University of Colorado Colorado Springs

Graduate Executive Committee
February 13, 2015
Minutes

Attendees: Jackie Berning, Craig Elder, Mandi Elder, Ian Smith, Leslie Grant, Julie Jardon, Katie Kaukinen, Karen Livesey, Ron Koch, Kristin Walcott-Justice, TS Kalkur, Amy Silva-Smith, Sherry Morreale, Al Schoffstall, Emily Skop, Steve Miller, Eddie Portillos, Rory Lewis, Regina Winters, Edie Greene, Lynne Calhoun, David Moon, Sudhanshu Semwal, Kelli Klebe, KrisAnn McBroom

Business

- Security Certificate changes proposal: presented by Dr. Kristen Walcott-Justice. The program is requesting that the core course of CS 5360 be removed and an additional elective be added to the certificate requirements. The total certificate credits would remain at 15 credits.

  Action: The GEC unanimously voted to recommend the changes to the Security Certificate.

- MS in Athletic Training proposal: Presented by Dr. Mandi Elder. Health Sciences proposed a new MS degree in Athletic training. The filed is moving towards a requirement of a Master's rather than a Bachelor's and there are not many competing Master's programs in the area. They proposed a Bachelor's to Master's be implemented with this degree to promote UCCS undergraduates to stay here and earn the MS in Athletic Training.

  Action: GEC members were allowed one week to review proposal and vote. The GEC members voted to recommend approval of the proposal.

- Assessment presented by Dr. David Moon and Lynne Calhoun. A new process and timeline have been implemented in regards to program assessments to improve program ability to obtain usable results and use data to implement changes when necessary. If people want to talk with Lynne about their assessment report feedback, they may contact her directly.

Announcements

Spring GEC Meetings (10:00-11:30) ***NOTE ROOM CHANGES***
March 13 (UC 124), April 10 (UC 124), May 8 (UC 124)

UCCS Graduate School Open House: March 11th 4:30 pm to 6:30 pm.
Contact Sarah Elsey (selsey@uccs.edu) for information about having a table for your program

Contentious Discussions in the Classroom Workshop- Free and open to all
The Judge is in: Managing Stereotypes of Faculty and Students
Friday February 20, 2015 10:00 am -12:00 pm UC 309

Thesis manual:

- We are revising the manual and would like to set up a committee to review once we have completed the revisions. If you would like to volunteer please let us know
- As chair, you must follow the guidelines of the thesis and dissertation manual, students are submitting documents that do not meet guidelines but have been approved by the chairs.

Don’t forget Graduate School Funding deadlines are fast approaching!

- **Graduate Research Fellowship** ($5,000/year; 10-15 given per year)
  - **Due February 27th**

- **Graduate Opportunity Scholarship** ($5,000-$25,000/year; 1-6 given per year)
  - **Due March 1st**

- **Graduate School Mentored Doctoral Fellowship** ($5,000-$25,000/year awards; 3-6 given yearly)
  - **Due March 1st**

Proposal to the UCCS Graduate School for changes to the Certificate in Software Engineering .

The Program Director for the Certificate in Software Engineering suggested the following changes to the program which were presented to and approved by the Computer Science faculty at the department meeting on January 27, 2015:

1) Remove CS 5360 from the requirements due to overlapping content with other required courses. This will reduce the number of required course credits from 15 to 12.

2) Add one CS graduate level elective course for 3 credit hours to make up for removal of CS 5360. Total required credits will remain at 15.

Submitted by Kristen Walcott-Justice, Program Director, Certificate in Software Engineering

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NEW DEGREE PROGRAM PROPOSAL
MASTER OF SCIENCE IN ATHLETIC TRAINING (MSAT)
Table of Contents

NEW DEGREE PROGRAM PROPOSAL
MASTER OF SCIENCE IN ATHLETIC TRAINING (MSAT)
Concurrent Degree Program in conjunction with the BS in Health Care Science: Strength & Conditioning Option
Department of Health Sciences
Beth-El College of Nursing and Health Sciences

A. Description of Program

1. Describe the basic design of this program, including its level (baccalaureate, masters, doctoral) and the field of study. Is this an interdisciplinary program?

Athletic Training is a specialized allied health profession, recognized by the American Medical Association. The intent of proposing the Master of Science in Athletic Training (MSAT) program is to provide a professional preparation program in Athletic Training at the University of Colorado Colorado Springs (UCCS) for individuals seeking national certification as an athletic trainer. In December 2013, the National Athletic Trainers' Association (NATA) Education Council Workgroup on Professional Education in Athletic Training presented their whitepaper findings on the future of athletic training education and recommended that professional education of the athletic trainer should occur at the Master's degree level, as opposed to the current Bachelor's degree model (*see Exhibit K: NATA Education Council White Paper Key Findings*). While UCCS does not currently offer a professional preparation program in athletic training, we do offer a post-professional athletic training program (students are already certified athletic trainers) within the MSc in Sports Medicine. With the direction of professional education moving to the Master's level, our current program will become obsolete in its current format, indicating the need to create the professional level program to continue to provide athletic training education at UCCS.

The proposed program would benefit UCCS by 1) enriching our engagement with athletic training education by providing national certification opportunities for UCCS students, 2) enhancing athletic training education and the future Sports Medicine and Performance Center of the Health and Wellness Village development on North Nevada, through interprofessional experiences, and 3) allowing UCCS to provide distinctive education for athletic training in the region.

The Master of Science in Athletic Training (MSAT) program will be a professional preparation concurrent degree program in the Department of Health Sciences leading to eligibility for national certification as an Athletic Trainer through the Board of Certification, Inc. (BOC). Prior to admission into the concurrent degree program, students will be enrolled in the Bachelor's degree in Health Care Sciences: Strength and Conditioning track. Formal acceptance into the concurrent degree program would occur at the end of the 3rd year. Students will transition into the MSAT courses at the beginning of the 4th year, with completion of the Bachelor's degree requirements in Health Care Sciences: Strength and Conditioning at the end of the 4th year, and completion of the Master of Science in Athletic Training requirements in their 5th year. Students will graduate with both the BS and the MSAT at the conclusion of the 5th year. The MSAT program may also function as a stand-alone 2-year master's program for students who have already completed a bachelor's degree and the required prerequisites.

