would lose students interested in a growing profession. Athletics wanted to support the program believing services and education could grow together. Specifically, the Head Athletic Trainer, James D. Rudd, was interested in teaching and developing the program with the support that could come from the UNDSMHS.

The main goal of the Division of Sports Medicine was to allow the graduating students to take the National Athletic Trainers Association Board of Certification exam. Other directives included filling the sports medicine component of the UND Family Medicine Residency Program, a 4th year elective rotation in sports medicine, providing clinical experience to physical therapy students through the Center for Sports Medicine, and being a resource for the state of North Dakota and the region.
January 30, 1990

Jim Rudd, Head Athletic Trainer
University of North Dakota
Department of Athletics
Box 159
Grand Forks, ND 58202

RE: Department of Athletic Training and Sports Medicine

Dear Mr. Rudd:

In accordance with our conversation, this letter is to indicate my support for the development of an academic department for athletic training and sports medicine. I believe that the academic department could be in the University of North Dakota School of Medicine Department of Family Medicine and have appropriate faculty representation. Also, I believe that the appropriate curriculum could be identified to provide a major in athletic training at the University of North Dakota.

My only area of concern is establishing the financial resources to accommodate the academic departmental needs. I have discussed this program with Dr. Bill Mann of the Department of Family Medicine and he is in agreement. I think you should pursue further this type of association with the Medical School. If I can be of further assistance to you, please do not hesitate to let me know.

Sincerely,

Edwin C. James, M.D., Vice President
for Health Sciences and Dean
MINUTES
EXECUTIVE COMMITTEE OF FAC
February 5, 1990

C. DEVELOPMENT OF A SPORTS MEDICINE PROGRAM

Jim Rudd, head athletic trainer, has been in contact with Dean James and Dr. Mann in regards to the development of a Sports Medicine Program. Currently, HPER is the academic department for Athletics but they have not developed the program and therefore, the department is in danger of losing their accreditation. If this program were developed within the School of Medicine Department of Family Medicine, it would be funded through the Athletic Department. Ultimately, the Athletic Department would like to have a degree-granting program.

A motion was made that the School of Medicine, Department of Family Medicine move with haste to explore responsibilities in training in Sports Medicine Program (Keller/Nordlie). Passed unanimously.
February 21, 1990

Clayton Jensen, M.D.
Associate Dean for Clinical Affairs
UND School of Medicine
Grand Forks, ND 58202

Dear Dr. Jensen,

I am writing with regard to the recent relocation of the athletic training educational program. I understand that this program will now be housed in the Department of Family Medicine, within the School of Medicine.

The new direction for this program has the highest support possible from the Athletic Department and myself. The ongoing relationship, which has evolved between our trainers and the Family Medicine Department over the years, has positively impacted both programs.

Again, let me state my support for the athletic training classes and educational program being offered under Family Medicine.

Sincerely,

J.F. "Gino" Gasparini
Athletic Director
April 10, 1990

Dr. Edwin James
Vice President for Health Science and
Dean of the School of Medicine
University of North Dakota
Grand Forks, ND 58202

Dear Dr. James:

This is to express support for the location of the Athletic Training Education Program in the School of Medicine at the University of North Dakota.

Sincerely,

Thomas J. Clifford
President

TJC/ten

cc: Dr. Alice Clark
    Dean Henry Tomasek
    Gino Gasparini
    James Rudd
    Cheryl Bushell
Minutes of the University Curriculum Committee

April 27, 1990

1.

A meeting of the University Curriculum Committee was held on Friday, April 27, 1990, in 303 Twamley Hall. Bill Bolonchuk presided.

2.

Those present were Bill Bolonchuk, Don Bostrom, Madhusudan Joshi, Gene Kemper, Barbara Lewis, Gene Mahalko, Chad McCabe, and Monty Nielsen.

Others present for the presentation of the FMed B.S. Degree in Athletic Training new program request were Martee Bushfield, Clayton Jensen, William Mann, and Jim Rudd. Jackie McElroy-Edwards was present for the presentation of the VA B.F.A. Degree in Photography new program request. Michelle Meyer, UCC student representative for the 1990-91 year, was also present.

3.

Jim Rudd spoke concerning the FMed B.S. Degree in Athletic Training. Questions were answered by Jim Rudd and William Mann.

4.

Bill Bolonchuk presented FMed 207, 207L, 208, 208L, 213, 312, 313, 320, 321, 321L, 343, 413, 481, 482 A agendas and FMed B.S. Degree in Athletic Training new program request, and moved approval subject to HPER dropping 312 and 481, and a content change of HPER 307. The motion was seconded, voted upon, and carried unanimously.

Jackie McElroy-Edwards spoke concerning the VA B.F.A. Degree in Photography new program request.

Bill Bolonchuk presented the B.F.A. with a Major in Visual Arts Photography concentration new program request and moved approval. The motion was seconded, voted upon, and carried unanimously.

5.

Don Bostrom presented the MS with a Major in Nursing - Parent-Child Specialization, and MS with a Major in Nursing program requirement changes, and moved approval. The motion was seconded, voted upon and carried unanimously.
Don Bostrom presented the MS with a Major in Nursing - Anesthesia Specialization, and moved approval subject to the UCC receiving a memo from Pharmacology regarding Phar 501 and 502. The motion was seconded, voted upon, and carried unanimously.

6.

Barbara Lewis presented HPER 406, 487, 500, 501, and 515 B agendas, and moved approval. The motion was seconded, voted upon, and carried unanimously.

7.

The following assignments were made:

HEc 231, 332 B agendas and Math request for a Cooperative Education course - Gene Mahalko

LSAV 470 B agenda - Barbara Lewis

PS 398 A agenda - Chad McCabe

8.

Don Bostrom moved approval of the April 6, 1990 minutes. The motion was seconded, voted upon, and carried unanimously.

9.

Agenda additions/corrections:

The continuation of the termination proceedings for the Master of Education in Biology

CJS 480 B agenda - Gene Mahalko

10.

The meeting adjourned at 4:52 p.m.
TO: Monty Nielsen  
Director of Admissions & Records

FROM: Gene A. Kemper  
Associate Vice President for Academic Affairs

DATE: September 14, 1990

RE: New Academic Programs

The State Board of Higher Education approved the following two programs on September 13, 1990.

B.S. in Athletic Training
B.S. in Environmental Geology and Technology

GAK/ta

cc: Jim Rudd  
John Vennes  
Frank Karner  
Mogens Henriksen
D. Focused Experiences
The program should implement a plan to ensure that residents retain their identity and commitment to the principles and philosophic attitudes of Family Medicine throughout the training program, particularly while they rotate on other specialty services.

An appropriately qualified member of the program's faculty must be in attendance on site when the services or procedures needed exceed the capability of the most senior supervising resident or when qualified senior residents are unavailable for supervision of more junior residents.

While the content of a rotation is more important than the time assigned to it, it is necessary to establish guidelines for the allocation of time segments to provide an objective measure of the opportunity provided for residents to achieve the cognitive knowledge, psychomotor skills, attitudinal orientation, and practical experience required of a family physician in each of the curricular elements. Time spent in the FMC seeing continuity patients may not be included when calculating the duration of the specialty rotations for which a number of required hours is specified. It is understood, however, that FMC time is included in the required rotations that are specified in months.

The following curricular areas must be included in each program.

1. Human Behavior and Mental Health
2. Adult Medicine
3. Maternity and Gynecologic Care
4. Care of the Surgical Patient
5. Sports Medicine
The sports medicine experience must include didactic and clinical experience in the areas of preparticipation assessment, injury prevention, evaluation, management, and rehabilitation related to athletic and recreational injuries. The orthopaedic aspects of sports medicine training may be integrated into the orthopaedic curriculum, but the time devoted to sports medicine should be in addition to the minimum requirement of 140 hours for orthopaedics.
National Education Reform

In 1994, the NATA Board of Directors commissioned a task force to look into education of athletic trainers. The final recommendations were approved by the NCAA Board of Directors and the final recommendations were presented to the members in December of 1996. Eighteen recommendations were to be implemented.

Recommendations that were expected of the education programs included:

**Recommendation 1:**
The NATA should work with the NATABOC to institute a requirement, to take effect in 2004, that in order to be eligible for NATA certification, all candidates must possess a baccalaureate degree and have successfully completed a CAAHEP accredited entry-level athletic training program.

*UND already established this in 1991.*

**Recommendation 4:**
The NATA should recommend to the JRC-AT that the CAAHEP Essentials & Guidelines, section II.B.2.b be modified to reflect formal instruction in pharmacology and pathology.

*UND already established this in association with the SMHS in 1992.*

**Recommendation 11:**
The NATA should encourage the development of multi-disciplinary education programs that coordinate athletic training with teaching, nursing, physical therapy, occupational therapy, or other appropriate baccalaureate level professions.

*UND already established this in 1991.*

**Recommendation 12:**
The NATA should encourage new athletic training education programs to consider aligning themselves in colleges of health-related professions.

*UND already established this in 1991.*

**Recommendation 13:**
The NATA should strongly encourage athletic training education programs to title their programs as "Athletic Training."

*UND already established this in 1991.*
Recommendations to Reform Athletic Training Education

The following set of recommendations were made by the Education Task Force and were subsequently approved by the NATA Board of Directors in December, 1996.

