

PREAMBLE

Upon recommendation of the Program Accreditation Committee (PAC) to the Canadian Athletic Therapists Association (the Association) Board of Directors and ratification of the recommendation, the Association grants accreditation to educational programs in athletic therapy.

PURPOSE OF MANUAL

This *Canadian Athletic Therapists Association Program Accreditation Manual* provides standards, policies, procedures, samples and guidelines for accrediting athletic therapy programs. These standards constitute the minimum requirements to which an accredited program is held accountable and determines its accreditation status.

MANUAL STRUCTURE

The *Canadian Athletic Therapists Association Program Accreditation Manual* is divided into five sections:

1. Introduction
2. Policies and Procedures of the Program Accreditation Committee
3. Accreditation Policies and Procedures
4. Standards for Accreditation
5. Appendices
 - Appendix A – Accreditation Application Package
 - Appendix B – Sample Site Visit Agenda
 - Appendix C – Sample Site Visit Questions
 - Appendix D - Site Visit Report
 - Appendix E – Guidelines and Recommendations for Writing Site Visit Report
 - Appendix F – PAC Annual Report
 - Appendix G –Programmatic Evaluation Plan Template

1. INTRODUCTION

The Association promotes appropriate standards of quality for educational programs in athletic therapy and provides accreditation for educational programs that meet or exceed the standards outlined in this manual.

Athletic therapy is a professional health care discipline, serving physically active populations. Members of the Program Accreditation Committee (PAC) are Association members who help to advance the profession through their affirmation to the goals and standards established by their Association.

These standards are to be used for the development, evaluation, and self-analysis of athletic therapy programs in Canada. Site visit teams assist in the evaluation of a program's compliance with the minimum standards for accreditation.

2. POLICIES AND PROCEDURES OF THE PROGRAM ACCREDITATION COMMITTEE

The Program Accreditation Committee (PAC) is a standing committee of the Association, reporting directly to the CATA Board of Directors.

2.1 OBJECTIVES

PAC objectives are to administer:

- post-secondary curriculum evaluation guidelines for athletic therapy programs.
- policies and procedures for receipt, evaluation and recommendation of applications by post-secondary institutions seeking accreditation.
- maintenance of accreditation policies and procedures.

2.2 COMMITTEE STRUCTURE

The PAC is comprised of six members who are Certified Athletic Therapists of the Association. All members must have a postgraduate degree and curriculum development and delivery experience at the post-secondary level.

The Chairperson of PAC is nominated by the committee and ratified by the Association's Board of Directors (BOD). The other members are nominated by the PAC Chair to the BOD.

2.3 MEETINGS

The Committee usually meets twice a year, including at the annual conference of the Association. Between these meetings, ongoing committee business is conducted as necessary by e-mail, mail, and videoconferencing.

3. ACCREDITATION POLICIES AND PROCEDURES

3.1 GOALS AND OBJECTIVES

1. To ensure that each accredited institution providing athletic therapy education has the overall resources to produce an entry-level professional who can meet accepted standards (i.e., CATA certification) of athletic/active patient care.
2. To provide guidance for those establishing new educational programs in athletic therapy.
3. To provide guidelines for the faculty and administration of existing athletic therapy accredited programs to self-assess, plan, and continually review their own facilities, personnel, and curriculum to meet changing health needs.
4. To ensure that accredited programs have a competency development model that is complemented by a programmatic evaluation master plan.
5. To ensure that clinical and practical standards are carried out under the supervision of accredited institution personnel and/or the institution's clinical educators.
6. To provide a clearly outlined process of accreditation that is fair and that ensures due process.

3.2 ELIGIBILITY

Educational programs are eligible for accreditation if the post-secondary institution is Association of Canadian Community Colleges (ACCC) or Association of Universities and Colleges of Canada (AUCC) accredited and meets the standards outlined in *Standards for Accreditation*.