The program will be interdisciplinary in nature with the strength and conditioning program. Additionally, the program will contribute to the interprofessional education programming currently being developed at UCCS among a variety of health professions. The curriculum will also be designed with an integrated educational approach to more realistically model the practice of athletic training.

We anticipate the advertisement of the program in Fall 2015 with enrollment of freshmen. The actual MSAT program coursework would then begin in August 2018, allowing for a 3-year rollout of the concurrent degree program.

2. What are the student learning goals of this program? What will a graduate of this program have learned and be able to do? The goals should be sufficiently specific that they can be readily assessed; should the program be approved, the goals should be a basic component of future program review.
The student learning goals for the MSAT have been derived from the UCCS Strategic Plan, UCCS Mission and the Department of Health Sciences Goals, the current mission of the Sports Medicine Program, as well as the BOC Athletic Training Role Delineation Domains, particularly from these components:

- *UCCS Mission:* specialized graduate research, with degrees in health sciences
- *UCCS Strategic Plan Goals:* transformative and collaborative educational experience that engages students both in and outside of the classroom for work in a multicultural world
- *Department of Health Sciences Goals:* Provide high quality graduate health sciences educational experiences designed to prepare students to meet future health and wellness needs and expectations of the public; invest in integrated student learning opportunities and community healthcare needs; graduate culturally competent healthcare professionals who are prepared for leadership roles.
- *UCCS Sports Medicine Program Mission:* To prepare highly qualified athletic training professionals through an interprofessional curriculum integrated with opportunities to excel in research, advanced professional skills, and leadership development; ultimately translating experiences into their respective professions and future employment opportunities.
- *Board of Certification, Inc. Athletic Training Domains:* Injury/Illness Prevention and Wellness Protection; Clinical Evaluation and Diagnosis; Immediate and Emergency Care; Treatment and Rehabilitation; Organizational and Professional Health and Well-being.

MSAT Student Learning Goals

Through the interprofessional and integrated evidence-based athletic training curriculum, our students will:

- Translate theory and research to the practice of athletic training.
- Demonstrate and utilize quality hands-on injury diagnosis and management skills
- Provide culturally sensitive care to diverse populations including age, disability and ethnicity.
- Develop critical thinking and independent decision making skills.
- Demonstrate leadership skills in interprofessional collaborative practice.

Professional Certification

The program aims to have a 100% pass rate on the BOC certification examination.

B. Concerns to be Addressed

1. Bona Fide Need: Student Demand and Workforce Demand

a. Student Demand: What is the target market? What evidence is there of student demand for this program?

1) Provide enrollment projections for the program for the first five years in Table 1, following the definitions and directions specified in the table. Also include explanations of the methodology and assumptions used to project enrollment and completion data. Relevant information might

include national or regional enrollment trends in similar programs and projected new demand from industry in the service area.

Our target market will be consistent with the target market for UCCS, particularly southern Colorado, and include students who want to pursue education in both strength and conditioning and athletic training. Additionally, we will target individuals who want to pursue an athletic training post-bachelor's degree. The annual enrollment and graduate estimate for students formally admitted to the MSAT for the first 5 years is 11 students per cohort *(Exhibit A: Table 1 Enrollment Projections)*. Beyond year 5 and after successful accreditation, we anticipate 16 students per cohort, based on the current faculty and preceptor projections, for a total of 32 students in the professional MSAT program. This is a conservative estimate based on the enrollment of the 5 current professional Athletic Training Programs in the state (see below) and current UCCS student demand. Additionally, the conservative approach will be necessary as the program seeks accreditation. A fall 2014 survey of current UCCS pre-health science majors ([N=403] response rate 26%) indicated the following related to UCCS student demand:

- 77 (72.64%) students would consider choosing Athletic Training as their major if UCCS offered the degree
- 25 (23.58 %) students may consider choosing Athletic Training as their major if UCCS offered the degree
- 13 (12.26 %) students are transferring to an institution that offers Athletic Training
- 26 (24.53%) students may transfer to an institution that offers Athletic Training
- 19 (17.92%) students plan to pursue a graduate degree in Athletic Training after UCCS
- 43 (40.57%) students may pursue a graduate degree in Athletic Training after UCCS

The fall survey indicates that there is great interest in athletic training education, yet UCCS currently cannot prepare them for entry into the athletic training profession. If ¼ of the current UCCS students who would consider choosing athletic training as a major were acceptable applicants, we could easily meet the enrollment projections.

Enrollment and Number of Students Sitting for the BOC Certification Exam in Current Colorado Professional Athletic Training Programs

	2012-14 graduates	2012-14 certification exam candidates
Colorado Mesa Univ.	9.3	7.7
CSU-Pueblo	11	10
Metro State Univ.	5.3	5.3
Univ. of Northern Colorado	8.3	8.3
Fort Lewis College	4.0	4.0

*Values are 3-year averages (http://caate.net/program-outcomes/ [viewed January 12, 2015])

b. Explain how the program design will address the needs of part-time, working students. What specific efforts will be made to retain under-represented groups enrolling in the program?

The MSAT will be a field experience based program allowing students to develop clinical skills required for entry into the athletic training profession. The time requirement of the field experiences will make it difficult, but not impossible, for students to hold an outside job. Students aiming to complete the program on a part-time basis would have difficulty transitioning through the sequential coursework. Students who do wish to pursue the program on a part-time basis will have to declare this need upon application to the program so that determination can be made about the availability of clinical experiences and a part-time plan agreed upon by the student and program faculty. However, we do understand that we may have a larger military student population seeking our program that may need alternatives to full-time enrollment, and therefore,

we will work with students on a case-by-case basis to determine if their part-time needs can be met while still meeting accreditation and instructional requirements.

c. Workforce Demand: What evidence is there of need or workforce demand in Colorado for graduates of this field?

