



N A T A

**Pursuing and Maintaining Accreditation of
Post-Certification
Graduate Athletic Training Education Programs**

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DOCUMENT OVERVIEW

This is a supporting document to the National Athletic Trainers' Association's 2002 *Standards and Guidelines for Post-Certification Graduate Athletic Training Education Programs*, hereafter referred to as the *Standards and Guidelines document*. Its purpose is to provide step-by-step instructions to post-certification graduate athletic training programs that wish to pursue or maintain accreditation.

Accreditation is a voluntary, non-governmental peer review process that strives to ensure academic quality and accountability, and encourage programmatic improvement. By asking for accreditation, an institution agrees to be assessed against the standards and guidelines. An accredited institution must comply with these standards and guidelines and use them to examine, improve and report on its program's growth and achievement.

This document is organized according to the following aspects of the accreditation process.

- I. Decision to Seek Accreditation
- II. Conduct a Self-Study of the Program to Ensure it Meets Standards and Guidelines
- III. Compile a Self-Study Report
- IV. Submit a Self-Study Report
- V. Peer Review of Document and Program Through On-Site Visit
- VI. Recommendation To or Not To Grant Accreditation is Made by NATA Post-Professional Education Review Committee and Acted Upon by NATA Board of Directors
- VII. Maintain Accreditation
- VIII. Forms

ACCREDITATION PROCESS

I. Decision to Seek Accreditation

Program faculty, in consultation with the appropriate administrators, make a decision to offer a post-certification graduate athletic training program that meets or exceeds the standards and guidelines stated in the *Standards and Guidelines document*.

Once the decision is made to seek accreditation the institution begins a self-study.

II. Conduct a Self-Study

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

The self-study process requires a detailed analysis of all aspects of the program and begins by identifying the philosophy of the educational program, its points of distinctiveness, and its goals and objectives. The process critically examines an educational program in structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements.

The information collected is used to compile a self-study report which is submitted to the Post-Professional Education Review Committee (PPEREC) in advance of the site visit (September 1 or June 1).

A. *Self-study Plan of Action*

1. Convene a committee of individuals whose primary focus is to conduct the self-study and develop the self-study report.
2. Organize the committee early enough to allow ample time to conduct an in-depth, probing self-study. Most institutions begin at least 1 year in advance.
3. The committee should be a manageable size (4-8 members), chaired by the program director and may include administrators, faculty (athletic training and other), clinicians, students, and alumni.
4. Additional people may serve on subcommittees.
5. Assign each committee member to read the *Standards and Guidelines document* so the committee can become thoroughly familiar with the task at hand. Review both documents during the first meeting and clarify any questions or differences of interpretation by committee members.

- B. Establish a timetable and assign tasks for the completion of the self-study.
- C. Collect existing data about graduate and educational outcomes in support of the Mission, goals, and objectives of the program. Data should come from conclusions and reports of previous and ongoing program activities and should be distributed to members of the self-study committee.
- D. Begin drafting the self-study report.
- E. Meet regularly to report on assigned tasks, discuss implications of collected data on the program and receive new assignments. The frequency of such meetings generally increases as deadlines approach.
- F. Incorporate sufficient quantitative and qualitative information in the self-study report to provide documentation of your program's compliance with the standards and guidelines. The final draft of the self-study report should reflect the consensus of the self-study committee.

III. Compile a Self-Study Report

The self-study report is an evidential document that summarizes the findings of the self-study process. The narrative should show the extent to which the program is in compliance with the standards and guidelines. The narrative is qualitative and should reflect the strengths of the program as well as deficiencies or weakness, and should include a plan or plans to remedy such limitations.

A. *Self-study Report Format*

1. The cover of the self-study document must contain the name of the institution.
2. The self-study must be typed and paginated.
3. Prepare the text components of the document using a Roman font, no smaller than 10 point.
4. The text component of the document should be single-spaced. The left margin should be 1.5 in. and all others equal to 1.0 in.
5. Number tabs must clearly identify each section of the self-study (1-19).
6. Copies must be bound; not in 3-ring binders.

B. *Drafting the Report*

1. The report must include 19 sections, numbered sequentially as listed below in C3.
2. Sections 7-18 correspond to items A-M of Section IV of the *Standards and Guidelines document*. For each of these sections, copy and **bold** the specific standard or guideline, maintaining the original alphanumeric label.
3. After the bolded standard or guideline, write your narrative.
4. Refer to Section IV. A (definitions) and Section VI (glossary) of the *Standards and Guidelines document* for clarification of your responsibility in complying with standards (musts) and guidelines (shoulds).