3.3 ACCREDITATION APPLICATION

3.3.1 Application packages will be provided at the written request by the President, Vice President Academic, and/or Provost of the post-secondary institution. PAC members may not act as developmental consultants on program development, inclusive of application packages. Application for accreditation is due on **September 1st**, one year prior to the expiration of accreditation. New applications are due **September 1st**, in the year prior to anticipated implementation.

3.3.2. The application submission (for both new programs and institutions with expiring accreditation) includes:

- a) a cover letter from the president, vice president academic, and/or provost of the post-secondary institution;
- b) a completed application package (Appendix A)
- c) the application fee

3.3.3 Accreditation Year

Accreditation year begins on **September 1** and continues until **August 31** of the expiration year (depending on length of accreditation).

3.3.4 Accreditation Fees

Fee	Explanation
Initial Application Fee (non-refundable)	<ul style="list-style-type: none"> ● a one-time non-refundable fee that is submitted with the initial application for accreditation ● this fee applies to first time applicants and applicants who have had a previous accreditation withdrawn
Application Fee for Institutions with Expiring Accreditation (non-refundable)	<ul style="list-style-type: none"> ● this fee applies to institutions with expiring accreditation who are reapplying for accreditation.
Annual Program Fee	<ul style="list-style-type: none"> ● due each year to help defray costs of the Program Accreditation Committee operations ● payment is due 30 days after the invoice is received
Site Visit Team Expenses	<ul style="list-style-type: none"> ● expenses of the PAC site visitation team are the responsibility of the applying institution/program (refer to section 3.3.8 of the <i>Program Accreditation Manual</i>)

3.3.5 Initial Review of Application Package

- a) The PAC Chair circulates the application package to all PAC members for review.
- b) A primary and secondary reviewer from PAC are assigned to review the application package.
- c) A conference call is scheduled for all PAC members to discuss information brought forward by primary and secondary reviewers and to discuss the merits of the application package.
- d) The PAC Chair, or primary reviewer, will provide an initial response to the applying institution by November 1st of the application year.
- e) The findings of the initial review process will dictate whether a site visit is warranted and if so, the timing of a site visit. All accreditation applications (new programs and institutions with expiring accreditation) will include a site visit.

3.3.6 Site Visit

1. The purpose of the site visit is to validate the application package and evaluate the program's compliance with the accreditation standards.
 - a) The primary reviewer, who chairs the site visit team, will contact the Program Director of the institution to select tentative dates for a site visit.
 - b) The site visit will occur over two consecutive days during the months of January - April.
 - c) The site visit team will consist of the site visit chair and two additional site visit team members (one PAC member and one non-PAC member). Where possible, this non-PAC reviewer will be local to the region, but with no affiliation to the institution. The non-PAC reviewer must be a certified athletic therapist of the Association. Non-PAC reviewers will be recruited based on the following qualifications: post-graduate degree, post-secondary teaching experience, prior accreditation experience, clinical teaching experience, national or provincial association committee experience, curriculum development and evaluation experience. Prior to the site visit, non-PAC reviewers are required to complete the confidentiality and conflict of interest form that is required from all Association volunteers.
 - d) Prior to the site visit, the Program Director of the sponsoring institution is notified of the names and institutional affiliations of the individuals assigned to the team. If any member of the site visitation team is unacceptable, a request to change the team composition may be forwarded to the site visit chair for consideration. However, final decisions regarding the suitability of any site visit team member will be at the discretion of the site visit chair, in conjunction with the PAC Chair.

- e) The site visit chair will provide a copy of the applicant's application package and the results from PAC's initial written application package review to the external member of the site visit team.
- f) In consultation with the institution, the site visit chair will set the site visit final agenda in collaboration with the Program Director, a minimum of 6 weeks in advance of the site visit. The site visit team reserves the right to adjust the agenda on site. See Appendix B for sample agenda.
- g) The site visit chair organizes a preliminary conference call to discuss the visit. The site visit team should also be prepared to meet on the eve of the site visit.
- h) Site visit occurs.