According to the National Athletic Trainers' Association 2014 membership database, there are 577 Certified Athletic Trainers (ATCs) in Colorado, as of Fall 2014. Nationally, there are more than 40,000 employed Certified Athletic Trainers. The profession of Athletic Training is much like the coaching environment in that there is consistent change in employment, often times from one professional sub-setting (college/university, secondary school, or clinic) to another. Athletic trainers also typically move from state to state while pursuing advancement in their careers. The states with the highest employment rates for Athletic Trainers, currently, are the states of Illinois, Texas, California, and Florida. Colorado compares favorably to Utah, Nebraska, and Kansas, which offer 0.12 per 1,000 jobs for Athletic Trainers. Regionally, Arizona and Oklahoma offer 0.21 employment per thousand jobs, while California and Texas offer 0.08. Colorado Springs is the 10th top paying metropolitan area for Athletic Trainers.

The NATA has taken a deliberate approach in educating the public and secondary school systems regarding the value and community need for athletic trainers in every secondary school athletic setting. These efforts have resulted in parents and coaches becoming educated about injury risks and which medical professions can provide the best first response medical care.

Even with this professional emphasis, nationally only 55% of high school student athletes have access to a full-time athletic trainer. In the state of Colorado, approximately 28% of the Athletic Trainers are employed in the secondary school setting. Colorado has 339 high schools, of which 155 (46%) have an Athletic Trainer listed as a service provider. Additionally, as media attention has focused on the importance of concussion management, recent research reveals that the effects of concussions are particularly severe and long lasting in child athletes. Because Athletic Trainers are usually onsite with athletes and often the first responders when injuries occur, the demand for Athletic Trainers should continue to increase.

Increasing awareness of the long-term consequences of sports injuries and the insurance companies increasing recognition of Athletic Trainers as healthcare providers are contributing factors to the current and projected growth of the profession. The U.S. Bureau of Labor Statistics predicts 21% employment growth (faster than average) for Athletic Trainers between 2012 and 2022. (http://www.bls.gov/oes/current/oes299091.htm [visited *January 12, 2015]*) *(See Exhibit M: bls.gov Documents)*

2. Role and Mission Criteria.

Is this program congruent with the role and mission of the campus? How does it support the campus's mission? Does it fit with the campus and/or college strategic academic plan? Describe particular institutional strengths in the proposed program area.

The proposed MSAT program is aligned with the role, mission, and goals of UCCS, Beth-El College of Nursing and Health Sciences, and the Department of Health Sciences. The aim of the program is to provide an integrated evidence-based athletic training curriculum that is also interprofessional in nature. The program aligns specifically with the following:

- *UCCS Mission:* specialized graduate research, with degrees in health sciences
- *UCCS Strategic Plan Goals:* transformative and collaborative educational experience that engages students both in and outside of the classroom for work in a multicultural world

- *Beth-El College of Nursing and Health Sciences Goals:* Provide high quality comprehensive graduate health sciences educational experiences, Graduate culturally competent healthcare professionals who value diversity and lifelong learning and are prepared for leadership roles in a broad array of healthcare environments.
- *Department of Health Sciences Goals:* Provide high quality graduate health sciences educational experiences designed to prepare students to meet future health and wellness needs and expectations of the public; invest in integrated student learning opportunities and community healthcare needs; graduate culturally competent healthcare professionals who are prepared for leadership roles.

UCCS has the opportunity to develop an innovative Sports Medicine and Performance Center as part of the Health and Wellness Village on North Nevada. Athletic trainers play a major role in Sports Medicine as the on-field medical providers for athletes and the coordinator of care for these athletes among other medical and health providers. With the opportunity of the Sports Medicine and Performance Center as well as the Lane Center for Academic Health Sciences, athletic training students would have the opportunity to participate in high caliber interprofessional education which will in turn impact the region by providing high quality athletic training practitioners for Colorado and the immediate region.

3. Duplication.

Is there duplication with other institutions? If so, are there unique characteristics or features of this program that are not duplicated elsewhere in the state that would justify this program? Duplication is particularly an issue for graduate and professional programs, most especially doctoral level programs, because of the high cost of graduate offerings. Proposals should discuss graduate/professional offerings at other institutions that may appear to duplicate and explain either

(1) how the proposed program does not duplicate other offerings or

(2) why a duplicate or similar program is justified. These statements should be reviewed for accuracy by the other institutions whose programs are being discussed. How will its implementation affect other institutions in the state? List all similar existing programs offered in the state and region, and explain why existing programs cannot meet the needs of the prospective students (and, if relevant, employers) in the geographic area to be served.

The following information is up to date as of January 2015.

UCCS offers the only post-professional master's athletic training program in the state.

There are only 31 professional master's athletic training programs nationwide, with no program in the state of Colorado, so the professional master's level program at UCCS would also be the only one in the state.

There are five (5) professional bachelor's athletic training programs in Colorado.

- Colorado Mesa State University
- Colorado State University—Pueblo
- Forth Lewis College
- Metro State University
- University of Northern Colorado

The professional programs in the immediate region surrounding Colorado include:

- Arizona: Northern Arizona University, no master's professional programs
- Western Kansas: Fort Hays State University, no master's professional programs
- New Mexico: University of New Mexico, New Mexico State University, no master's professional programs

- Western Oklahoma: East Central University, Southern Nazarene University, Southwestern Oklahoma State University and *two (2) master's professional program at Oklahoma State University and University of Central Oklahoma*
- Wyoming: no athletic training program
- Utah: Brigham Young University, Southern Utah University, University of Utah, Weber State University, and *one (1) master's professional program at Weber State University*

(http://caate.net/search-for-accredited-program/ [viewed January 12, 2015])

Offering the concurrent degree program at UCCS may prevent current UCCS students from transferring to other institutions to pursue their athletic training education. Additionally it would also provide an option for students to begin athletic training education without waiting to graduate from UCCS and then going elsewhere. (Please see student demand section B1 for details on these students.) These students will also have preparation in exercise science, making them eligible for certifications in the exercise science field and improving their marketability.

Offering the professional master's athletic training program will give an option for students who already have a bachelor's degree to pursue an education in athletic training. These students often include individuals who chose to be student athletes in place of completing an athletic training program (often time conflicts with clinical education), students who were unaware of the athletic training profession during their undergraduate career, and students who were unable to attend an institution with an athletic training program for their undergraduate degree. These aforementioned students in Colorado currently only have the option to return to school for a second bachelor's degree in athletic training, rather than a master's degree, or to leave the state and go other states such as Oklahoma, Utah or Texas (closest states with master's level professional programs).