C. *Sections of the Report*

1. Cover sheet (Form 1)
2. Request review and evaluation - written request from the Chief Academic Officer of the institution for the review and evaluation of the graduate athletic training program.

3. Table of contents
4. Introduction with signature page
5. Institutional data form (Form 2)
6. Executive summary

Summarize the major strengths of the program, emphasizing the points of distinctiveness. Also identify major challenges and any changes resulting from the self-study process. Be brief; 2 pages maximum.
7. Mission Statement

In narrative form, address all the standards and guidelines set forth in Section IV. B of the *Standards and Guidelines document*. Also include your program, department, college, and university mission statement.
8. Goals and Objectives

In narrative form, address all the standards and guidelines set forth in Section IV. C of the *Standards and Guidelines document*.
9. Degree Designation

In narrative form, address the guideline set forth in Section IV. D of the *Standards and Guidelines document*.
10. Transcript Recognition

In narrative form, address the guideline set forth in Section IV. E of the *Standards and Guidelines document*.
11. Personnel

In narrative form, address the standards and guidelines set forth in Section IV. F. of the *Standards and Guidelines document*. Provide curriculum vitae for the program director and all program faculty. List the tenure status and rank of all full-time athletic training program faculty. Include a description of the cooperation between the administrative structure (dean and/or department chair) and the program director. It is helpful to cite examples of cooperative efforts. Provide the distribution of effort for research, teaching, service, and administrative responsibilities of the program director and full-time program faculty.
12. Curriculum

In narrative form, address all the standards and guidelines set forth in Section IV. G of the *Standards and Guidelines document*. In addition, include a copy of the curriculum and syllabi for all the courses in the program. Additional materials, e.g., institutional bulletin and catalogue or Web page materials, should be provided in Section 19, Supporting Materials.
13. Clinical Experience (if applicable)

If clinical experiences are part of your program, address in narrative form all the standards and guidelines set forth in Section IV. H of the *Standards and Guidelines document*. Also, list and provide curriculum vitae for all clinical supervisors.
14. Affiliated Settings

In narrative form, address the standards set forth in Section IV. I of the *Standards and Guidelines document*. Provide a list of affiliates, supervisors, and contacts for each site. Provide a copy of contracts with affiliated sites. For identical contracts, include one full agreement and signature pages for the rest.

15. Student Recruitment & Selection
In narrative form, address the standards set forth in Section IV. J of the *Standards and Guidelines document*.
16. Facilities/Resources
In narrative form, address the standards set forth in Section IV. K of the *Standards and Guidelines document*.
17. Equal Opportunity
In narrative form, address the standards set forth in Section IV. L of the *Standards and Guidelines document*.
18. Program Evaluation
In narrative form, address the standards set forth in Section IV. M of the *Standards and Guidelines document*.
19. Supporting Materials
Include other supporting materials deemed to be helpful in demonstrating compliance with the standards and guidelines set forth in Section IV of the *Standards and Guidelines document*.

IV. Submit the Self-Study Report

A. Due Dates and Fees

1. The completed self-study must be sent to the PPERC by September 1 for scheduling of a spring (January-May) on-site visitation, or by June 1 for scheduling of a fall (September-December) on-site visitation. Failure to meet these deadlines precludes evaluation of the proposed program during the year requested.
2. A non-refundable application fee, payable to the PPERC, must be submitted along with the materials.

B. What to Submit

3. Four (4) bound copies of the self-study report
4. Four (4) copies of college/university bulletin/catalog
5. The non-refundable application fee (see www.nataec.org for current rate)

C. Submit to:

NATA Post-Professional Education Review Committee
Brigham Young University
276 SFH
Provo, UT 84602
Voice: 801-422-3181 fax: 801-422-0555
e-mail: nataec@byu.edu

A. Peer Review Process

- A. Materials will be checked for completeness. Additional materials may be requested before the self-study is complete. Incomplete evaluation materials or materials that fail to conform to the requested format will not be accepted and will be returned to the program director.

- B. The self-study report may be submitted after a representative program of study and course work have been approved and completed prior to the site visit. All clinical, administrative, teaching, and/or research experiences must be functioning at the time the self-study is submitted.