3.3.7 Site Visit Logistics

1. The following individuals from the sponsoring institution will be included as a part of the site visit: Vice-President Academic or designate, Dean/Chairperson, athletic therapy Program Director, core athletic therapy faculty, foundational (non-athletic therapy faculty), current athletic therapy students, clinical educators or equivalent, and other administrative personnel as required. Additional administrative personnel may include registrar, director of student services, librarian, and school administrative support staff.
2. These individuals will be available to the site visit team for the following:
 - a. A scheduled meeting as per the set agenda
 - b. If necessary, an additional meeting to address questions that arose during the site visit.
3. Appendix C has a listing of the potential site visit questions.
4. The on-site evaluation includes a review of both the didactic and practicum aspects of the program including visits to both on-campus and off-campus practicum sites to evaluate the integration of the various aspects of the program. All clinical sites should be within one hour from the meeting site that allows visitation within the allotted period of time the site visit team is on campus. The number of off-campus practicum sites to be visited is determined by PAC.
5. The institution must provide a conference room or office for the site visit team to use throughout the visit.
6. The institution must provide internet access for the site visit team.

3.3.8 Site Visit Costs

1. Sponsoring Institution Costs - the sponsoring institution is responsible for payment of site visitor expenses as per the Association's expense policy. PAC will assign three (3) site team members to each site visit team. The costs associated with each site visit varies by location.

Site visit expenses for each member of the site visit team include: airfare, airport parking fees, baggage fees, meals in transit (as per current CATA policy), transportation/mileage to and from home to airport. The external reviewer will be provided an honorarium at a rate of \$500 for their participation in the site visit process.

On site expenses for sponsoring institutions include: hotel costs for each member of the site visit team, workrooms at the hotel and on campus with internet access for the site visitation team, transportation from the destination airport to the hotel and back, transportation from the hotel to and from the campus, and meals and refreshments for the site visit team during the duration of the site visit.

The arrangements for travel, accommodation and meals will be made between the institution's Program Director and the PAC Chair or designate. The Association submits a final invoice to the institution after the site visit for all site visitation team expenses. Expenses that appear excessive are investigated by the PAC Chair prior to invoicing the program. If a sponsoring institution deems expenses as being excessive, a formal request can be sent to the PAC Chair. An investigation will be completed, and a formalized response will be sent to the sponsoring institution.

If applicable, site visit team members are eligible for work release at a rate of \$100/hour to a maximum of 5 hours per site visit for their participation in the site visit process. A separate expense claim detailing the actual work coverage costs will be submitted by the replacement individual, for payment by the Association.

3.3.9 Site Visit Report

The site visit report (see Appendix D) is comprised of the following sections:

- Accreditation Standards checklist
- Individuals interviewed during visitation
- Summary of program strengths
- Summary of program deficiencies
- Recommendations relevant to the program

Responsibilities and Timing for Report

1. The site visit chair is responsible for final preparation, writing and submission of the site visit report (See Appendix E - Guidelines and Recommendations for Writing Report), with assistance and input from the other site visitation team members.
2. All sections of the report are to be completed and submitted to the PAC Chair for

circulation to PAC members within 15 days following the on-site visit. A PAC-member approved “draft” report must be circulated to the sponsoring institution athletic therapy Program Director and Director/Dean of the department/faculty within 30 days following the on-site visit.

3. The sponsoring institution will have a maximum of 2 weeks to review and authenticate the content of the site visit report for factual errors.
4. Upon authentication by the sponsoring institution, the site visit chair will finalize the site visit report and submit it to all members of PAC.
5. The finalized site visit report will be included in the institutions full application for deliberation of final accreditation recommendation by the PAC at the conference meeting.