There is some potential impact to other institutions when attracting potential students to UCCS. However, as indicated by the survey of the pre-health science students (see Section B1), there are more UCCS students indicating that they will likely finish their degree at UCCS before transferring to another institution to pursue a professional master's program, than students indicating that they will transfer as an undergraduate student to pursue a professional undergraduate program. This means that while UCCS may be currently keeping students for their undergraduate degree they are losing them to other states for their graduate degree, which is currently the only option for these students to pursue a professional master's level program. It is estimated that the most impact would be on the programs at CSU-Pueblo and Metro State University, due to their proximity to Colorado Springs. There may also be competing preceptor sites with CSU-Pueblo as they often use Colorado Springs area high schools for clinical sites.

Additionally, it is unknown if the other institutions in the state will choose to make the transition if and when the move to the professional master's degree becomes a mandate by our governing bodies in athletic training. If the other institutions do not make the transition, the MSAT at UCCS would provide an option for athletic training education for students in Colorado.

4. Statutory Requirements.

Does the proposed program conform to statutory requirements, such as the 120 credit hour limit for undergraduate degrees and the Student's Bill of Rights?

The proposed program complies with the Colorado Student Bill of Rights (C.R.S.23-1-125) allowing students to complete a 120 credit hour bachelor's degree while concurrently pursuing a master's degree.

A total of 9 credit hours will serve as dual credits towards the bachelor's and master's degree as allowed by UCCS Graduate School policy. The master's degree will be 43 credits (plus the 9 dual credits). Total credits required to complete the concurrent degree MSAT program is 163.

C. Program Quality and Institutional Capacity

1. Admission, Transfer and Graduation Standards

a . Describe the admissions requirements of this program. If they are different from general campus or college requirements, how and why are they different?

The MSAT program will have competitive admissions for controlled enrollment in order to maintain adequate student to preceptor ratios as indicated through CAATE accreditation requirements. Similar to the nursing admissions process, we will have two student major classifications prior to admission into the concurrent MSAT: *Pre-Athletic Training* and *Athletic Training Prep*. *Pre-Athletic Training* students are any undergraduate students who intend to apply for admission into the MSAT program, while *Athletic Training Prep* students are those undergraduate students who intend to apply for and have met the requirements for consideration of admission into the MSAT program and become eligible for enrollment in HSCI 4*** Foundations of Athletic Training I.

The following admission requirements are in addition to the Department of Health Sciences requirements.

UCCS Undergraduate Students

- All students intending to seek admission into the MSAT program will be classified as *Pre-Athletic Training* in Beth-El College of Nursing and Health Sciences if they meet the Health Sciences admissions criteria (http://catalog.uccs.edu/content.php?catoid=10&navoid=454#Beth-El_Academic_Policies). If incoming students do not meet the Health Sciences admissions criteria, they may be admitted to UCCS under the College of Letters, Arts, and Sciences as Pre-Health Care.
- After completing the required coursework through Fall, Junior-year (see course sequence), students will be classified as *Athletic Training Prep* if the following conditions are met:
  - a cumulative GPA of 3.0 or higher
  - a grade of C or higher in all required prerequisites
    - required: BIOL 1350, BIOL 2010, BIOL 2020, BIOL 3300, BIOL 4550, CHEM 1311, HSCI 2060, HSCI 2070, PSY 1000, HSCI 4670, PES 1010
    - recommended: HSCI 5030 or Certified Strength and Conditioning Specialist (CSCS) certification).
- Students who are classified as *Athletic Training Prep* are eligible to enroll in Foundations of Athletic Training I (HSCI 4***) in the Spring of their junior year and make formal application for full admission to the MSAT program.
- Undergraduate students not meeting the criteria for *Athletic Training Prep*, have four options: 1) continue with the Strength & Conditioning curriculum and graduate with a BS in Health Care Sciences (if all requirements are met); 2) continue with the Strength & Conditioning curriculum and reapply to the MSAT the following year; 3) change majors; 4) transfer.

b. Describe requirements for transfer students. If specific articulation agreements are in place or being considered, these should be described.

Transfer Students

New articulation agreements are being pursued and current ones revised to encourage students across the state to consider this degree program (the implementation of the new general education Compass Curriculum has led to need for updated and new articulation agreements).

- Undergraduate students transferring under completion of an articulation agreement - Students will be classified as *Pre-Athletic Training* in Beth-El College of Nursing and Health Sciences if they meet the Health Sciences admissions criteria (http://catalog.uccs.edu/content.php?catoid=10&navoid=454#Beth-El_Academic_Policies). Students will continue on the appropriate course sequence for the BS in Health Care Science: Strength and Conditioning as determined by the articulation agreement between UCCS and their 2-year institution.
  - After completing the required coursework through Fall, Junior-year (see course sequence), students will be classified as *Athletic Training Prep* if the following conditions are met:
    - a cumulative GPA of 3.0 or higher
    - a grade of C or higher in all required prerequisite or equivalent courses (equivalencies must be approved by the MSAT faculty, or HSCI advisors, prior to Athletic Training Prep classification)
      - Required: BIOL 1350, BIOL 2010, BIOL 2020, BIOL 3300, BIOL 4550, CHEM 1311, HSCI 2060, HSCI 2070, PSY 1000, HSCI 4670, PES 1010
      - Recommended: HSCI 5030 or Certified Strength and Conditioning Specialist (CSCS) certification).
  - Students who are classified as *Athletic Training Prep* are eligible to enroll in Foundations of Athletic Training I (HSCI 4***) in the Spring of their junior year and make formal application for full admission to the MSAT program.
  - Undergraduate students not meeting the criteria for *Athletic Training Prep*, have four options: 1) continue with the Strength & Conditioning curriculum and graduate with a BS in Health Care Sciences (if all requirements are met); 2) continue with the Strength & Conditioning curriculum and reapply to the MSAT the following year; 3) change majors; 4) transfer.