Recommendation 1

The NATA should work with the NATABOC to institute a requirement, to take effect in 2004, that in order to be eligible for NATA certification, all candidates must possess a baccalaureate degree and have successfully completed a CAAHEP accredited entry-level athletic training program.

Recommendation 2

The NATA should encourage the development of accredited entry-level post-baccalaureate certificate programs in athletic training and allow these programs to consider an applicant's previous didactic and clinical experience as partial criterion for admission. The NATA should encourage the development of 2-3, 3-2, 4-1, and other creative models for entry-level education.

Recommendation 3

The NATA should develop and implement a program leading to certificates of advanced qualification (CAQ) for athletic trainer educators. The educational content of these continuing education courses would be developed by the NATA Education Council (See Recommendation 8). Certification of competence of the participants and the subsequent awarding of the credential should be contracted to the NATABOC.

The NATA should recommend to the JRC-AT that the CAAHEP Essentials & Guidelines be amended to include a guideline recommending that clinical instructors possess a Clinical Instructor CAQ or its equivalent by the year 2000.

The NATA should recommend to the JRC-AT that the CAAHEP Essentials & Guidelines be amended to include a guideline recommending that program directors possess a Program Director CAQ or its equivalent by the year 2001.

Recommendation 4

The NATA should recommend to the JRC-AT that the CAAHEP Essentials & Guidelines, section II.B.2.b be modified to reflect formal instruction in pharmacology and pathology.

Recommendation 5

The NATA should recommend that the NATABOC reevaluate the minimum number of hours necessary to sit for the certification exam and that the present high-risk sport requirement be reevaluated.

Recommendation 6

The NATA should recommend that the JRC-AT investigate the extent to which the various practice settings in which athletic trainers are commonly employed are incorporated into the clinical and didactic components of the education program.

Recommendation 7

The NATA should subcontract the accreditation of the accredited master's degree programs in athletic training to the JRC-AT.

Recommendation 8

The NATA should reconfigure the way professional education is organized. The NATA should establish an Education Council to act as the clearinghouse for educational policy, development, and delivery to our profession. Specific functions of the Education Council should include, but not be limited to the following:

Maintain a constant dialog on accreditation of entry-level programs through its association with the JCR-AT.

Maintain a constant dialog on accreditation of master’s degree programs through its association with the JRC-AT.

Act as a resource for the development of doctoral programs in athletic training.

Coordinate the educational content and delivery of all NATA-sponsored continuing education and CAQ programs.

Serve as a resource to district, state, and local continuing education program planners.

Act as the approval agency for certifying continuing education providers.

Develop new technologies for the delivery of continuing education programs.

The Education Council should replace the present Professional Education Committee. This provision is contingent upon approval of Provision 7.

Recommendation 9

The NATA should cooperate with the NATABOC in its ongoing evaluation of the new rules for CEU accumulation and recertification.

Recommendation 10

The NATA should develop and implement a program leading to certificates of advanced qualification (CAQ) for the post-entry level athletic trainer. The educational content of these continuing education courses would be developed by the NATA Education Council (see Provision 8). Certification of competence of the participants and the subsequent awarding of the credential should be contracted to the NATABOC. By the year 2000 an inaugural CAQ program should be made available.

Recommendation 11

The NATA should encourage the development of multi-disciplinary education programs that coordinate athletic training with teaching, nursing, physical therapy, occupational therapy, or other appropriate baccalaureate level professions.

Recommendation 12

The NATA should encourage new athletic training education programs to consider aligning themselves in colleges of health-related professions.

Recommendation 13

The NATA should strongly encourage athletic training education programs to title their programs as “Athletic Training.”

Recommendation 14

The NATA should encourage the Research and Education Foundation, the Journal of Athletic Training, and other appropriate entities to continue to recognize and reward high quality research in those areas of the body of knowledge specific to athletic training.

Recommendation 15

The NATA should encourage and assist in initiating the process of legislative reform, with particular emphasis on standardization of educational requirements for state credentialing.

Recommendation 16

The NATA should work to identify and promote positive work models for the high school environment including, but not limited to, the full-time athletic trainer and the teacher-athletic trainer.

Recommendation 17

The NATA should encourage and provide assistance to the JRC-AT for the process of helping them contract their administrative functions with a professional management firm.

Recommendation 18

The NATA should collaborate with the NATAREF to make planning grants available to those institutions who wish to make the transition from the internship to the accredited model, but whose financial or historical situation hinders them from doing so.

Some colleges and universities will want to make the transition from the internship to the accredited model, but will be faced with financial and other concerns that may impede their ability to do so. In some cases, the loss of these institutions will have a disproportionate impact on universities that help provide much needed diversity in our profession. If the REF could help these institutions begin to plan for how they might make the transition through modest, short-term financial grants, it is reasonable to conclude that at least some of these universities will develop enough ownership in the process to see it to fruition after the grants have been exhausted.
INTRODUCTION
The task force to address the educational preparation and continuing education of the athletic trainer was created by the NATA Board of Directors on June 13, 1994. The task force was officially entitled the Education Task Force on September 13, 1994.

HISTORY OF THE PROBLEM
Over the past several years a significant number of issues associated with the educational preparation and continuing education of athletic trainers have developed. These issues have surfaced from several sources including standing committees of NATA and NATA Board of Certification (NATABOC) as well as anecdotal information forwarded to individual board members. As the association has grown and the full time national office staff has been set in place, the logical step for continued improvement of the athletic training profession was to analyze educational preparation in all phases including organizational structure.

The charge of the task force as state below presented implicit rather than explicit directions. The co-chairs, in conjunction with the task force members, attempted to identify the salient issues and focus the group’s efforts on recommendations that would provide the greatest impact and long-lasting positive results for the profession. Attendant with the review of educational preparation was a review of all educational services being provided by the NATA and its affiliates. This review was conducted in order to identify potential duplication or overlap of educational efforts by the various committees.

NATA BOARD OF DIRECTORS CHARGE TO THE EDUCATION TASK FORCE
I. Undergraduate Education

II. Graduate Education

III. Continuing Education

IV. Future Implications

CHARGE TO TASK FORCE
With knowledge of the past, experience from the present and educated vision for the future, the NATA Board of Directors asks that you evaluate the education and professional preparation of the NATA certified/state licensed athletic trainer. It is the objective of the NATA Board of Directors that your evaluations, discussions, and projections will give recommendations to us for the future. It is hoped that your input and guidance will influence the decisions the NATA Board of Directors must make concerning future direction of athletic trainer education and professional preparation. These decisions will affect our profession and members far into the next century.

With scope of responsibility in mind, it is the NATA Board of Directors’ wish that this task force discuss, direct, evaluate, project, and recommend possible action for the Board of Directors to consider. This work is to evaluate education of the undergraduate, both internship and curriculum, graduate education, continuing education, and future education mandates or requirements that may affect the profession and NATA members. There should be no limitations in this task force’s scope of evaluations and/or recommendations.

MEMBERSHIP ROSTER
The composition of the task force, according to a July 7, 1994, memo from President Miller to all major committees, was selected by the Board of Directors to “include representation of women, minorities, dual-credentialed people, geographical segments, internship schools and curriculum programs.”
WHAT WE KNOW ABOUT ATHLETIC TRAINING EDUCATION

1. Curriculum students outscore internship students in all areas on the certification examination.

2. Internship students who have additional allied health education (physical therapy, nursing, etc.) score higher on the written and written-simulation portion of the exam, but not on the practical portion, than internship students without such education.

3. Curriculum students pass all three sections of the certification examination on the first attempt at higher rates than internship students.

4. The internship route to certification is the route of choice for most students and produces more certified athletic trainers than does the curriculum route. We are encouraged to offer an alternative route to certification in order to maintain our recognition as a certifying agency, although this is not an absolute requirement. At present the alternative is the internship route to certification.

5. The certification examination is a psychometrically sound, valid and reliable instrument for determining if candidates possess entry level knowledge and skill in athletic training.

6. Entry-level standards in athletic training are changing over time. These changes are reflected in the certification examination based upon periodic NATABOC role delineation studies.

7. Certain employment settings are at present more open to athletic trainers seeking employment than others. The job placement trend has clearly shifted to sports medicine clinics.

8. The term traditional setting is becoming an obsolete term based on present employment patterns.

9. The number, quality, and variety of athletic training continuing education opportunities has increased dramatically over the past few years.

10. Lack of adequate oversight of internship candidates results in over half being denied permission to sit for the certification examination by the NATABOC.

11. For the years 1993 and 1994 there were 573 institutions utilizing the internship route to certification and 84 accredited/approved undergraduate institutions. Although most of the universities sponsoring students via the internship route produced a small number of certification candidates, 81 institutions produces an average of 8.8 candidates per year. The 84 accredited/approved athletic training programs produced an average of 9.3 candidates per year.
12. For the years 1993 and 1994 a total of 3,014 (66% of all certifiees) were certified by the NATABOC through the internship route and 1,561 (34% of all certifiees) through curriculum programs.

13. For the year 1995, a survey of baccalaureate titles used by graduating athletic trainers indicated 20 different titled degrees all representing athletic training.

14. The distinction between accredited and unaccredited athletic training education programs is unclear to the general public. For the year 1995, according to Peterson's College Guide, 133 institutions advertised majors in athletic training. Only 52 of these programs were approved by the NATA or accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Similarly, 130 universities advertised majors in sports medicine. Only 43 of these programs were approved or accredited. The actual number of approved/accredited programs is 84.