3.3.10 Final Accreditation Review and Recommendation

1. Following the PAC adjudication, the PAC Chair forwards the committee’s recommendation for accreditation, including any provisos to CATA’s Board of Directors with accompanying rationale explaining each proviso.
2. Provisos are actionable items for the institution with identified deadlines, and respective consequences.
3. The Board of Directors ratification is sent to the PAC Chair.
4. The PAC Chair sends an executive report which summarizes key findings from the written application and site visit review, and communicates the decision regarding the institution’s accreditation status, duration, including any provisos to accreditation to the Program Director, Chair and Dean or designate by July 31 of the year the accreditation term ends.
5. The PAC Chair communicates accreditation decisions to the CATA Administrator(s), who issues a Certificate of Accreditation to be sent to the sponsoring institution.

3.3.11 Accreditation Outcomes

An accreditation review results in one of the following decisions:

1. No accreditation
2. Two (2) to five (5) year accreditation with proviso(s).
3. Five (5) year accreditation
4. Suspension of accreditation
5. Withdrawal of accreditation

No Accreditation

This designation is assigned when the application package and/or site visitation results are such that the program does not achieve the standards for program accreditation.

Two to Five-Year Accreditation with Proviso(s)

This designation is assigned when the application package and site visitation results are such that the program meets standards for program accreditation following the completion of the proviso(s). Provisos are actionable items for the institution with identified deadlines, and respective consequences. Provisos are associated with standards for which the institution have been evaluated as Not Yet Compliant (NYC) or Partially Compliant (PC).

Five-Year Accreditation

This designation is assigned when the application package and site visitation results are such that the program have been evaluated as compliant with most of the standards for program accreditation.

Suspension of Accreditation

This designation is assigned when an institution: does not submit their annual report by September 1st; fails to achieve provisos as a part of their accreditation; or does not remain compliant with the standards for program accreditation.

Note: Students attending a program under suspension are not eligible to apply to become a member of the Association. Students who have commenced their academic program in an accredited institution for which the suspension designation is then later assigned, may remain members of the association until graduation from the said program. No leave of absence can incur during their studies to satisfy this leniency. No new students will be granted membership until the suspension of accreditation has been rectified.

Withdrawal of Accreditation

This designation may be:

- requested by an institution;
- assigned to an institution that remains suspended for **3 consecutive months**.

Unless at a sponsoring institution's request to withdraw their accreditation, when accreditation is withdrawn, the institution's athletic therapy Program Director, Dean/Chair or designate are provided with the following information:

- a clear statement of each deficiency in the program's relative compliance with the standards of program accreditation; and
- notification that application for accreditation will be as a new applicant.

Note: Students attending a program under suspension are not eligible to apply to become a member of the Association. Students who have commenced their academic program in an accredited institution for which the suspension designation is then later assigned, may remain members of the association until graduation from the said program. No leave of absence can be granted during their studies to satisfy this leniency.

3.3.12. Accreditation Appeals

The institution may request an appeal of the Association's accreditation, suspension, or withdrawal to the President of the Association.

3.4 MAINTENANCE OF ACCREDITATION

To maintain accreditation

1. Submit a PAC annual report (Appendix F) by **September 1st** for each year, inclusive of accreditation application year.
2. Pay the annual program accreditation fees.

4. STANDARDS FOR ACCREDITATION

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4.2 STANDARDS FOR ACCREDITATION

A. POST-SECONDARY INSTITUTION STANDARDS

1. The post-secondary institution and affiliates, if any, must be accredited by the Association of University and Colleges of Canada (AUCC) or the Association of Canadian Community Colleges (ACCC).
2. For programs in which academic and clinical instruction and supervised practice are provided by two or more institutions, responsibilities for program administration, instruction, supervision, and other functions of the sponsoring institutions and of each affiliate must be clearly documented in a formal affiliation agreement or memorandum of understanding among the parties.
3. Accredited educational programs must be established in a degree-granting post-secondary academic institution.
4. Post-secondary institutions assume primary responsibility for student admission, curriculum planning as per selection of course content, co-ordination of classroom teaching and supervised practicum experiences, appointment of faculty, and granting the credential documenting satisfactory completion of the educational program.
5. The institution must ensure full liability protection for students during field and clinical practicums.
6. The institution must be authorized under applicable provincial law and statute to provide a program of post-secondary education.