- Bachelor degree holding students, or students in their last semester for a Bachelor's degree. Students will meet the requirements for *Athletic Training Prep* if the following conditions are met:
  - a cumulative GPA of 3.0 or higher
  - a grade of C or higher in all required prerequisite or equivalent courses (equivalencies must be approved by the MSAT faculty, or HSCI advisors, prior to Athletic Training Prep classification)
    - required: BIOL 1350, BIOL 2010, BIOL 2020, BIOL 3300, BIOL 4550, CHEM 1311, HSCI 2060, HSCI 2070, PSY 1000, HSCI 4670, PES 1010
      - recommended: HSCI 5030 or Certified Strength and Conditioning Specialist (CSCS) certification).
  - The Athletic Training Prep student is eligible to enroll in HSCI 4*** Foundations of Athletic Training I (online course) and formally apply to the MSAT in the Spring semester.

- Other Undergraduate Transfers - Undergraduate students transferring to UCCS without a completed articulation agreement or Bachelor's degree are responsible for all UCCS requirements. Transfer credit will be considered on an individual basis. Transfer students in this category will be considered for admission as an UCCS Undergraduate Student as indicated above.

c. If enrollments are to be limited, describe the restrictions on enrollments and the reasons for them.

Admission to the MSAT will be limited based on the CAATE Standards for acceptable student to preceptor ratios. This ratio is institutionally determined under the CAATE standards and will be determined by the total number of preceptors available, the sport/clinical responsibility of a preceptor, and the ability of preceptors to supervise and teach students without impeding their ability to complete their job responsibilities. The student to preceptor ratio will fall in the 2-4 students:1 preceptor range.

d. Describe the standards for continuing in the program and the graduation requirements. If they are different from campus/college requirements, how and why are they different?
Courses required for the BS in Health Care Sciences will adhere to the Department of Health Sciences Academic Policies located in the UCCS Academic Catalog 2014-2015 *(Exhibit B: Academic Catalog excerpt for Beth-El & HSCI policies).*

Courses required for the MSAT will adhere to the Department of Health Sciences Grade and Quality of Graduate Work Policy *(Exhibit C: HSCI Graduate Student Policies),* which includes requirements that are higher standards than UCCS Graduate School policies, as determined by the Health Sciences Graduate Faculty. MSAT students not earning a B- or higher in their athletic training courses will not be able to continue in the MSAT program until that course can be retaken for an acceptable grade so as to be adequately prepared for the sequential nature of the coursework.

Students enrolled in the concurrent degree program will graduate at the conclusion of the 5-year program with both the Bachelor's and Master's degrees. Students who leave the concurrent degree program are still eligible to complete the Bachelor's degree.

2. Curriculum Description and Assessment Process

a. Describe the program requirements, including total credit hours, credit hour distribution, methods of delivering the program, field experience, and other pertinent aspects of the curriculum. Explain how this curriculum is like and/or unlike the usual curriculum in this field.
Program Requirements
The MSAT program will be a 163 credit concurrent degree master's program in conjunction with the Bachelor's of Science in Health Care Science: Strength and Conditioning option. Students will complete a 120 credit hour bachelor's degree and a 43 credit hour master's degree, with nine (9) shared credit hours between the graduate and undergraduate degrees. Students will become graduate students at the 130 credit hour mark in compliance with the UCCS Graduate School policy.

Dual Credit Courses
The MSAT program allows students to count up to nine (9) credit hours towards both the BS in Health Care Science and the MSAT programs. In order for credit to be counted for both degrees, the courses must:

- be approved for dual credit for the Strength and Conditioning and MSAT programs.
- be taken for graduate credit (5000 level or higher)
- be offered by the department of Health Sciences
- be completed with a grade of B- or higher, according to Health Science Graduate Policy.

As a stand alone master's degree the MSAT will be 52 credits. The total number of credit hours for the concurrent master's degree (43ch) is near the bottom of the range of other regional professional master's programs which range on average from 42-61 credits for completion, with a median closer to 51. The stand-alone master's degree will be near the median. Additionally, the concurrent degree program is similar in credit hour requirements as the UCCS MA in

Psychological Science (42ch) and less than UCCS MA in Clinical Mental Health Counseling (60ch).

Delivery

Students will have concurrent enrollment in the Bachelor's of Health Care Science and the MSAT, and will officially become graduate students at 130 credit hours into the concurrent program. The MSAT will take place over 2 academic years including one summer course. Students will complete their Bachelor's requirements in the 4th year.

Content will be delivered interprofessionally, in conjunction with interprofessional efforts occurring at UCCS. The instructional approach in the major courses will be an integrated model of education. Traditionally in athletic training education, injury assessment, treatment skills, rehabilitation and emergency response are taught in dedicated courses. We intend to teach this content in an integrated fashion to reflect a more realistic functional approach to athletic training practice and improve student translation of content into practice.

The core of the program will be the Injury Diagnosis & Management 3-course series which will include injury assessment, immediate and long-term treatment, rehabilitation, and psychosocial intervention concepts that progress through the body including the both the upper and lower extremity and the torso/head. This series of courses will also include a corresponding laboratory section that will focus on the hands-on skill progression and proficiency examination. The program will also include, as mandated by accreditation, clinical education through a 4-course series of field experiences that will occur across a variety of healthcare settings which may include UCCS Athletics as well as area high schools, collegiate institutions, and rehabilitation and general medical clinics *(See Exhibit G: Clinical Site Letters of support)*. Finally, evidence based practice will be introduced through the research courses, as well and integrated through all courses within the MSAT degree.

b. List all the titles of courses that support this program and explicitly identify all new courses being created for this program.

Pre-requisites, dual credit courses and required courses are listed below. Existing courses have the current course number listed. New courses are listed with the anticipated level of coursework followed by ***. Courses that will be allowed for dual credit between the BS and the MSAT are indicated with a ^.

Pre-requisite Courses (or comparable)

Required:

BIOL 1350 General Biology II
BIOL 2010/2020 Anatomy & Physiology I/II
BIOL 3300 Exercise Physiology
BIOL 4550 Biomechanics/Kinesiology
CHEM 1311 General Chemistry II
PES 1010/1150 Physics for Life Sciences I
PSY 1000 General Psychology
HSCI 2060 Health Science Statistics
HSIC 2070 Nutrition for Health Professionals
HSCI 4670 Health Assessment
HSCI 4*** Foundations of Athletic Training I

Recommended:

HSCI 4030 Sports Specific Training Principles & Techniques (or Certified Strength and Conditioning Specialist [CSCS] certification).