HISTORY OF ACTIVITIES

FEBRUARY 1995 • FIRST MEETING
The initial meeting of the task force focused on identification of current realities and concerns from NATABOC, the Joint Review Committee on Athletic Training (JRC-AT), NATA Professional Education Committee (NATA PEC), NATA Board of Directors and the task force members. A preliminary exercise was designed to solicit perceived problem areas in the academic preparation of athletic training professionals. Subsequently, small group activities were conducted to elicit opinions and perceptions of task force members regarding the ideal methods to educationally prepare an entry-level athletic trainer. A list of 80 issues/concerns related to education was generated and subsequently consolidated into 14 major issues listed below. Subgroups for continuing education, entry-level preparation and graduate preparation were established to address these. At the conclusion of this meeting each group's responsibilities were outlined in preparation for the June meeting.

JUNE 1995
Preliminary progress reports were submitted by the sub-groups. In addition, the co-chairs were present with the Board of Directors at the town hall meeting to entertain comments from the membership on educational issues.

SUMMER 1995
Preliminary work on the draft of recommendations was conducted by the implementation subgroup. This draft was forwarded to the entire task force for review and comments and will be the basis for a concluding meeting in December.

DECEMBER 1995
A review of the preliminary draft of the task force report with proposals and recommendations was discussed and finalized. The task force prepared a plan to present recommendations to the membership at the district meetings. A scripted format will be utilized in the same manner as the Government Task Force. A progress report was presented to the Board of Directors.

FUTURE ACTIVITIES

JANUARY-JULY 1996
Public forums at district meetings will be conducted to receive member feedback on proposals. Feedback from these forums will be disseminated to task force members for consideration of the final draft.

AUGUST 1996
After hearings and feedback at district meetings, a final draft of the task force report with recommendations will be constructed. Any members in dissent will be given the opportunity to attach a minority report with the final draft.

SEPTEMBER 1996
Final report and recommendations to be submitted to the NATA Board of Directors.

METHODS OF INFORMATION COLLECTION
Information for use by the task force was gathered from a wide variety of sources:

1. Formal and informal survey data
2. Certification data
3. Formal requests for comments in the NATA News
4. Review of athletic training bulletin board letters
5. Public forums at the national, district and state meetings
6. Pertinent letters to the executive director or president
7. Accreditation documents of the JRC-AT
8. CME documents of other allied health organizations
9. Accreditation documents of allied health organizations
10. Formal Education Task Force workshop on current issues facing the profession
11. Telephone calls
12. Review of pertinent literature on health care reform and credentialing

MAJOR ISSUES DRIVING THE REFORM OF ATHLETIC TRAINING EDUCATION

1. Need for more consistent educational preparation of the entry-level athletic trainer.

Eligibility Requirements to Sit for the Certification Examination by Route

Curriculum

Academic (based on course content)
- Human Anatomy
- Human Physiology
- Exercise Physiology
- Kinesiology/Biomech.
- Health (prsnl. or comm.)

Clinical
- First Aid/CPR Card
- Prev. of Athletic Injuries
- Eval. of Athletic injuries
- Therapeutic Modalities
- Therapeutic Exercise
- Administration of Athletic Training
- Nutrition
- Psychology

Internship

Academic (based on course titles)
- Human Anatomy
- Human Physiology
- Exercise Physiology
- Kinesiology/Biomech.
- Health (nutr., drug use, etc.)
- First Aid/CPR Card
- Basic Athletic Training
- Adv. Athletic Training

Clinical
- 1,500 supervised hours
- 375 with high risk
- 500 may be in allied settings

In addition to these differences in routes to certification, the inconsistency in degree titles contributes to a misinterpretation of the individual's background and qualifications. Listed below are samples of 1995 graduates from a survey of 70 students applying for assistantships at one university with their listed major.

- Athletic Training
- Chemistry & African American Studies
- Health and Fitness and Sports Medicine
- Kinesiology/Sports Medicine
- Health & Exercise Science
- Secondary Math/P.E. and Coaching
- Athletic Training and Fitness Management
- Movement Science and Athletic Training
- Health Education
- Recreation Management
- Athletic Training and Physical Education
- Athletic Rehabilitation
- Sports Medicine/Athletic Training
- Athletic Training/Pre-physical Therapy
- Kinesiology
- Sports Medicine
- Exercise Science and Physical Education
2. Need to address the divergent scores occurring on the NATABOC certification examination.
   Curriculum and internship students perform differently on all three sections of the certification exam. These differences are made even more obvious when those internship candidates with a background in physical therapy, physician’s assistant or other health care professions are eliminated from the mix.

3. Need to prepare entry-level athletic trainers in the context of a rapidly expanding body of knowledge.
   The knowledge explosion occurring in the area of sports medicine is evidenced by the number of available texts currently listed with major publishers. In addition, the increasing variety of work settings requires a vigilant review of the requirements for entry level preparation in order to provide students with the necessary skills for the work place.

4. Need to ensure entry-level preparation in the context of strong institutional support for athletic training education.
   Many athletic training educational programs, both curriculum and internship route, have existed on the coffers of a gracious athletic department with limited support by the academic units. Increased performance expectations placed upon students at graduation mandate an academic legitimacy equivalent to other degree programs offered at that institution. While proof of this formal recognition is required with the JRC-AT programs, the level or recognition or financial support for internship routes is unknown.

5. Need to improve the consistency and quality of athletic training instruction.
   At present, it should be noted that accredited programs have their course work evaluated on the basis of course content addressing the 191 competencies identified in the CAAHEP Essentials and Guidelines while the courses taken by internship students are evaluated based solely on course title. Additionally, while there are some excellent internship route “programs,” it remains totally up to the internship sponsor as to what type of education the student will receive. There isn’t any basis to assure quality of instruction, supervision, equal opportunity, equal access, medical supervision, or effective staff/student ratios.

6. Need for an alternative route to enter the profession.
   The NATA Board of Certification is strongly encouraged by National Organization of Certifying Agencies to provide an alternative route to certification besides the traditional baccalaureate program. While this has currently been satisfied by the internship route, consideration could also be given to entry-level graduate programs as the alternate route to certification exam eligibility.

7. Need to provide the intellectual resources to ensure an expanding body of knowledge in athletic training.
   One of the frequent criticisms of the athletic training profession has been the dearth of research produced by its members. True advanced master's degree programs are the foundation and incubator for future researchers and educators. Woven within the fabric of our entire educational plan must be a philosophy that places a high value on the importance of scientific investigation that contributes to our body of knowledge. Doctoral level study should be highly encouraged in the various domains of athletic training. Recognition of high academic achievement and published research should continue, and as finances allow, increase the grant monies available to support quality research within the athletic training domains.

8. Need to provide quality athletic training education “across the life span.”
   The need for continuous professional improvement across an individual’s career has been well established in other allied health care professions. Providing quality educational experiences for different skill levels is important for both the young as well
as the experienced athletic trainer. As a membership service, establishing an educational plan for specialty or athletic training domain skill building along with a method to assure continuing competency is essential.

9. Need to assure continuing competence of practicing athletic trainers.

While the responsibility for monitoring continuing competence falls within the purview of the NATABOC, the NATA maintains the professional obligation to determine what it considers to be a competent practicing professional. The hand-in-glove relationship mandates a close working relationship between the two boards. While mutually autonomous, the boards must be singular in purpose with regard to the standards necessary for a practicing athletic trainer to be deemed "current."

10. Need to recognize special competence.

A frequent concern expressed to the association has been a need to address the growing number of professionals in very specific work environments. Although without substantial evidence, concerns have been raised that newly certified individuals are not adequately prepared to enter certain work environments or do not possess the appropriate credentials to gain employment.

11. Need to prepare athletic trainers for post entry-level competencies required in specialized settings.

The academic core of entry level preparation is framed around the NATABOC’s role delineation. The NATA PEC’s panel of professional educators utilize this information in conjunction with historical data and intuition to develop the best projected pedagogical curriculum to prepare students for the future job markets. This curriculum, however, has been based upon the traditional athletic training setting. The essential core for someone in this setting is arguably different than for many of the entry-level work environments. At issue is whether the academic core should remain consistent with the traditional setting or modified to reflect the varying work environments.

12. Need for professional advocacy of education “across the life span” through a common voice.

The national association has grown immensely in both numbers and dimensions over the last several years. While there has always been a recognized need for continuous improvement through education, there has been a diversion of mission by some committees to take on education as a primary mission in addition to their normal functions. This growth problem has led to a duplication and sometimes conflict between different committees. The NATA needs to have a singular voice that outlines the educational mission, vision and plan for its membership. Each of the subcommittees should have the opportunity for direct input to this group either by representation or a formalized communication mechanism. The latter may be more practical, since the size of this group could become unwieldy.

13. Need to address a potential diminishing employability of athletic trainers prepared via the internship route to certification.

Credentialing rules have been enacted in some states that are restrictive enough to prohibit employability or the ability to be meaningfully employed based upon the individual’s route to certification. Tiered licenses and ineligibility for a license based upon the athletic trainer’s route to certification diminish professional mobility and marketability, and limit the individual’s usefulness in both traditional and clinic settings.