B. RESOURCES

1. Personnel Resources

a) Program Leadership/Athletic Therapy Education Program Direction

Qualifications: The Director of the program is to be a full-time paid employee of the institution. The Director of the program must also be a current certified athletic therapist of the Association for a minimum of 10 years. The Director of the program should have a strong

academic orientation and should have demonstrated an interest and have experience in the professional preparation of students. This individual should also demonstrate leadership in athletic therapy and sport medicine through involvement in activities such as professional practice, national/provincial athletic therapy and sport medicine organizations, undergraduate education, curriculum design, student mentorship, peer-reviewed publication, public speaking and community outreach.

Academic qualifications for the Program Director are PhD preferred, thesis-based Master's required.

Responsibilities: For each institution, the title of the individual(s) responsible for program direction, leadership, day-to-day operation, coordination and supervision of the athletic therapy education program may vary. Notwithstanding their title, this individual is responsible for overseeing the curriculum of the program, inclusive of programmatic and course changes, evaluation plan for core athletic therapy competencies and for working with core athletic therapy faculty in effective planning and implementation of student academic and practicum experience in the athletic therapy program.

b) Core Athletic Therapy Teaching Faculty

Qualifications: The full-time core athletic therapy teaching faculty must be a current certified athletic therapist of the Association for a minimum 3 years. Academic qualifications for the core athletic therapy teaching faculty are PhD preferred, thesis-based Master's required.

Number: There must be a minimum of two full-time core athletic therapy teaching faculty. The number of core athletic therapy teaching faculty must also be sufficient to maintain student-to-faculty ratios that allow for effective instruction and evaluation. The qualitative metrics for evaluating the appropriate full-time complement for an institution will include: 1) the ability to deliver a competency-based education curriculum, and 2) effectively evaluating students. PAC will rely on faculty interviews, student interviews, and practicum agency interviews to gather data to evaluate curriculum delivery and student evaluation. The recommended full-time faculty complement is one that maintains a ratio of one (1) core athletic therapy faculty member per eight (8) athletic therapy students, based on the program's first year intake.

Responsibilities: Faculty members responsible for teaching required athletic therapy core subject matter, must be a certified athletic therapist of the Association.

Athletic therapy education is interdisciplinary in nature. Therefore, teaching faculty for the discipline-based courses may be comprised of individuals from various academic units and disciplines including medicine, biology, chemistry, physics, psychology, education, nutrition,

health, and kinesiology/physical education.

All faculty members teaching courses within the accredited athletic therapy program (courses identified in the competency framework document) must be familiar with the athletic therapy competencies.

c) Instructional Support Staff

Teaching / Instructional Assistants/Laboratory Demonstrators

Qualifications: Any individual assisting with the instruction of core athletic therapy courses must be a current certified athletic therapist of the Association.

Responsibilities: As per institutional position responsibilities.

Practicum Coordinator

Qualifications: The practicum coordinator must be a current certified athletic therapist of the Association. This individual may also be a part of the teaching faculty.

Responsibilities: A practicum coordinator provides administration of the field and clinical practicum experiences. This includes but is not limited to engagement with program curriculum, orientation of the clinical educators and site suitability.

Institution-Faculty Practicum Liaison

Qualifications: The Institution-Faculty Practicum Liaison must be a current certified athletic therapist of the Association. This person is typically a faculty member (e.g. contract or full-time). There are many titles for this position at various institutions including, but not limited to: faculty member, instructor, professor, clinical mentor, and clinical supervisor.