Dual Credit Courses (9 credits)

HSCI 5490 Exercise Considerations for Special Populations^	3 cr (lecture)
HSCI 6120 Leadership & Administration in Health Science^	3 cr (lecture)
HSCI 7020 Graduate Research Methods^	3 cr (lecture)

Required Master's Degree Coursework (43 credits)

HSCI 5*** Foundations of Athletic Training II	4 cr (lecture)
HSCI 5*** Basic Athletic Training Skills	1 cr (lecture/lab)
HSCI 6050 Injury Diagnosis & Management I(new title) Lower Extremity	3 cr (lecture/lab)
HSCI 6*** Injury Diagnosis & Management II Torso and Head	3 cr (lecture/lab)
HSCI 6080 Injury Diagnosis & Management III (new title) Upper Extremity	3 cr (lecture/lab)
HSCI 6630 Manual Therapy for Athletic Trainers	3 cr (lecture)
HSCI 6*** Pharmacology & General Medical Conditions	3 cr (lecture/lab)
HSCI 6*** Diagnostic Imaging	3 cr (lecture/lab)
HSCI 5*** Athletic Training Laboratory I (Lower Extremity)	1 cr (lab)
HSCI 5*** Athletic Training Laboratory II (Torso & Head)	1 cr (lab)
HSCI 6*** Athletic Training Laboratory III (Upper Extremity)	1 cr (lab)
HSCI 6*** Athletic Training Laboratory IV (Manual Therapy)	1 cr (lab)
HSCI 5*** Athletic Training Field Experience I	2 cr (field experience)
HSCI 5*** Athletic Training Field Experience II	2 cr (field experience)
HSCI 6*** Athletic Training Field Experience III	3 cr (field experience)
HSCI 6*** Athletic Training Field Experience IV	3 cr (field experience)
HSCI 7030 Statistics	3 cr (lecture)
HSCI 6090 Graduate Research Project	3 cr (research)

c. Provide a sample curriculum, including all required courses. If there are several tracks or options, include sample curricula.
Please see *Exhibit D: Proposed Concurrent Degree Curriculum* that includes both the bachelor's degree requirements along with the MSAT curriculum.

d. Describe the assessment plan for this proposed degree. (This section should be related to the student goals outlined in II. A. 2.) The assessment plan should include the goals and objectives of the program for student learning and what knowledge, intellectual capacities and skills will be developed by this curriculum. Describe the assessment tools that will measure how well the program fulfills these goals and objectives. The plan must describe how the department will use student outcomes information and any feedback from employers or from licenser and other testing scores to change teaching methods and/or the curriculum.
Along with UCCS assessment requirements, program assessment of the program missions, goals, and objectives to the quality of instruction, student learning, and overall program effectiveness is required under Commission on Accreditation for Athletic Training (CAATE) Accreditation. The CAATE also requires additional assessments that may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, retention and graduation rates, graduating student exit evaluations, and

alumni placement rates one year post graduation.

The assessment plan will include the previously indicated student learning goals and detailed evaluation of student outcomes on the 5th ed. NATA Athletic Training Education Competencies. The 5th ed. Competencies cover the following content areas, which will be threaded throughout the curriculum:

- Evidence-based practice
- Prevention and Health Promotion
- Clinical Examination and diagnosis
- Acute care of injury and illness
- Therapeutic interventions
- Psychosocial strategies and referral
- Healthcare administration
- Professional development and responsibility
- Clinical Integration Proficiencies

Student Learning Goals

Through the interprofessional and integrated evidence-based athletic training curriculum, our students will:

- Translate theory and research to the practice of athletic training.
  - Course assignments (i.e.: article critiques, research papers)
  - Research capstone
- Demonstrate and utilize quality hands-on clinical injury diagnosis and management skills
  - Practical examinations
  - Preceptor evaluations
- Show culturally sensitive care to diverse populations including age, disability and ethnicity.
  - Practical examinations
  - Preceptor evaluations
  - Course assignments
- Develop critical thinking and independent decision making skills.
  - Practical examinations
  - Written examinations
  - Course assignments
  - Preceptor evaluations
- Demonstrate leadership skills in interprofessional collaborative practice.
  - Course assignments
  - Preceptor evaluations

Tools used to measure outcomes will include a variety of techniques. Course level evaluations will be collected for each of the required core athletic training courses. Field Experience and laboratory courses will include practical examinations to measure student proficiency of hands-on clinical skills. Preceptor evaluations will be used to measure student competency in field experiences. Written examinations will be used for didactic courses to measure student demonstration of knowledge and synthesis of theory. The capstone research project will measure student ability to translate research and theory into evidence-based practice. Interprofessional skills will be measured through course assignments (i.e.: problem based learning) assignments and preceptor evaluations.

Post-programmatic assessment:
Graduate employer surveys will be utilized to supply external programmatic review of student abilities. CAATE Standards require that BOC pass rates for a 3-year aggregate be posted on the program website. Program specific details regarding students' outcomes on the BOC examination will be utilized to determine deficiencies in student preparation for the examination.

Athletic Training Faculty will hold semester-by-semester work sessions to review assessment data and determine if and where any changes need to be made to improve the quality of student learning and program success. These work sessions will also be used to determine if the program is meeting the CAATE accreditation assessment standards. Student outcomes will also be followed for determination of student ability to transition thru the sequential program.

3. Professional Requirements or Evaluations

a. Where pertinent, describe any regional or professional accrediting association or licensing requirements that have helped shape the curriculum of the proposed program. Specify the effect of these requirements on the length of the program, restrictions on program content or mode of delivery; and any budgetary requirements, such as minimal staffing levels, and equipment needs.
The MSAT will require accreditation from the CAATE. Upon completion of the program students are eligible for national certification from the BOC for athletic training. Additionally graduates seeking employment in the state would have to seek Colorado Athletic Training registration prior to practicing, which is based on BOC certification status.

The BOC works in conjunction with the National Athletic Trainers' Association (NATA) to develop the standards of practice for athletic training, which helped to derive the CAATE's 2012 Professional Standards for Accreditation of Professional Athletic Training Programs. The program curriculum will meet the NATA's 5th Edition Athletic Training Competencies.

The CAATE standards for accreditation require a minimum of two years (4 semesters for program completion.