- C. After the PPERC office receives the four copies (4) of the completed self-study and related materials, the following will occur:
 - 1. One copy of all materials will be filed in the PPERC office.
 - 2. After consultation with the program director, the PPERC chair will assign two individuals to conduct the on-site visit. One site visitor will be designated as the chair of the site visitation team and will serve as the primary contact person for university/college personnel on matters pertaining to scheduling of the on-site visitation.
 - 3. One copy of the filed materials will be sent to the site visitor chair who will review the self-study for completeness. If materials are missing, the program director will be notified and asked to submit that material within a time that is mutually agreeable between the program director, the site visitor chair, and in consultation with the PPERC chair. The missing materials are then reviewed by the site visitor chair and PPERC chair.
 - 4. A copy of the self-study will be sent to an additional site visitor, who will review the materials for content prior to the visit. If necessary, the chair of the site visitation team will contact the program director and formally request additional information or materials. The request from the chair of the site visitation team for additional materials will be made no later than 2 weeks prior to the site visit.

D. Site Visit Procedures

- 1. Application for a site visit should be submitted no earlier than June 1 following the final semester/term of complete program implementation. Programs that include all or part of a summer term would apply for a site visit no earlier than September 1 following the final (summer) semester/term of complete program implementation.
- 2. Site visits must not be scheduled during periods in which any part of the program is inactive (i.e., vacation periods, final exam week).
- 3. The chair of the site visit team must make initial contact with the program director to establish a timetable for the on-site visit.
- 4. All officially connected expenses of the site visitation team including travel, lodging, meals, and site visitor expense fees are to be paid by the institution requesting NATA accreditation.
- 5. The program director is responsible for finalizing the arrangements with the on-site visitation team members (e.g., visitation dates, travel schedules, ground transportation, lodging reservations). A minimum of two days must be allotted for the site visit in order for a thorough and productive evaluation to be conducted. At the discretion of the PPERC, additional time (maximum of three total days) may be scheduled depending on the scope of the program (e.g., use of affiliated clinical settings, number of individuals to be interviewed).
- 6. The program director must prepare a written site visitation itinerary and interview schedule in consultation with the chair of the site visitation team at least two weeks prior to the scheduled visitation date. Questions pertaining to preparation of the

itinerary and interview schedule must be directed to the chair of the site visitation team.

E. Itinerary and Interview Schedule

1. The on-site visit itinerary must include:
 - a. Interview sessions
 - b. Visitation of facilities
 - c. Site visit evaluation team meeting
 - d. Exit conference
2. It is suggested that the site visitors have a dedicated room for interviews, individual writing and work. A working lunch is preferred so site visitors can review information from morning interviews. Other meals should be scheduled so the site visitation team can discuss information amongst themselves.
3. Interviews will vary in length according to the personnel involved. Interviews should be scheduled in a single meeting room. Schedule additional travel time between meeting rooms and facilities, if some sessions must be scheduled at other locations.
 - a. Program director (90-120 minutes) should be scheduled as the first appointment at the beginning of the first day of the visitation.
 - b. Provost, academic vice president or designee (30 minutes)
 - c. Appropriate deans (30-40 minutes each)
 - d. Department chair (30-40 minutes)
 - e. Representative supervisors of advanced practice experiences (30-40 minutes), if applicable
 - f. Current graduate athletic training program students (30-40 minutes each or as a group)
 - g. Program faculty (30 minutes each or 1-2 hours as a group)
 - h. Graduate faculty, other than the program director and individuals directly related to the program, e.g., advanced practice experience supervisors (30-40 minutes each)
 - i. Research laboratory director(s) (30 minutes)
 - j. Optional, where appropriate:
 - i. Departmental graduate coordinator
 - ii. Team physicians/allied medical personnel
 - iii. Head certified athletic trainer
 - iv. Clinical instructors
 - v. Athletics director
 - k. Flexibility in scheduling of interviews is permitted according to the availability of personnel, with the exception of the program director, who must be scheduled first.

F. Visitation of Facilities

1. Allot ample time for visiting facilities used in the graduate athletic training program.
2. Special attention should be given to facilities that reinforce the program's points of distinctiveness.
3. Facilities visited should be selected in consultation with the chair of the site visitation team. Examples of such facilities include:

- a. On-campus athletic training rooms (during operational hours)
- b. Research laboratories
- c. Classrooms/instructional laboratories
- d. Departmental/university libraries (can be reviewed on line)
- e. Other on- or off-campus sites (e.g., health services, clinics)

G. Site Visitation Team Meeting

1. The site visitation team must complete its on-site visit with a scheduled, 1-hour meeting to prepare their concluding meeting report.