14. Need to streamline the educational functions of the NATA.

An implied part of the task force mission has been to assess the various educational functions of the association and identify areas of duplication, conflict and overlap in service to the membership. In addition, educational components were analyzed as to organizational structure, areas of responsibility, and operational functions. At present, NATA educational functions are spread over several groups without a collective vision or purpose. The NATABOC, Research and Education
Foundation, Professional Education Committee, Convention Committee and many of the sub-committees currently organize and sponsor programs that represent the NATA. This situation has occurred for at least two reasons. In some cases these subgroups have strayed beyond their missions. The Board of Directors, however, has occasionally issued directives charging them with tasks not originally part of their mission. Whatever the reasons, the situation should be rectified.
Accreditation report from 1996 site visit

Between 1991 and 1996, the Joint Review Commission on Athletic Training (JRC-AT) had become the accreditation site visitors. Specific strengths reported by the JRC-AT in their 1996 visits included the following:

1) The athletic training education program is housed within the Department of Family Medicine—this in turn places the curriculum, faculty, staff and primary teaching facilities within the School of Medicine.

2) There is a strong, multi-disciplinary emphasis within the athletic training education program which includes a wide variety of allied health personnel.

3) There is a strong “team approach” within the faculty/staff with regard to the clinical education component of the athletic training education program.

4) The vast resources within the medical school are directly available to the students within the athletic training education program.

5) Strong administrative support at all levels for the athletic training education program.

Looking at the big picture, because of hard work and support of many people within the School of Medicine, this program went from being on probation to being very good in seven years. The UND ATEP was given a 5 year accreditation period, the longest given out by the JRC-AT at the time.
On-site Report 1

AMERICAN MEDICAL ASSOCIATION
in collaboration with the
National Athletic Trainers’ Association
American Academy of Family Physicians
and the
American Academy of Pediatrics
which sponsor the
ACCREDITATION JOINT REVIEW COMMITTEE ON EDUCATIONAL PROGRAMS
IN ATHLETIC TRAINING

*** REPORT OF ON-SITE EVALUATION ***

CONFIDENTIAL
(Not to be duplicated)

The purpose of this form is to elicit an analysis of the educational effectiveness of the program being reviewed in meeting the ESSENTIALS AND GUIDELINES FOR AN ACCREDITED EDUCATIONAL PROGRAM FOR THE ATHLETIC TRAINER. The form is to be completed jointly by members of the survey team and returned promptly to the Joint Review Committee for Educational Programs in Athletic Training, Department of Physical Education, Indiana State University, Terre Haute, Indiana 47809.

Name of Institution: University of North Dakota

City: Grand Forks  State: ND  Dates of Visit: 2-16-96 -- 2-17-96

Type of Program:
Major
Major Equivalent
Other

XX (BS Degree in AT)

Type of Accreditation
Initial
Continuing
XX

Chair (or comparable officer)
Clayton Jensen, MD, Chairman, Family Med.

Program Director
James Rudd, Director, Div. of Sports Med.

Team Physician
Greg Greek, MD

Site Visit Chair
Ronald P. Pfeiffer, EdD, ATC/R

Site Visitor
Carl Cramer, EdD, ATC
<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>James Rudd, MS, LATC</td>
<td>Director, Division of Sports Medicine</td>
</tr>
<tr>
<td>Makoto Tsuchiya, MS, LATC</td>
<td>Academic Coordinator, Div. of Sports Medicine</td>
</tr>
<tr>
<td>William Mann, MD</td>
<td>Medical Director, Div. of Sports Medicine</td>
</tr>
<tr>
<td>Clayton Jensen, MD</td>
<td>Chairman, Dept. of Family Medicine</td>
</tr>
<tr>
<td>H. David Wilson, MD</td>
<td>Dean, UND School of Medicine</td>
</tr>
<tr>
<td>Dr. Thomas Norris</td>
<td>Executive Associate Dean, Academic Affairs, UND School of Medicine</td>
</tr>
<tr>
<td>Clarence Thompson</td>
<td>Professor of Human Anatomy, UND, Dept. of Family Medicine</td>
</tr>
<tr>
<td>Dr. Vikki McLeary</td>
<td>Professor of Physiology, UND, Dept. of Family Medicine</td>
</tr>
<tr>
<td>Greg Greek, MD</td>
<td>Assistant Professor, Associate Team Physician</td>
</tr>
<tr>
<td>Marna Youngberg</td>
<td>Senior, student athletic trainer</td>
</tr>
<tr>
<td>Jennifer Jallo</td>
<td>Junior, student athletic trainer</td>
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<tr>
<td>Jason Askew</td>
<td>Senior, student athletic trainer</td>
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<tr>
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<tr>
<td>Steve Kenworthy</td>
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<tr>
<td>Dr. Ron Brinkert</td>
<td>Professor of Exercise Physiology, HPER</td>
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<tr>
<td>Robin Paine, MS, PT, LATC</td>
<td>Instructor/Physical Therapist</td>
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<tr>
<td>Cathy Zeigler, PT, LATC</td>
<td>Instructor/Clinical Coordinator</td>
</tr>
<tr>
<td>Mark Poolman</td>
<td>Graduate Assistant Athletic Trainers, UND (program graduate)</td>
</tr>
<tr>
<td>Sheely Kroeber</td>
<td>Physical Therapist, United Hospital (program graduate)</td>
</tr>
<tr>
<td>Dick Clay</td>
<td>Women's Track &amp; Cross Country Coach</td>
</tr>
<tr>
<td>Kelvin Zeigler</td>
<td>Baseball Coach</td>
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COMMENTS ON PROGRAM STRENGTHS

1) The athletic training education program is housed within the department of family medicine -- this in turn places the curriculum, faculty, staff and primary teaching facilities within the school of medicine.

2) There is a strong, multi-disciplinary emphasis within the athletic training education program which includes a wide variety of allied health personnel.

3) There is a strong “team approach” within the faculty/staff with regard to the clinical education component of the athletic training education program.

4) The vast resources within the medical school are directly available to the students within the athletic training education program.

5) Distance learning capabilities within the athletic training education program -- 12 sites across the state of North Dakota.

6) Strong administrative support at all levels for the athletic training education program.

7) Close proximity of ancillary learning facilities such as the “The Center for Sports Medicine”.

8) Active student athletic training club.

9) Human cadaver laboratory experience at both the sophomore and senior level within the athletic training education program.

10) Strong commitment to assisting the students with computer literacy — a large amount of information is available to the students via the Internet, local (on-campus) server, as well as with PC systems which are housed throughout the facilities on campus.
COMMENT ON PROGRAM DEFICIENCIES

COMMENTS MUST BE MADE FOR THOSE ESSENTIALS INDICATED AS BEING IN PARTIAL COMPLIANCE (PC) OR NON-COMPLIANCE (NC)

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The program must maintain clearly specified educational objectives consistent with its mission and appropriate in light of the degree it awards.

The documents provided in the self-study regarding this essential are presented in Appendix 2-a of the CAAHEP Self-Study Report. While this section does contain a detailed listing of the University of North Dakota Philosophy of General Education as well as a Mission Statement for the University of North Dakota Division of Sports Medicine (Appendix 2-b), no specific educational objectives for the curriculum were provided.
RECOMMENDATIONS RELEVANT TO THE PROGRAM

DESCRIPTION

1) Develop program objectives to compliment the mission statement provided already in Appendix 2-b in the Self-Study document.

2) Investigate available texts to be used in support of the Clinical Practicum courses. i.e., Fmed 213, 313, 413.

3) Conduct an outcomes assessment of curriculum graduates back to 1990.

4) If possible, survey employers of curriculum graduates in regards to their professional preparation.

5) When the local political environment permits, pursue high school affiliations with the athletic training curriculum.

6) Continue to market the “teaching credential” options for students who are interested in pursuing such a degree.

SIGNATURES OF EVALUATORS

Ronald Paul Peterson 2/28/96
Carrol E. Stone, ED D 3/5/96

FEB-27-1996 16:26 203 365 1894 93% F.05
Accreditation report from 2000 site visit

Strengths from the 2000 JRC-AT report included:

The administrative structure places the Division of Sports Medicine (athletic training education program) in the School of Medicine and Health sciences within the Department of Family Medicine. This is a most advantageous and unique aspect to this program. As a result of this administrative structure the athletic training education program derives many benefits. Some of the most significant benefits include the following:

Funding. The primary funding source for this program is the School of Medicine rather than the University general academic fund or the UND Athletic Department. This is a major strength of the program.

Administration. The administration in the School of Medicine, Department of Family Medicine and the Division of Sports Medicine are extremely supportive and cognizant of the needs of this program. Each level of administration provides a variety of support systems to the athletic training education program.

Library. All athletic training students have full access to the UND Medical School Library.

The UND ATEP was again granted the longest accreditation period granted by the JRC-AT and was given a 7 year accreditation period.
The purpose of this form is to elicit an analysis of the educational effectiveness of the program being reviewed in meeting the **STANDARDS AND GUIDELINES FOR AN ACCREDITED EDUCATIONAL PROGRAM FOR THE ATHLETIC TRAINER**. The form is to be completed jointly by members of the site-visit team and returned **within two weeks** to the Joint Review Committee for Educational Programs in Athletic Training, 7108-C South Alton Way, Englewood, CO 80112.

