

Appendix A – Accreditation Application Package

CANADIAN ATHLETIC THERAPISTS ASSOCIATION  
PROGRAM ACCREDITATION COMMITTEE  
APPLICATION FOR INITIAL ACCREDITATION AND INSTITUTIONS WITH EXPIRING  
ACCREDITATION

Signed by the President of the sponsoring institution, or the delegated representative, this application is a request that the Canadian Athletic Therapists Association's (CATA) Program Accreditation Committee begin the process of accreditation review of the applicant program.

The accreditation process is initiated only at the request of the institution sponsoring the Athletic Therapy program. This process provides external peer review of the Standards for Accreditation. Applications are due September 1<sup>st</sup> of the year prior to program implementation. A non-refundable fee is due with all initial and subsequent applications; amount as determined by current CATA Board policy.

PLEASE TYPE OR PRINT INFORMATION CAREFULLY

---

Name of Sponsoring Institution

SPONSORING INSTITUTION'S OFFICIALS

---

President	Degree/Credentials	Date
-----------	--------------------	------

---

Signature	Date
-----------	------

---

Mailing Address

---

City, Province, Postal Code	Area Code and Telephone No.
-----------------------------	-----------------------------

---

VP Academic	Degree/Credentials	Date
-------------	--------------------	------

---

Signature	Date
-----------	------

---

Mailing Address

---

City, Province, Postal Code      Area Code and Telephone No.

---

Dean (or Comparable Administrator)      Degree/Credentials      Date

---

Signature      Date

---

Mailing Address

---

City, Province, Postal Code      Area Code and Telephone No.

**PROGRAM INFORMATION**

Degree Name \_\_\_\_\_

Major, where applicable

\_\_\_\_\_

Mailing Address (if different from sponsoring institution's address)

\_\_\_\_\_

---

City, Province, Postal Code      Area Code and Telephone  
No.

**PROGRAM OFFICIALS**

---

Program Director      Degree/Credentials

\_\_\_\_\_

Area Code & Telephone Number

Length of Program/Degree \_\_\_\_\_

Degree Granted \_\_\_\_\_  
(Specify – BA, BSc, BKin, etc.)  
international \_\_\_\_\_

Average annual tuition for full-time students:  
domestic \_\_\_\_\_

Number of students from within province \_\_\_\_\_ Out of province \_\_\_\_\_

Maximum first year enrollment capacity \_\_\_\_\_

Number of Applicants who meet minimum qualifications \_\_\_\_\_

Expiration of Current Accreditation:

Month

Year

Return this completed application package to:

**Chair, CATA Program Accreditation**

**Committee c/o CATA**

**Suite 300 – 400 5<sup>th</sup>**

**Avenue S.W. Calgary,**

**AB, T2P 0L6**

**A. POST-SECONDARY INSTITUTIONAL MISSION AND OBJECTIVES**

**Institution's Mission**

**Program Objectives**

**Degree Requirements**

(Provide detailed description of the specific requirements for your degree(s) as outlined in the institution's academic calendar.)

Cooperation with Other Academic or Professional Units

Description of Cooperation with Other Academic or Professional Units

B. RESOURCES

Program Director

Qualifications:

Responsibilities:

Faculty

Faculty Name & Rank	Credentials	Type of Apptmt	Years of Service	Areas of Involvement (Teaching, Clinical, etc.)	Courses/Workload (Most recent year)
<i>AT Faculty Members</i>					
<i>AT Contract Lecturers/Instructors</i>					

Faculty Name & Rank	Credentials	Type of Apptmt	Years of Service	Areas of Involvement (Teaching, Clinical, etc.)	Courses/Workload (Most recent year)
<i>Other Faculty Affiliated with Unit</i>					
<i>Staff</i>					

**Practicum Coordinator**

Qualifications:

Responsibilities:

**Institution-Faculty Practicum Liaison**

Qualifications:

Responsibilities:

**Clinical Educators**

Name	Credentials	Type of Practicum (Field/Clinical/Both)	Number of Students Supervised Per Year

**Laboratory, Teaching Facilities, and Equipment Description**

**Laboratory, Teaching Facilities Description**

Describe teaching facilities and laboratory facilities. Adequate classrooms, laboratories, clinical and other facilities, and administrative offices are to be provided for students, program staff and faculty.

### Equipment Description

**Therapeutic Modalities and Rehabilitation:** List all therapeutic modalities and rehabilitative equipment available to students. There must be a wide range of contemporary therapeutic modalities and rehabilitation tools available for instructional and practice purposes.

**First Aid and Emergency Care Equipment:** List all first aid and emergency care equipment available to students. There must be a range of contemporary equipment and supplies in emergency care for instructional and practice purposes.

## C. STUDENTS

### **Admission Policies and Procedures**

- Explain admission policies and procedures for all incoming students. Include specific policies and standards for advanced placement, transfer of credit and credit for experiential learning available to students.

### Programmatic Evaluation Plan

### Frequency and Level of Competency Evaluation

## D. CURRICULUM DESCRIPTION

The format for this matrix will be to describe the requirements for your program and demonstrate how each standard/competency is met

### Competency Framework Document

Include curriculum sequencing map outlining the courses (required, electives, practica, etc.) for each year/semester

E. FIELD AND CLINICAL PRACTICUM SITES

Placement Site	Type of Practicum (Field/Clinic/Both)	Supervisor	Credentials	Number of Students Supervised Per Year

F. SYLLABI FOR ALL COURSES

G. WEBLINK OF UNIVERSITY CALENDAR (OR HARDCOPY)

H. INCLUDE ALL PAC ANNUAL REPORTS SINCE LAST ACCREDITATION

I. APPENDICES