Responsibilities: The Practicum Liaison is the primary person responsible for the final grade allocation from the accredited program, but must work closely with the clinical educator to determine the grade. This person is responsible to liaise with both the clinical educator and the student placed at the clinical educator's field or clinic environment. This person helps build the clinical educator's capacity for student evaluation and feedback with the ultimate goal of student's becoming competent professionals in athletic therapy. Moreover, formative and summative feedback and capacity building for the clinical educators is the responsibility of the Institution-Faculty Liaison.

d) Administrative Support Staff

Sufficient clerical and other support staff should be readily available to the athletic therapy program.

e) Clinical Educators

Qualifications: A clinical educator should be a current certified athletic therapist of the Association. Allied healthcare professionals may act as clinical educators provided that it is

not the student's only experience throughout their program. This individual is not required to be an institutional employee.

Responsibilities: A clinical educator provides supervision and education of students in the practicum aspects of the athletic therapy education program. This includes but is not limited to engagement with program curriculum, orientation, training, and student evaluations. They work with the Institution-Faculty Practicum Liaison to complete student evaluation and provide feedback that optimizes student progress and competency development.

2. Professional Development

Where collective agreements are silent on professional development, all full-time athletic therapy faculty teaching athletic therapy core curriculum should be afforded professional development opportunities by the sponsoring institution.

3. Financial Resources

The financial resources for the athletic therapy educational program must be ensured to fulfil obligations for ongoing program development and delivery.

4. Physical Resources

a) Facilities

The classrooms, laboratories, clinical and other facilities, faculty and administrative offices must provide experiential learning opportunities for all students enrolled within the athletic therapy program to support the knowledge, skills and aptitudes needed for a competent entry-level athletic therapist.

b) Equipment and Supplies

There must be appropriate and sufficient equipment, supplies, and storage space to provide experiential learning opportunities to support the knowledge, skills, and aptitudes needed for a competent entry-level athletic therapist.

There must be appropriate instructional and audio-visual aids included, but not limited to, clinical specimens, anatomical models, modalities, tables, tape, emergency care and rehabilitation tools to support the applied learning experiences delineated by the educational components of the curriculum.

Therapeutic Modalities and Rehabilitation: 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: There must be a range of contemporary equipment and supplies in emergency care for instructional and practice purposes.

c) Learning Resources

Students in the athletic therapy program must have ready access, in time and location, to a supply of current books, journals, periodicals, and other reference materials related to the curriculum.

C. STUDENTS

1. Admission Policies and Procedures:

The specific academic and technical standards for admission of students must be made in accordance with clearly defined and published policies of the institution.

The policies and standards regarding advanced placement, transfer of credit and credit for experiential learning must be available to students.

2. Evaluation of Students:

a) Programmatic Evaluation Plan

Programs should have an overall evaluation master plan for the program that aligns with the competency development model. Student evaluation should be frequent, regular, formative and summative to facilitate competency development. Programs should have a student remediation policy and procedures. Evaluation of students should assess the acquisition of knowledge, problem identification and problem-solving skills, and psychomotor, behavioral, clinical and on-field competencies. To help describe the programmatic evaluation plan, a template has been provided in Appendix H.

b) Student Course Evaluation Methods

The criteria for successful completion of each course of the curriculum shall be given in advance to each student. Evaluation methods shall include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education. Mechanisms should be in place for students to document appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations, supervised clinical and on-field practica, and other practical evaluations.

c) Frequency and Level of Competency Evaluation

The program must identify the frequency to which competencies are evaluated at levels of introduction, applied, and entry level competence.

d) Graduation Requirements

The program specific graduation requirements must be made available to each student

D. OPERATIONAL POLICIES

1. Fair Practices:

(a) The program marketing and advertising must accurately reflect the program offered.

(b) Student admission, faculty and staff recruitment, and faculty and staff employment practices shall be non-discriminatory.

(c) The institution must accurately publish academic credit and full program costs to the student (including additional specific program fees).

(d) The institution shall have a defined and published policy and procedure for processing student and faculty grievances.