Name of Institution: University of North Dakota

<table>
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<tr>
<th>Type of Program:</th>
<th>Major</th>
<th>Major Equivalent</th>
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<tr>
<th>Chair (or comparable officer)</th>
<th>Dr. William Mann</th>
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<td>Brent Mangus</td>
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<tr>
<td>Site Visitor</td>
<td>James Rankin</td>
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<td>NAME</td>
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<tr>
<td>Mr. Jim Rudd</td>
<td>Director, Division of Sports Medicine</td>
</tr>
<tr>
<td>Dr. William Mann</td>
<td>Chairman, Dept. of Family Medicine</td>
</tr>
<tr>
<td>Ms. Cathy Ziegler</td>
<td>Clinic Coordinator, Center for Sports Med.</td>
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<tr>
<td>Ms. Robin Paine</td>
<td>Instructor, Division of Sports Med.</td>
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<tr>
<td>Mr. Kevin Curley</td>
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<td>Mr. Mark Poolman</td>
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<tr>
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<tr>
<td>Mr. Brent Parsons</td>
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<tr>
<td>Ms. Sara Bjerke</td>
<td>Program Graduate (1998)</td>
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<tr>
<td>Dr. David Wilson</td>
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<td>Dr. Robert Rubeck</td>
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<td>Mr. Randy Eken</td>
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COMMENTS ON PROGRAM STRENGTHS

The administrative structure places the Division of Sports Medicine (athletic training education program) in the School of Medicine and Health Sciences within the Department of Family Medicine. This is a most advantageous and unique aspect to this program. As of result of this administrative structure the athletic training education program derives many benefits. Some of the most significant benefits include the following:

Funding. The primary funding source for this program is the School of Medicine rather than the University general academic fund or the UND Athletic Department. This is a major strength of the program.

Administration. The administration in the School of Medicine, Department of Family Medicine and the Division of Sports Medicine are extremely supportive and cognizant of the needs of this program. Each level of administration provides a variety of support systems to the athletic training education program.

Growth. The ability to grow the athletic training education program is a definite possibility at UND. Although, the student to faculty ratio at the present time is a strength of the program.

Library. All athletic training students have full access to the UND medical school library.

The ability to provide special lab sections (anatomy) to the basic science curriculum demonstrates the cooperation among departments on campus.

Communication among all administrators, faculty, staff, and students is open and free flowing.

All athletic training staff have classroom and clinical teaching responsibilities.

The presence of the ATC/PT’s in the Sports Medicine Clinic attached to Hyslop Athletic Training facility is very helpful to students and athletes.

Students, current and former, indicate that the athletic training education program at UND has an excellent reputation for providing a total educational experience.

Availability of computer hardware, software, Internet access, and technical support is extremely beneficial.
COMMENT ON PROGRAM DEFICIENCIES

COMMENTS MUST BE MADE FOR THOSE STANDARDS INDICATED AS BEING NON-COMPLIANCE (NC)

<table>
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<tr>
<th>STANDARD NUMBER</th>
<th>DESCRIPTION</th>
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Instruction must follow a plan which:
Section IIB 2 b. includes clearly written course syllabi that describes learning objectives and competencies to be achieved for both didactic and supervised clinical education components.

STANDARD II B 2 b  ___ C  __X__ NC

Course syllabi do not provide adequate information to assess the competencies to be covered in each course (didactic & clinical). Suggest utilizing a consistent syllabi format for all FMED courses, which provide comprehensive information regarding purpose, objectives, student evaluation, competencies to be learned, and topical/content areas to be covered during the entirety of the course.
RECOMMENDATIONS RELEVANT TO THE PROGRAM

DESCRIPTION

1- Program administration must ensure placement of FMED 821L in the UND catalog when the next edition is printed in 2002.

2- Program administration should investigate student feedback mechanisms for both classroom and clinical course offered.

3- Program graduates should be surveyed for feedback on undergraduate preparation in their field of study and their first professional position.

4- Recognizing that a large percentage of employment opportunities are in the high schools and clinics, a relationship with like local facilities would enhance the experience of the undergraduate student. THE UND athletic training education program needs to look at options to provide such an experience for the undergraduate students at UND.

5- A training program for clinical instructors needs to be implemented to enhance their professional feedback techniques to undergraduate students.

6- All competencies should be taught in a classroom environment and reinforced in the clinical setting, including Domain III, Affective # 3.

SIGNATURES OF EVALUATORS

[Signatures]

Pl. D., ATC
April 25, 2001

Charles Kupchella, PhD
President
University of North Dakota
Box 8193
Grand Forks, ND 58202-8193

Dear President Kupchella:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on April 19, 2001 to award continuing accreditation to the University of North Dakota Athletic Training Education Program, Grand Forks, North Dakota.

The recent peer review conducted by the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT) and the commission's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation standards. The next comprehensive evaluation of the program, including an on-site review is scheduled to occur in 2007-08.

The following citation merit[s] your institution's attention and resolution in order to strengthen the program's compliance with the Standards:

II B2b Instructional Plan
Includes clearly written course syllabi that describe learning objectives and competencies to be achieved for both didactic and supervised clinical education components.
All course syllabi do not address goals/objectives and competencies accurately.

Provide a copy of all athletic training syllabi with goals and objectives stated, using a daily/weekly format.

CAAHEP requests that a report (original and 13 copies, bound, copied double-sided and no more than 25 pages) be sent to the JRC-AT, PO Box 460939, Centennial, CO 80046-0939 January 15, 2002 indicating the manner in which this/these citation(s) has/have been resolved.

Failure to respond satisfactorily to the citation(s) above may result in a withdrawal of accreditation.

The accreditation standards are established by CAAHEP and the American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers' Association.
The commission recognizes you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation.

Sincerely,

Larry J. Leverenz
President

Enclosure  Standards

Cc:  William S. Mann, MD, Chair
     James Rudd, MS, Program Director
     Pete Koehneke, MS, Chair, JRC-AT
     Lynn Caruthers, Executive Secretary, JRC-AT
March 21, 2001

Dear Mr. Rudd:

The Joint Review Committee on Educational Programs (JRC-AT) met on March 9, 2002 and reviewed your institution's Progress Report submitted for the athletic training education program. The JRC-AT is pleased to notify you that the progress report was accepted and the program's accreditation status remains unchanged. The next comprehensive evaluation of the program, including an on-site review, will occur in academic year 2007-08.

The JRC-AT commends you and your colleagues for your commitment to continuous quality improvement in education.

Sincerely,

Lynn Caruthers
Administrative Assistant
### School Results:

- **Program:** Curriculum

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Report of Individual School Results on the 2002 NATA Board of Certification Athletic Trainer's Certification Examinations

Univ of ND
Program: Curriculum

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Standards and Guidelines

for an Accredited Educational Program for the Athletic Trainer

If you are unsure which set of Standards (1991 or 2001) applies to your program please contact the Joint Review Committee on Educational Programs in Athletic Training at 303-627-6229.

Essentials/Standards initially adopted in June 1991; revised in 2001 by the

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Orthopaedic Society for Sports Medicine
- Commission on Accreditation of Allied Health Education Programs
- National Athletic Trainers’ Association

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs for the Athletic Trainer upon the recommendation of the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT).

These Standards are the minimum standards of quality used to accredit programs that prepare individuals to enter Athletic Training. The extent to which a program complies with these standards determines its accreditation status. The Standards therefore constitute the minimum requirements to which an accredited program is held accountable.

The Standards are printed in regular typeface in outline form. The Guidelines accompanying the Standards provide examples intended to assist in interpreting the Standards. Guidelines are printed in italic typeface in narrative form.

Sections I and III of these Standards are common to all educational programs accredited by CAAHEP. Section II contains a description of the profession and the specific requirements for preparing Athletic Trainers.

Preamble

Objectives
The American Academy of Family Physicians, The American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, the Commission on Accreditation of Allied Health Education Programs, and the National Athletic Trainers’ Association (NATA), cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Athletic Training and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these Standards.

Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of Athletic Training programs. On-site review teams assist in the evaluation of a program’s relative compliance with the Standards.

Description of the Profession
An athletic trainer is a qualified health care professional educated and experienced in the management of health care problems associated with physical activity. In cooperation with physicians and other health care personnel, the athletic trainer functions as an integral member of the health care team in secondary schools, colleges and universities, professional sports programs, sports medicine
clinics, and other health care settings. The athletic trainer functions in cooperation with medical personnel, athletic personnel, individuals involved in physical activity, parents, and guardians in the development and coordination of efficient and responsive athletic health care delivery systems.

The athletic trainer’s professional preparation is directed toward the development of specified competencies in the following domains: risk management and injury prevention, pathology of injuries and illnesses, assessment and evaluation, acute care of injury and illness, pharmacology, therapeutic modalities, therapeutic exercise, general medical conditions and disabilities, nutritional aspects of injury and illness, psychosocial intervention and referral, health care administration, professional development and responsibilities. Through a combination of formal classroom instruction and clinical experience, the athletic trainer is prepared to apply a wide variety of specific health care skills and knowledge within each of the domains.

Section I: General Requirements for Accreditation

A. Sponsorship
1. The sponsoring institution and any affiliates shall be accredited by recognized agencies or meet equivalent standards.

2. Responsibilities for program administration, instruction, supervision, and other functions of the sponsoring institution and of each affiliate shall be clearly documented as a formal affiliation agreement or memorandum of understanding.

The sponsoring institution should conduct an annual review of formal affiliation agreements or memoranda of understanding for purposes of continued compliance with established Standards and the companion document “NATA Athletic Training Educational Competencies”.

3. Accredited educational programs shall be established in senior colleges and universities for education in Athletic Training.

4. The sponsoring institution assumes primary responsibility for student admission, curriculum planning, selection of course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, receiving and processing applications for admission, granting the degree, and documenting satisfactory completion of the educational program. The sponsoring institution shall also be responsible for providing assurance that the activities assigned to students in a clinical experience are appropriate to the educational objectives of the program.