H. Final meeting with program director

1. This final 30-minute meeting is held before the exit conference.
2. This meeting is scheduled to inform the program director of site visitation teams findings and allow time for questions from the program director.

I. Exit conference

1. A 30-minute exit conference must be scheduled after the site visitation team's meeting. The site visitation team will discuss its preliminary report.
2. Individuals included in this meeting are the dean, department chair, and the program director.
 - a. Other appropriate personnel may be invited to attend.

J. Post-exit conference (Optional)

1. Visitation team will meet with the program director and other appropriate individuals as designated by the program director.
2. Findings from the on-site visit should be discussed in more detail, determining how to correct deficiencies.

K. Site-visitacion team report

1. Within 2 weeks following the site visit, the site visitation team will forward a written summary of observations, conclusions and recommendations to the PPERC chair.
2. The PPERC chair will provide copies of the site visitation team's report to the dean and/or department head and the program director.
3. University/college personnel will have 4 weeks to provide a written response to the PPERC chair.
4. Institution's response to the site visitation team report should address any factual errors, misinterpretations, clarifications, recommendations and/or deficiencies. Institution's response will become an addendum to the visitacion team report.
5. Responses must be directed to the PPERC chair.

VI. Recommendation and Formal Action

After a review of institution evaluation materials, the site visitacion team report and the institution's response to that report, the PPERC will forward its recommendation to the NATA Board of Directors. The recommended actions are accreditation, provisional accreditation or withhold accreditation. The institution will be notified of the Board of Directors recommendation no later than March 1 following a fall visitacion, and no later

than October 1 following a spring visitation.

NATA Board of Directors will make the final decision. The provost or academic vice president, dean, department chair and the program director will be notified in writing regarding the NATA Board of Directors' decision. Accreditation is granted for a maximum of 5 years.

A. Provisional Accreditation

Accredit with Conditions or Provisional Accreditation may be given to programs that are in substantial compliance with the standard and guidelines, but have weaknesses that threaten the program's viability.

1. Specified duration for provisional accreditation will be 1, 2, or 3 years.
2. The PPERC will notify the institution in writing clearly identifying each weakness.
3. A due date for a progress report and/or a scheduled plan of correction, if appropriate, will be established.
4. Documented correction of weaknesses and implementation of non-compliant issues and recommendations are required before the PPERC can recommend accreditation be extended to the maximum duration.
5. If weaknesses are not corrected and documented, new self-study materials and a site visit may be required to receive maximum accreditation.
6. Failure to document corrections of deficiencies may require an early accreditation review or other appropriate action.

B. Withheld Accreditation

Withholding accreditation happens if the institution is not in substantial compliance with the standards and guidelines.

1. The PPERC will notify the provost or academic vice president, dean or department chair, and program director in writing of the issues of non-compliance with the standards and guidelines.
2. In the event of an unfavorable decision, the institution may appeal the decision.
3. The appeal must be directed to the NATA PPEC chair.
4. The appeal must be received within 30 days following the institution's official notice of the program's deficiencies.
5. The appeal must be written and must include a formal request for reconsideration of the proposed program.
6. The reasons for the appeal must be clearly stated and must be accompanied by appropriate supporting information.
7. The materials submitted to support the appeal will be thoroughly reviewed by the PPEC.
8. The PPEC chair will submit the committee's recommendation to the NATA Board of Directors, which will act on the appeal.

VII. Maintaining Accreditation

A. Annual Reports

Annual reports, including the graduate placement report, are required to maintain accreditation. Annual report forms are provided by the PPERC office.

1. Annual report and graduate placement report must be submitted by the program director to the PPERC each year by November 30.
2. Annual reports will be reviewed by the PPERC chair. Institutions will be notified of any deficiencies in the report. Institutions must respond in writing explaining the deficiencies and/or steps they are taking to bring the program into compliance. Failure to respond may result in a recommendation from the PPERC for probation. Failure to maintain or demonstrate compliance with the Standard and Guidelines or address recommendations may result in the PPERC recommending action.

B. Program Changes

Programs must notify the PPERC chair of relevant program changes immediately.

1. The notification would include changes that affect the program in one or more areas of the standards and guidelines.
2. Vitae for new personnel must be forwarded to the PPERC chair.
3. Copies of contractual agreements with new affiliated clinical settings or community/private health care facilities must be forwarded to the PPERC chair.