(e) The policies and procedures for student's withdrawal, and for refunds of tuition and fees, shall be published.

(f) The programs must submit a student code of conduct which clearly outlines the program expectations. This code of conduct must ensure that students are not substituted for regular staff in an experiential learning environment or practicum.

2. Student Records:

(a) Satisfactory records shall be maintained for student admission, attendance, and evaluation. Grades and credit for courses shall be recorded on the student transcript and permanently maintained by the post-secondary institution in a safe and accessible location.

E. PROGRAM EFFECTIVENESS

The program must:

1. Systematically obtain and provide substantial and accurate information on its educational effectiveness especially as measured by student achievements. Including metrics such as CATA certification rates, graduation rates, employability, attrition, and student satisfaction.
2. Maintain a clearly articulated curriculum map.
3. Ensure that there is a process in place for adequately documenting degree progression and completion. Also, verify that degrees are conferred on the basis of educational achievement assessed and documented through appropriate measures.

F. CURRICULUM REQUIREMENTS

Competency Framework: programs will design curriculum to include the competency framework and competencies. Two guiding definitions of competency-based education and standards should help provide an overarching guide to program design and development:

Competency-based education is a strategy that progressively exposes students to a continuum of learning that fosters the development of general and specific knowledge, skills, and dispositions. CBE requires a combination of instruction, experiential learning, and assessment.

National Standards of Practice (also known as Entrustable Professional Activities) are performance benchmarks that Certified Athletic Therapists are expected to achieve in accordance with the Competencies as defined by the Canadian Athletic Therapists Association.

Description of the Program:

- a. Faculty and students shall be provided with a clear written description of the program and its content including learning goals, course objectives, supervised practicum assignments and competencies required for graduation.
- b. The program articulates a student competency framework that coincides with the overall program delivery and curriculum and CATA competencies.
- c. Learning and scholarship must be demonstrated in the following subject matter areas:
 - (1) concussion assessment and management*
 - (2) prevention of athletic injuries/illness*
 - (3) assessment of athletic injuries/illness*

- (4) emergency care*
- (5) therapeutic modalities*
- (6) rehabilitation principles*
- (7) taping and bracing*
- (8) ethics, professionalism and cultural competence*
- (9) patient education and advocacy*
- (10) therapeutic exercise*
- (11) strength and conditioning
- (12) business of athletic therapy
- (13) human anatomy
- (14) human physiology
- (15) exercise physiology
- (16) biomechanics
- (17) food and nutrition
- (18) sport and exercise psychology
- (19) pharmacology
- (20) pathology
- (21) research methods and statistics
- (22) health
- (23) adapted physical activity
- (24) motor control and learning
- (25) indigenous studies
- (26) leadership and communication

* = Core Athletic Therapy Course, must be delivered by core athletic therapy teaching faculty

d. Clinical and field practica should be integrated and sequenced simultaneously with other theoretical and experiential learning in the curriculum. The curriculum shall include provision for clinical and field practica under a clinical educator in an acceptable clinical and field setting.

1. The athletic therapy curriculum is to include provision of practicum courses that provide students with opportunity for field and clinical experience under the supervision of a qualified clinical educator.
2. Practicum 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 practice of athletic therapy. These experiences should assist the student to develop their knowledge, skills, and dispositions that progresses from introduction, to application, to entry-level competence.

3. Practicum experiences must provide each student with exposure to a variety of sports, genders, clinical educators, clinical and field environments.
4. Supervised clinical practicums must ensure that the clinical educator is readily accessible to students for instruction and guidance. In a clinical setting, there must be a ratio which does not exceed four students to one clinical educator during the student's practicum at a single time.
5. Supervised field practicums must ensure that the clinical educator is readily accessible to students for instruction and guidance. In a field setting, there must be a ratio which does not exceed eight students to one clinical educator during the student's practicum at a single time.
6. Interprofessional educational opportunities should be part of practica.