5. Sponsoring institutions shall be authorized under applicable law or other acceptable authority to provide a program of postsecondary education.

Institutions outside of the United States should submit documentation that the institution is recognized and authorized by a national or international authority to provide a program of postsecondary education.

B. Resources

1. Personnel
a. Administrative Personnel
The program shall have adequate leadership and management. These officials shall possess the necessary qualifications to perform the functions identified in documented job descriptions.

(1) Program Director
(a) Responsibilities
The Program Director shall have a recognizable department responsibility for the accountability of the day-to-day operation, coordination, supervision, and evaluation of all aspects of the athletic training educational program.
Administrative and supervisory responsibilities of the Program Director should be recognized as a department assignment. The amount of time devoted to these responsibilities should be consistent with departmental or institutional policy, but should be deemed appropriate in view of the administrative responsibilities of the Program Director.

(b) Qualifications
The Program Director shall be a full-time employee of the sponsoring institution and shall be a member of the teaching faculty as defined by school policy. The Program Director shall also have current National Athletic Trainers' Association Board of Certification (NATABOC) recognition as a certified athletic trainer and have appropriate experience, as such, in the clinical supervision of athletic training students.

Teaching faculty is defined as a faculty member with departmental and institutional voting rights and committee representation as defined by institutional standards.

The Program Director shall have a minimum of three years experience as an NATABOC Certified Athletic Trainer and be in good standing with the NATABOC.

The Program Director should have a strong academic orientation and should have demonstrated a sincere interest in the professional preparation of athletic training students. Demonstrated involvement in athletic training and sports medicine through publications, public speaking, research, and membership in related professional organizations is highly desirable.

b. Faculty
(a) Responsibilities
All faculty members assigned to teach required subject matter shall be familiar with and incorporate the "NATA Athletic Training Educational Competencies" as they pertain to their respective teaching areas.

Faculty members teaching coursework included in the athletic training curriculum should demonstrate a sincere interest in assisting students in development of the athletic training competencies.

(b) Qualifications
Faculty members responsible for teaching required subject matter shall be qualified through professional preparation and experience in their respective academic areas as determined by the institution.

The institution should have documentation in the form of a position or job description that include the minimum expectations for work experience and professional preparation for faculty responsible for teaching the required subject matter.

(c) Number
There shall be sufficient faculty/staff to (1) provide instruction/supervision on a regular basis, (2) advise students on content of didactic/clinical experiences, and (3) maintain student to faculty/staff ratios appropriate for educational purposes as determined by the institution.

The number of NATABOC Certified Athletic Trainer faculty assigned to the program should be consistent with major programs of comparable enrollment in other respective academic areas.

c. Other Instructional Staff
(1) Approved Clinical Instructor (ACI)
(a) Responsibilities
An ACI shall be a faculty, staff, or adjunct allied health or medical community member of the sponsoring institution or affiliates who provides formal instruction and/or evaluation of students in the clinical proficiencies of the athletic training educational program. An ACI shall perform psychomotor and/or clinical proficiency instruction and evaluation at some point during the educational experience. Evaluation of the proficiency shall be done in a one-to-one basis as determined by the institution. The ACI shall also be involved in the learning-over-time continuum during the clinical experience.
(b) Qualifications
An ACI shall be a NATABOC Certified Athletic Trainer who has completed clinical instructor training and is currently an NATA approved clinical instructor (ACI).

NATA approved clinical instructors responsible for teaching required subject matter shall be qualified through professional preparation and experience in their respective academic areas as determined by the institution.

**NATA approved clinical instructors should have a minimum of one year of working experience in their respective field.**

(2) Clinical Instructor (Field Experiences)
(a) Responsibilities
A clinical instructor shall provide direct supervision of students in athletic training and other health care settings during the field experiences. The instructor shall be physically present in order to intervene on behalf of the individual being treated.

*Supervision involves daily personal/verbal contact at the site of supervision between the athletic training student and the instructor who plans, directs, advises, and evaluates the student's athletic training experience. Experiences that are not supervised by a certified athletic trainer will not count toward the required traditional athletic training experience. (See Section II.B.1.f) A ratio of students to clinical instructor should foster substantial personal involvement with a maximum ratio of 8:1 recommended.*

(b) Qualifications
An athletic training clinical instructor in the traditional setting shall be a certified athletic trainer in good standing with the NATABOC. In other health care settings, the clinical instructor shall be duly authorized to practice in his/her respective area.

*The clinical instructor should have appropriate experience, as such, in the clinical supervision of athletic training students. Clinical instructors should have a minimum of one year of working experience in their respective field. Clinical instructors should have a sincere interest in the professional preparation of athletic training students. Demonstrated involvement in athletic training and sports medicine through participation in clinical education programs, membership and involvement in related professional organizations is highly desirable. A clinical instructor may be an ACI.*

d. Medical and Other Health Care Personnel
The athletic training education program shall assure opportunities for athletic training students to become familiar with the roles and responsibilities of various medical and other health care personnel as they relate to the profession of athletic training.

There shall be involvement of various medical and other health care personnel in the formal or informal instruction.

*Medical and other health care personnel may or may not hold formal appointments to the instructional staff. Nevertheless, their involvement on a planned, regular and continuing basis is highly desirable. Dentists, nurses, physical therapists, occupational therapists, and specialists in family practice, dermatology, ear nose and throat, orthopaedics, neurology, cardiology, pediatrics, internal medicine, ophthalmology, physical medicine, and others could be utilized to enhance and diversify the curriculum offerings and clinical experiences. The number and diversity of these individuals should expose the student to the interaction of their specialties as they relate to the health care of the physically active. The program is encouraged to expose the student to as many individual professionals and professions as appropriate.*

e. Medical Director or Team Physician
(a) Responsibilities
The medical director or team physician of the program shall provide competent direction and/or
guidance to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meet current acceptable performance standards.

The team physician(s) shall be involved in the athletic training educational program.

The team physician (MD, DO) should have a sincere interest in the professional preparation of the athletic training student and should be willing to share his/her knowledge through ongoing informal discussion, clinics, and other in-service educational sessions. Involvement of the team physician as a full-time or part-time classroom instructor or guest lecturer is encouraged.

The athletic training room and allied clinical sites provide the clinical settings in which the athletic training student is exposed to the medical practices of the team physician. Thus, the team physician's presence in the athletic training room on a regular basis is an important aspect of the student's clinical experience.

f. Clerical and Support Staff
Adequate professional clerical and other support staff shall be available to support program personnel.

Adequate professional clerical staff may be defined as being comparable to that which is provided to other comparable academic programs. Professional staff may be supplemented with student help such as work-study students; however, student help alone is not sufficient.

g. Professional Development
Program instructional staff and faculty shall pursue continuing professional education.

Continuing professional education should be appropriate in the area(s) of expertise that relate to program responsibilities. Attendance, as appropriate, at local, state, regional, and national educational programs is encouraged.

2. Financial Resources
The sponsoring institution shall provide and manage adequate and continuing resources to operate an athletic training educational program.

The program should be provided with annual funding that is consistent with other programs funded by the sponsor. The funding should include items such as expendable supplies, capital equipment, course instruction, operating expenses, and continuing education.

3. Physical Resources
a. Facilities
Adequate classrooms, laboratories, clinical facilities, and administrative offices shall be provided for students, program staff, and faculty.

The athletic training room and other clinical facilities shall provide the primary settings in which the clinical athletic training educational program is conducted. These settings shall provide adequate space for effective learning experiences for all athletic training students enrolled in the clinical aspect of the program.

Space requirements will depend not only upon the number of athletic training students to be supervised at any one time but also upon the daily case load associated with health care to student athletes and others involved with physical activity.

b. Equipment and Supplies
Appropriate and sufficient equipment, supplies, and storage space shall be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids such as clinical specimens, documents and related materials, reference materials, equipment, and demonstration aids shall be provided. It shall be the institution's responsibility to justify the appropriateness and sufficiency of these items to meet the needs of the enrolled students based upon instructor and student feedback.
(1) Therapeutic Modalities and Rehabilitation
Therapeutic modalities and rehabilitation equipment shall be available for instructional purposes. Such equipment shall include items identified in the "NATA Athletic Training Educational Competencies". Therapeutic modalities and rehabilitation equipment, appropriate to the clinical setting, shall be available for clinical educational purposes.

While the use of these modalities in practice settings may not occur, the program shall instruct all of the therapeutic modalities identified in the "NATA Athletic Training Educational Competencies".

*The clinical use of certain modalities may be limited or excluded by state practice acts.*

(2) First Aid and Emergency Care Equipment
Equipment and supplies necessary for the appropriate initial management of acute athletic injuries/illnesses shall be available in order to provide the athletic training student with clinical and instructional practice in first aid and emergency care procedures.

*Such equipment shall include items identified in the "NATA Athletic Training Educational Competencies".*

c. Learning Resources
(1) Library/Literary Sources
Students shall have ready access to electronic media, current texts, journals, and other reference materials related to the curriculum.

*Resource materials may be housed in the university library and/or program based library. Reference material should also be available in the clinical setting.*

(2) Instructional Aids
Sufficient number and quality of multimedia resources and other appropriate instructional aids shall be available for use in the athletic training education program.