Staffing

Program Director: Full-time faculty, with full faculty rights, with release time to accommodate administrative responsibilities and normal faculty responsibilities. BOC Certified, Colorado registered athletic trainer

Clinical Education Coordinator: a faculty member, with release time to accommodate responsibilities of clinical education oversight.

In addition to the Program Director, there must be 1FTE faculty dedicated to the athletic training program. Total number must be sufficient based on the number of students enrolled in the program and the ability to have effective instruction.

Medical Director: serves as a resource to the program, but does not have to hold a faculty position.

Preceptors: number depends on the number of students in the program and the program's determination of effective preceptor to student ratio.

All faculty and preceptors must be in good standing and certified/licensed according to their professional requirements.

Clinical Education

Students must have access to structured laboratory and clinical education experiences. Most of these experiences must be supervised by a BOC certified athletic trainer. Experiences must include:

Individual and team sports
Protective equipment intensive sports
Male and female sports
Non-sport populations
Orthopedic as well as non-orthopedic conditions

Clinical education must occur over a minimum period of two academic years.
Clinical education sites must provide safe experiences for students including safety of facilities, such as GFCI outlets, annual modality inspections, etc.

Financial Considerations as a requirement of CAATE Accreditation:

$5,000 initial accreditation fee
$750 registration fee
$3400 estimated annual accreditation fee
CAATE standards require that "*funding for the program be adequate as determined by the institution and be comparable to other health care programs on campus*" (e.g.: nursing)
Instructional Aids/Equipment/Supplies

Table 4 includes the equipment/supplies required to teach required competencies as designated by CAATE *(See Exhibit E: Table 4 Equipment)*. Where applicable, equipment will be loaned/rental for instructional purposes to minimize costs of purchasing and maintaining equipment that would not be utilized often enough to justify ownership. Table 4 identifies items that are already owned or we anticipate being borrowed/loaned for program use, however, additional units of some items might be required. Items not indicated would require acquisition. Estimated startup cost is $85,000. Please see *Exhibit E: Table 4 Instructional Equipment* and *Exhibit J: Table 3 Projected Costs.*

b. Identify timetables that have been established to meet the requirements, if needed.

The timetable for implementation of the MSAT if approved is based on CAATE requirements for pursuit of accreditation. The requirements include:

- Initiation of formal application by registering with the CAATE through e-Accreditation at least 6 months, but recommended 12 months prior to self-study submission (deadline is July 1, annually).
- Self-study should be submitted at the conclusion of the 1st year of program to allow all components of the program to be implemented.
- Anticipate 12-24 months from submission of self-study (July 1, annually) through CAATE accreditation decision.

With these requirements in mind, should the MSAT proposal be approved, the following timeline is anticipated:

- Fall 2015: Acceptance of freshmen students into Pre-Athletic Training or Athletic Training Prep tracks.
- Fall 2017: Acceptance of 2-yr institution transfers into Athletic Training Prep. Creation of Self-study committee.
- Spring 2018: First instruction of HSCI 4*** Foundations of Athletic Training I and Formal admission of first MSAT cohort;
- July 2018: Initiate formal application for CAATE accreditation through e-Accreditation
- August 2018: 1st MSAT cohort begins MSAT courses
- June 2019: Submit self-study to CAATE

- Spring 2020: CAATE Site Visit; 1st MSAT cohort completes program
- Summer 2020: Anticipated positive accreditation decision (if positive, accreditation reflects back to site visit date)

c. Describe the qualifications of the proposed programs' faculty. Include in an appendix short vitae (one-page) for the faculty who will teach regularly in this program.

Faculty teaching within the program will hold the BOC credential as well as Colorado Athletic Trainer registration and be in good standing. If a faculty member is from another health profession, they will be in good standing and appropriately credentialed for their given profession.

Current faculty will include:

Amanda Elder, EdD, ATC
Craig Elder, PhD, ATC, CSCS, CSPS
Margaret Hunt, MS, ATC

See Exhibit F: Faculty Vitae

4. Institutional Factors

a. Describe how this program will contribute to achieving the department's and campus's diversity goals.

The program will contribute to the campus and college diversity goals:
UCCS Values of Excellence—Inclusive Diversity: We value inclusive diversity as a foundation for teaching and scholarship that prepares students, faculty, staff and community members for both local and global multicultural realities.
Beth-El College of Nursing and Health Sciences Goals: Graduate culturally competent healthcare professionals who value diversity and lifelong learning and are prepared for leadership roles in a broad array of healthcare environments

Our program will provide the students with an academic curriculum and professional mentoring in diversity awareness, planning and management. This will be accomplished through classroom training (cultural awareness in healthcare professions, leadership/organization/administration) as well as through planned field experience in diverse athletic community settings, focusing on including diversity in age of clients, varied socio-economic settings and occupational environments. Healthcare skills related to cultural differences will be threaded throughout the didactic and experiential learning process.

b. How will the implementation of this program affect other instructional, research, or service programs in the institution? How will it affect other campuses?

The addition of the MSAT program would provide the greatest growth at the undergraduate level. The MSAT program may increase the demand on undergraduate courses in the BS in Health Care Science: Strength & Conditioning track. It is anticipated that up to an additional 30 students per year could enter into this option. This will increase instructional demand on the related courses in Health Sciences, as well as support courses in the College of Letters, Arts and Sciences (LAS), such as math, English, general biology, general chemistry, and physics. Additionally, at the graduate level there will be additional demand on the department research courses of statistics, research methods, and graduate research project. We currently accept up to 8 students in the post-professional program, so there would be an additional 3 students per year requiring these courses, or more if the program grows to a maximum capacity.

The addition of new graduate students will also increase the load of research supervision by the Health Science graduate faculty. With the anticipation of this load, the thesis option will be eliminated from the MSAT program, and all students will complete a graduate research project.

The new program will impact the need for Certified Athletic Trainers in the athletic department with more experience than the typical graduate assistant (1 to 2 years post certification) to serve as preceptors. While we can find plenty of preceptors outside of UCCS to fill the preceptor role, we do not feel that we should depend solely on these external institutions to do so. Currently, UCCS Athletics utilizes two full-time and four graduate assistants to provide health care coverage for UCCS athletes. Additionally, if the mandate to move to the Master's level for professional preparation becomes reality, the graduate assistant positions would phase out with the current post-professional program. After conversations with the Head Athletic Trainer, it has been determined that one more full-time athletic trainer will be needed to replace the graduate assistants and provide a sufficient number of athletic trainers as preceptors on-campus. The salary for this position is estimated at $45,000 and would likely need to be in place in 2018.