C. Probation

1. Probation is based on evidence substantiated by the annual report. It is usually limited to 1 year and typically does not exceed 2 years. Probation may result from, but is not limited to:
 - a. Not submitting annual reports.
 - b. Not submitting the required progress reports, which include program changes.
 - c. Not agreeing to a reasonable site visit date at or near the time established for re-evaluation of the institution's graduate athletic training program.
 - d. Not paying accreditation fees on due date.
 - e. Failure to maintain compliance with the Standards and Guidelines based on the annual report.
 - f. Failure to address recommendations based on the most recent site visit.
2. A letter from the PPERC will be sent to the institution with a clear indication of why the program is on probation and the letter will list what is required to remove probation status.
3. During probation, programs are recognized and listed as being accredited.
 - a. Probationary status may be disclosed by the NATA in promotional materials.
4. If accreditation is withdrawn from the institution's graduate athletic training program, a letter from the PPERC will be sent to the sponsoring institution with a clear statement of each deficiency.
 - a. The institution may appeal the decision.
 - b. The institution may apply for accreditation again when it feels the program is in compliance with the standards and guidelines and can maintain accreditation.
5. An institution may voluntarily withdraw from NATA accreditation process at any time.
 - a. Written notification of the institution's intention to withdraw from accreditation must be sent to the PPERC chair from the chief academic office of the institution.

FORMS
Form 1

ATHLETIC TRAINING EDUCATION PROGRAM
SELF-STUDY
Cover Sheet

<i>Name of Program</i>	
<i>Sponsoring Institution</i> <i>Department/Division</i>	<i>College/School</i>
<i>Address</i>	
<i>City</i>	
<i>State</i>	<i>Zip Code</i>
<i>Program Director (Name & Credentials)</i>	
<i>Phone</i>	<i>Fax</i>
<i>E-mail</i>	
<i>Department Chair (Name & Credentials)</i>	
<i>Phone</i>	<i>Fax</i>
<i>E-mail</i>	
Attach this completed cover page to the Self-Study Report and forward to: NATA Post-Professional Education Review Committee Brigham Young University 276 SFH Provo, UT 84602 Voice: 801-422-3181 Fax: 801-422-0555 e-mail: nataec@byu.edu	

Form 2

**GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM
INSTITUTIONAL DATA FORM**

1. Official name of program and sponsoring institution

Name of Program _____

Institution _____

Address _____

City _____ State _____ Zip Code _____

2. Chief Academic Officer of sponsoring institution

Name _____ Title _____

Credentials (PhD, EdD, etc) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

3. Dean of college where program is housed

Name _____ Title _____

Credentials (PhD, EdD, etc) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

4. Institutional accreditation:

Regional Accrediting Body Name _____

Date of Last Accreditation _____

5. Is the sponsoring institution legally authorized under applicable state law to provide post secondary education?

_____ Yes _____ No _____ No applicable State Law

6. Where does the institution publish information on tuition rates and refunds?

- _____ General bulletin or catalog
- _____ Individual program bulletin or brochure
- _____ As a separate document
- _____ Does not publish this information

7. Does the institution have a student grievance policy?

_____ Yes _____ No

8. Students in the graduate programs have unrestricted access to which of the following library resources?

- _____ University/college/school library
- _____ Academic/medical library
- _____ Program/department library
- _____ Interlibrary loan
- _____ Hospital library

9. Who maintains official student records, and for how long?

- _____ Institutional Registrar/Office of Student Records _____
- _____ Allied Health Dean's/Director's Office _____
- _____ Program/Department Office _____
- _____ Other (specify) _____

10. Specify the following:

- a) Length of graduate program in terms _____
In semesters, quarters (specify which) _____
In credit hours _____

- b) Estimated average number of entering (first year) students the program could accommodate _____
- c) Actual average number of entering (first year) students per year over the last five years _____
- d) Total number of assistantships/fellowships _____
- e) If applicable-the monetary values of an stipend for an assistantship/fellowship _____
- f) If applicable-the monetary value for tuition assistance _____
- g) Documentation of any other financial incentives for assistantship/fellowships, i.e., books, travel reimbursement

- h) Terms (fall, winter, spring, summer) in which entering (first year) students are admitted _____
- i) Total number of students currently enrolled in graduate program _____
- f) Degree awarded _____
- g) Tuition and fees
resident _____
non-resident _____

11. List of presently enrolled students, year in program, certification number/date, and other responsibilities (e.g., clinical, research, teaching administrative).

12. Include an institutional organizational chart(s) showing relationship between the Graduate Athletic Training Education Program and the institution.