*Clinical subjects, specimens, athletic injury management records and forms, computer hardware and software, and audio and visual resources should be available.*

C. Students

1. Admission Policies and Procedures
a. Admission of students into the program, including competitive admission placement within the clinical and advanced didactic portions, shall be made in accordance with clearly defined and published academic practices of the institution.

b. Program admission criteria shall be clearly defined and published, in the official institutional academic documents and other public media.

c. Technical standards required for admission to the program shall be clearly defined, published, and readily accessible to prospective students.

*Programs that offer a competitive admission should clearly state this within all published materials. The program should publish the material in the official academic document of the institution, appropriate brochures and media. A description of the admission process should be included. ADA policies of the institution should be followed. The NATA Education Council has established general guidelines for student technical standards.*

2. Evaluation of Students
a. Criteria for successful completion of each segment of the curriculum and for graduation shall be given in advance to each student.
(1) Evaluation methods/systems shall be implemented for both didactic and supervised clinical education components. They shall be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing and to serve as a reliable indicator of the effectiveness of course design and instruction.

*Academic progress should be assessed at a minimum at the end of each academic term. Clinical education components should be assessed at the mid-point and the conclusion of the experience.*

3. Health
Procedures shall be established and implemented to determine that the students' physical and mental health will permit them to meet the established written technical standards of the program.

a. Students shall be informed of and have access to the health care services provided to other students of the institution.

*An appropriate health care provider should complete a health evaluation of the student. Evidence of the evaluation should be maintained by the program director in accordance with established confidentiality statutes.*

4. Guidance
Guidance shall be available to assist students in understanding course content, in observing program policies and practices, and to provide counseling or referral for problems that may interfere with the students' progress through the program.

D. Operational Policies

1. Fair Practices
a. Announcements and advertising shall accurately reflect the program offered and the title of athletic training.

b. Student and faculty recruitment, student admission and faculty employment practices shall be non-discriminatory with respect to race, color, creed, gender, sexual orientation, age, disabling conditions (handicaps), and national origin.

c. Academic credit and other costs to the student shall be made known to all applicants in official institutional documents.

d. The program or sponsoring institution shall have a published procedure for processing student and faculty grievances.

e. Policies and processes for student withdrawal and for refunds of tuition and fees shall be published in official institutional documents and made known to all applicants.

f. Policies and processes by which students may be selected to perform service work, work-study, student employment, and scholarship activities while enrolled in the program shall be published in program documents. Students shall not take the responsibility or the place of qualified staff. The student employment shall be non-compulsory, and subject to standard employee policies.

*After demonstrating proficiency, students may be permitted to undertake certain defined activities as a first responder with appropriate supervision and direction. Students may be employed in the field of study with appropriate supervision, provided the work does not interfere with regular academic responsibilities.*

g. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded.
The health and safety of all involved should be protected by provision of malpractice liability insurance through enrollment in a purchased plan or through an institutional self-insurance program for program students and staff. Appropriate competency evaluation of students before application of skills, and course progression for student clinical assignment should be continually evaluated. Communicable health concerns, equipment inspections, and appropriate supervision for the prevention of injury of the patient or student should be paramount in general safety considerations. Active communicable disease policies should be established for program students and personnel.

h. The program shall comply with Occupational Safety and Health Administration blood-borne pathogen requirements. Education in pathogen and infection control shall be provided annually.

2. Student Records
Satisfactory records shall be maintained that documents student admission, matriculation, and evaluation. Grades and credit for courses shall be recorded on the student transcript and permanently maintained by the sponsoring institution in a safe and accessible location.

E. Program Evaluation
1. Outcomes
Programs shall routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes related to the educational and program objectives.

Timely efforts should be made to collect, analyze, and summarize data. Sources of data may include, but are not limited to, surveys of final term (graduating) students, graduates, and employers on such matters as curriculum satisfaction, employment settings, type and scope of practice, job performance, post-graduate knowledge and skill, and performance on national and state certifying examinations.

a. The program shall document instructional effectiveness.

Timely efforts should be made to collect, analyze, and summarize data. Sources of data may include, but are not limited to course/instructor evaluations, clinical instructor evaluations, medical and allied health personnel evaluations.

2. Results of Ongoing Program Evaluation
The results of ongoing evaluation shall be used to evaluate program effectiveness and to implement appropriate changes for the purpose of improving student achievement.

a. The program shall document outcomes related to the identified educational goals and objectives as determined by the program.

b. The program shall verify successful completion of degree requirements of all students.

c. A program shall document that the didactic and clinical educational achievements of its students are verifiable and assessed in consistent ways.

The student program folder should include documentation of academic and clinical progression. This would include documentation of clinical experiences, clinical instructor evaluations, completed clinical proficiencies, and academic course completion. The proficiencies should be evaluated during program completion via standardized evaluation methods.

Section II: Requirements for Athletic Training

A. Curriculum

1. Description of the Program
a. The athletic training curriculum shall be an undergraduate academic major or graduate degree
program in athletic training as defined by the sponsoring institution. The institution and institutional governing body requirements for a major shall be met.

The academic major or graduate program should be comparable to other major or graduate academic programs offered within the department or division. A minor does not meet this standard. The major or graduate program will be verifiable due to the listing in institutional academic publications and on the official transcript of the student as is normally designated for other majors or graduate programs in the institution.

b. Faculty and students shall have available to them a clear written description of the program and its content including learning goals, course objectives, supervised clinical practice assignments and competencies required for graduation.

The statement of goals and objectives should provide the basis for program planning, implementation, and evaluation. It should be compatible with both the mission of the sponsoring institution and the expectations of the profession as reflected in the Preamble, Description of the Profession, and described in the companion document, "NATA Athletic Training Educational Competencies". Competencies represent important standards for curriculum design, development of individual course content, and structuring of clinical experiences. These competencies should be achieved within the framework of appropriately sequenced basic science, clinical science, and athletic health care units, modules, and/or courses of instruction, laboratory and/or clinical experiences. The NATABOC Role Delineation Study of the Athletic Training Profession also serves as a review of current practices in athletic training.

Curriculum content should include appropriate instructional emphasis on specified subject matter areas as reflected in the "NATA Athletic Training Educational Competencies" and the current NATABOC Role Delineation Study.

In agreement with the mission, goals, and standards of the sponsoring institution and program, other courses of study may be necessary or desirable. The incorporation of study in general education, multicultural diversity, liberal arts, and humanities studies to provide opportunities for later academic and career growth is encouraged. Such opportunities would include teacher education, advanced graduate education, entrepreneurial opportunities, and research.

c. Students shall receive formal instruction in the following expanded subject matter areas in conjunction with the "NATA Athletic Training Educational Competencies".

(1) assessment of injury/illness
(2) exercise physiology
(3) first aid and emergency care
(4) general medical conditions and disabilities
(5) health care administration
(6) human anatomy
(7) human physiology
(8) kinesiology/biomechanics
(9) medical ethics and legal issues
(10) nutrition
(11) pathology of injury/illness
(12) pharmacology
(13) professional development and responsibilities
(14) psychosocial intervention and referral
(15) risk management and injury/illness prevention
(16) strength training and reconditioning
(17) statistics and research design
(18) therapeutic exercise and rehabilitative techniques
(19) therapeutic modalities
(20) weight management and body composition
This subject matter should constitute the academic “core” of the curriculum. Formal instruction involves teaching of required subject matter with appropriate instructional emphasis in a structured classroom environment. Subject matter areas may be established in combined courses or as specific individual courses based upon the need for instructional emphasis. The syllabi should provide daily or weekly topics that verify instruction. In addition to the core subject matter areas, inclusion of other learning experiences, including formal course work, may be necessary to insure that students are provided sufficient opportunity to attain the desired competencies. Additional subject matter area instruction in chemistry and physics is recommended.

d. Program personnel shall ensure that the objectives, content, and activities stated in the curriculum represent current concepts and practice.

e. The athletic training curriculum shall include provision for clinical experiences under the direct supervision of a qualified clinical instructor or ACI (see Section I, B, 1.b) in an appropriate clinical setting.

Close cooperation between the Program Director and the clinical instruction staff will be necessary for effective planning and implementation of student clinical experiences. Appropriate clinical settings include athletic training rooms, clinics, hospitals, or other health care facilities.

Clinical experiences should be initiated early in the student’s program and should be designed to provide the student with sufficient opportunity to develop specific competencies pertaining to the health care of the athlete and those involved in physical activity. The clinical experience provides an opportunity for integration of psychomotor, cognitive, and affective skills within the context of direct patient care. The skills are identified within the psychomotor and clinical proficiencies aspects of each of the domains included in the companion document, “Athletic Training Educational Competencies”. While development of psychomotor skills should represent a significant focus of the student’s clinical experience, ample opportunity also should be provided for development and demonstration of competencies within the cognitive and the affective aspects of each domain identified in the companion document.

f. A minimum period of two academic years of clinical experience associated with course credit shall be obtained. Courses shall include objective criteria for successful completion. The clinical setting shall include the athletic training room(s), athletic practices, and competitive events for a minimum of one of the two academic years under the direct supervision of a Certified Athletic Trainer. There shall be exposure to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders.

An academic year consists of three quarters, two semesters, or three trimesters. Students should be assigned to a clinical instructor during the experience. Equipment intensive activities would include minimum use of protective headgear and shoulder pads for the activity. General medical experiences are those associated with physicians, physician assistants, or nurse practitioners.

