



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 Accreditation Standards. Applications are due September 1st of the year prior to program implementation. A non-refundable fee of \$3000 is due with all initial applications. After initial accreditation, a non-refundable fee of \$1500 is due with all subsequent applications for accreditation.

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		
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Area Code & Telephone Number

Length of Program/Degree	Degree Granted (Specify – BA, BSc, BKin, etc.)		
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Average annual tuition for full-time students:	Domestic	International	
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Number of students:	Within province	Out of province	International
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Maximum first year enrollment capacity

Expiration of Current Accreditation (Month/Year)

Submit this completed application electronically to:

**Chair, CATA Program Accreditation Committee c/o CATA
#300, 400 5th Avenue S.W.
Calgary, AB, T2P 0L6**

pac_chair@athletictherapy.org

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	Yrs. of Service	Areas of Involvement (Teaching, Clinical, etc.)	Courses/Workload (Most recent year)
<i>AT Faculty Members</i>					
<i>AT Contract Lecturers/Instructors</i>					
<i>Other Faculty Affiliated w/Unit</i>					
<i>Staff</i>					

Practicum Coordinator

This is administrative and leadership role. It can be completed by a faculty member who has been granted release time for the associated duties, but it should be distinctively different than an instructor role (see below).

Qualifications:

Responsibilities:

Practicum Instructor

This is a faculty member (part time or full time) that is responsible for the final grading of the student. This faculty member will be responsible to gather grades from multiple sources including classroom evaluation (practical in nature), clinical educators and other medical or paramedical professionals who can help to evaluate student competence.

Qualifications:

Responsibilities:

Clinical Educators

This is typically a certified athletic therapist who practices inside or outside the home institution and has agreed to supervise, guide and mentor students. Clinical Educators must be orientated to the program curriculum, the programmatic evaluation plan and be willing to evaluate students based on knowledge of the curriculum. Finally, Clinical Educators will work with the program and students to ensure the appropriate level of supervision is provided based on the level of entrustment that is planned by the program and confirmed by student competence level.

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.

Complete 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)	Clinical Educator (CE)	Credentials	Number of Students Supervised Per Year	Frequency of CE Program Orientation

F. SYLLABI FOR ALL COURSES

G. COURSE RESOURCES

Course #	Course Name	Semester Offered (F, W, S/S)	Textbook/Journal Title	Author	Year

H. A WEBLINK OF UNIVERSITY CALENDAR (or hardcopy)

I. INCLUDE ALL PAC ANNUAL REPORTS SINCE LAST ACCREDITATION

J. APPENDICES