The athletic training room is considered to be a designated physical facility located within the sponsoring institution or within an acceptable affiliated clinical setting in which comprehensive athletic health care services are provided. Comprehensive health care services include practice and game preparation, injury/illness evaluation, first aid and emergency care, follow-up care, rehabilitation, and related services.

Ample opportunity should be provided for supervised student coverage of athletic practices and competitive events in both men’s and women’s sports and physical activities including, but not limited to, activities such as football, soccer, hockey, wrestling, basketball, gymnastics, volleyball, lacrosse, and rugby. In addition, these experiences should include adequate opportunities for observation of and involvement in the first aid and emergency care of a variety of acute athletic injuries and illnesses.

Additional clinical settings may be utilized for portions of the clinical experience. Sponsoring institutions are also encouraged to utilize a variety of community-based health care facilities. These settings may include sports medicine clinics, physical therapy sites, and/or rehabilitation clinics,
college or university health centers, hospital emergency rooms, physicians' offices, or other appropriate health care facilities.

In order to broaden and supplement clinical experiences, the sponsoring institution may establish formal affiliations with other institutions for provision of clinical experience settings. These may include athletic training rooms and athletic practices and games in secondary schools, colleges and universities, professional sports organizations, or other organizations involved in physical activity. (See Section I,A,2)

g. Supervised clinical experiences shall involve daily personal contact and supervision between the clinical instructor and the student in the same clinical setting. The instructor shall be physically present in order to intervene on behalf of the individual being treated.

Experiences that are not supervised by a certified athletic trainer will not count toward the required traditional athletic training experience. (See Section II,A,1,f)

Clinical instructors should be readily accessible to students for on-going instruction and guidance on a daily basis.

h. An effective ratio of students to clinical instructors shall be maintained.

_Determination of an effective student-clinical instructor ratio should be based upon consideration of the total workload of clinical instructors, availability and adequacy of clinical facilities, and the number and nature of athletic or physical activity programs being covered. A ratio of students to clinical instructor should foster substantial personal involvement with a maximum ratio of 8:1 recommended. Clinical instructors should have a minimum of one year of working experience in their respective field._

2. Instructional Plan
Instruction shall follow a plan that documents:

a. Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations, and supervised clinical practice.

b. A logical progression of didactic study and clinical experience opportunities.

_The clinical education plan should reinforce didactic and psychomotor skill learning in a planned sequence._

c. Clearly written course syllabi or documents that describe learning goals or objectives, competencies to be achieved, and an instructional schedule in each didactic and supervised clinical education course.

_The syllabi should provide daily or weekly topics that verify instruction. Specific course competencies and learning objectives may be collated into a single document independent of the course syllabi._

d. Frequent evaluation of students to assess their acquisition of psychomotor, behavioral, and clinical competencies; knowledge; problem identification; and problem solving skills.

_An approved clinical instructor (ACI) should instruct the clinical proficiencies and psychomotor skills enumerated in the NATA Athletic Training Educational Competencies. Each instructor should be provided with tools to evaluate the acquisition of skills and proficiencies in a consistent manner. All outcomes should also be documented in a formal and consistent manner._

Section III: Maintaining and Administering Accreditation

A. Program and Sponsoring Institution Responsibilities
1. Applying for Accreditation
   a. The accreditation review process conducted by CAAHEP can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

   This process is initiated by requesting a "Request for Accreditation Services" form from the Joint Review Committee on Educational Programs in Athletic Training, CAAHEP or the CAAHEP website at www.caahep.org. The application once completed should be returned to:

   Joint Review Committee on Educational Programs in Athletic Training
   P.O. Box 460939
   Centennial, CO 80046-0939

   b. CAAHEP requires the sponsoring institution to notify its communities of interest when a program is being considered for initial or continuing accreditation and to mention that third party comment concerning the program's qualifications for accreditation may be submitted in writing to the accrediting agency to CAAHEP.

   c. In addition to the CAAHEP "Request for Accreditation Services" form; programs applying for accreditation are required to complete both a self-study document and a comprehensive on-site review. The self-study document is available from the Joint Review Committee (JRC-AT). The comprehensive review will be scheduled in cooperation with JRC-AT once the self-study document has been completed and reviewed.

2. Administrative Requirements for Maintaining Accreditation
   To maintain accreditation, the following actions are required:

   a. The program must submit the Self-Study Report or the required progress report within the timeframe determined by the JRC-AT.

   b. All programs that are CAAHEP accredited must have a comprehensive on-site review at least once every ten years. Therefore, the program must agree to a site visit date that is within the timeframe that was described in the last letter of accreditation received from CAAHEP. The date of this visit is to be coordinated with the JRC-AT.

   c. The program must inform the JRC-AT and CAAHEP within a reasonable period of time (as defined by the JRC-AT and CAAHEP of changes in required program personnel.

   d. The sponsoring institution must inform CAAHEP and the JRC-AT of its intent to transfer program sponsorship, in accordance with CAAHEP policy, including the completion of a new CAAHEP "Request for Accreditation Services" form. Applying for a transfer of sponsorship in no way guarantees that such a transfer of accreditation will be granted.

   e. The program and the sponsoring institution must pay JRC-AT and CAAHEP fees within a reasonable period of time, as determined by the JRC-AT and CAAHEP respectively. Failure to pay fees will result in the program being placed on administrative probation. If not resolved, administrative probation can lead to the involuntary withdrawal of accreditation.

   f. The sponsoring institution must promptly inform CAAHEP and the JRC-AT of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies.

   g. The sponsoring institution must promptly inform CAAHEP and the JRC-AT of any intended substantive changes for the institution or program, specifically, of the institution's mission or objectives if these will affect the program; of the institution's legal status or form of control; of the addition of courses that represent a significant departure in content or in method of delivery; of the degree or credential level; of clock hours to credit hours or vice versa; of a substantial increase in clock or credit hours for successful completion of a program or in the length of a program.
Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the involuntary withdrawal of accreditation. Administrative probation is rescinded immediately upon the rectification and verification that all deficiencies have been corrected and/or that fees have been paid.

3. Any institution sponsoring a program may request a voluntary withdrawal of accreditation from CAAHEP at any time. To initiate a voluntary withdrawal the institution must notify CAAHEP in writing of its desire to discontinue the program's accreditation status. The letter must be signed by the president/CEO (or an officially designated individual) of the institution and indicate when the last class of students graduated or will graduate, the desired effective date of the voluntary withdrawal and the location where all records for students who have completed the program will be kept.

B. CAAHEP and Committee on Accreditation Responsibilities

1. Administering the Accreditation Review Process
a. If an institution is already CAAHEP accredited, the JRC-AT will begin by assessing the program's current status and relative compliance with the Standards. (If applying for provisional or initial accreditation please refer to Section III A 1. Applying for Accreditation.) Note: There is no CAAHEP fee when applying for accreditation services. However, individual committees on accreditation may have an application fee that is payable prior to the receipt of the self-study documents.

The accreditation review process includes a written self-study, and a comprehensive on-site evaluation of the program. If the institution is not satisfied with the performance of the site visit team, the institution may request a second site visit with a different team.

The sponsoring institution is also provided the opportunity to comment in writing on the report of the site visit team and to correct factual errors prior to the JRC-AT transmitting the accreditation recommendation to CAAHEP.

b. If the recommendation of the JRC-AT is one of probation then the sponsoring institution is provided the opportunity to request reconsideration. The JRC-AT's reconsideration of a recommendation for probationary accreditation is based on conditions existing both when the committee arrived at its recommendation and on subsequent documented evidence of corrected deficiencies provided by the applicant.

c. CAAHEP awards of Probationary Accreditation are final and are not subject to appeal. However, the sponsoring institution may voluntarily withdraw its application for accreditation anytime prior to CAAHEP taking action on the JRC-AT's recommendation for probationary accreditation.

2. Withholding or Withdrawing Accreditation
a. Before recommending to CAAHEP that accreditation be withheld or withdrawn, the JRC-AT must provide the sponsoring institution with the opportunity to request reconsideration. The JRC-AT's reconsideration of a recommendation for withholding or withdrawing accreditation is based on conditions existing both when the committee arrived at its recommendation and on subsequent documented evidence of corrected deficiencies provided by the applicant. The sponsoring institution may choose to voluntarily withdraw its application for accreditation anytime prior to CAAHEP taking action on the JRC-AT's recommendation.

CAAHEP decisions to withhold or withdraw accreditation may be appealed. A copy of CAAHEP Appeals Procedures for Withholding or Withdrawing Accreditation is enclosed with the letter notifying the sponsoring institution of one of these actions. When accreditation is withheld or withdrawn, the sponsoring institution's chief executive officer is provided with a clear statement of each deficiency and is informed that if the institution chooses not to appeal that the institution may newly apply for accreditation once the program is believed to be in compliance with the accreditation Standards.

b. Any student who has successfully completed a program that was accredited by CAAHEP at any time during his/her matriculation is regarded as a graduate of a CAAHEP accredited program.
3. **Inactive Programs**

a. A program may request inactive status from CAAHEP for a period of up to two years. No students may be enrolled in an inactive program. To reactivate the program the institution must inform, in writing, both CAAHEP and the JRC-AT of its intent to do so. The program and its sponsoring institution must continue to pay all required fees to both the JRC-AT and CAAHEP while inactive in order to maintain its accreditation status.

b. A program that does not enroll students for more than two years is considered discontinued and will have its accreditation voluntarily withdrawn.