We do not anticipate any immediate impact to the other University of Colorado campuses, as none of the other CU campuses host athletic training education at any level. We do see positive impact in the future with the potential for athletic trainers to be included in interprofessional education with the medical students hosted at the Branch Medical Campus and any future shared health professions from the other campuses.

c. How will the implementation of this program affect existing resources, including library, computer, and laboratory resources?

Library: The current library resources supporting athletic training are nearly sufficient, however, there may be some additional journal access request that become necessary with the professional level program to provide supplemental materials in areas that are not a focus of the current post-professional program. We anticipate these additional resources to be minimal.
Computer resources: The laboratory/lecture space for the athletic training program will require a smart classroom set-up as well as technology and software that supports cutting edge medical documentation, and evaluation, such as 3-D anatomy software, rehabilitation planning software, movement assessment software, and iPads.
Laboratory: Access to the existing Beth-El Simulation laboratory will be coordinated within the Beth-El College of Nursing and Health Sciences. It is anticipated that the use of the simulation lab would have minimal impact on the lab, as the competencies covered in that environment will be minimal and time will be scheduled according to the existing usage demands for the lab. Other lab resources are described in section B.3.a above.

d. Describe any formal relationships with other parties that are anticipated, such as inter-institutional arrangements, resource sharing, cooperative programs, clinical affiliations, etc. Describe and explain the type and extent of the relationship and the resources provided by the affiliating institution. A copy of any draft contracts or agreements should be included in the Appendices.

Field experiences will make up a large component of the MSAT program and will depend solely on formal partnerships with entities providing athletic training services, as well as physical therapy and medical care. Among those partnerships, we anticipate establishing relationships with UCCS Student Health Services, UCCS Athletics, and the Lane Center to serve a clinical sites and providing preceptors. Additionally, off-campus sites will be utilized to increase the breadth of

clinical site options for student experiences. Initial conversations with UCCS Student Health, Colorado College Sports Medicine, US Air Force Academy Sports Medicine and Lewis Palmer High School have resulted in potential partnerships as clinical sites. These sites would allow us to meet the need for student placement as well as CAATE requirements for clinical experiences with various genders, various health care settings, various sports, and equipment intensive sports. Additional sites will be established, should this program be approved for development, with additional area high schools, physician offices, physical therapy clinics, and other health care settings. A variety of sites have already indicated interest in pursuing relationships with UCCS as a clinical site for the MSAT program. *(See Exhibit G: Clinical Site Letters of Support).*

When these relationships are formally established, an affiliation agreement (*See Exhibit H: Sample Clinical Site Affiliation Agreement*) will be made between the two entities. Affiliation agreements with UCCS auxiliaries are not required by the CAATE, but formal agreements will be established to protect both parties' interests.

The affiliation will establish the guidelines for the site to provide licensed/registered health care providers in good standing as preceptors for the students placed with them. Each site will be expected to provide the necessary supplies/equipment students would need to use to engage in their field experience while at that site. Each site will also be expected to maintain a safe environment for the students at that sight, including annual modality calibrations, GFCI outlets, blood-borne pathogen protection, etc.

5. Physical Capacity and Needs

a. Provide space estimates using Table 2 for program space requirements based on existing and five-year space planning assumptions and program size data from curriculum and student load projections and projected use of special or dedicated facilities, such as laboratories.

b. In the body of the application, describe program delivery and program space requirements, identifying additional space or equipment needs. When significant capital construction or equipment needs are anticipated, please provide additional information and explanations.

c. If program space requirements mandate additional facilities or significant renovation, summarize
   1) alternate solutions considered, including, where relevant, leasing or renting space and new construction, and
   2) conclusions from relocation and operating cost analyses that indicate the best use of resources. Operating costs, as well as space efficiency, should be considered. Explain contingency plans for operating the program in the event that capital construction funds are delayed for implementing the Facility Program Plan.

Instruction of athletic training competencies is hands-on requiring use of treatment tables, therapeutic modalities and therapeutic exercise equipment. Beyond space for the treatment tables to reside, instruction requires adequate space for students to move and utilize the equipment and perform skills such spine boarding, balance ball exercises, CPR, crutch fitting/use instruction, and movement and injury assessment. *(See Exhibit I: Table 2)*

In light of these skill requirements, this program will require dedicated laboratory space of approximately 1100sf minimum. Support for this educational program has coincided with the plans for the UCCS Sports Medicine and Performance Center, where we anticipate there to likely be a space that would function as a laboratory in conjunction with the service space. However, until those plans are developed and finalized, there is existing space in Beth-El College of Nursing and Health Sciences that could accommodate this requirement but would need to be repurposed. Cost for this repurposing would be minimal and limited to improving electrical outlet access for

therapeutic modalities, improving lighting, replacing the carpet with a product that could be kept more sanitary, and acquiring secured storage since the space has 3/4 walls. There is also a current small laboratory/classroom that is adjacent to the proposed lab space but is currently not a smart classroom. Updating this space as a smart classroom and adding desks would allow it to be utilized by other classes in the college as well. Funding for any renovations in University Hall would come from the college, however, if the lab is anticipated to be in the Sports Medicine and Performance Center, this funding would come from campus building fund.

The addition of two faculty in the Department of Health Sciences would require additional office space, which is not currently available in University Hall. Currently, there is ongoing discussion within the college on where additional faculty office space might be developed or repurposed. Cost for this construction is unknown. Finally, we would work with the Department of Nursing to share time in the Simulation Laboratory.

6. Cost Description and Source of Funds

Please see *Exhibit J: Table 3: UCCS Standard Financial Performa for New General Fund Academic Programs*

Narrative

Expenditures are minimal the first two years of the program since the professional degree (MSAT) course sequence does not begin until 2018. Projected net revenue is over $582,000 after incurring the identified expenses in the third year. By year five it is estimated that tuition will support all expenses associated with this program and projected net revenue of 1.69 million.

Staffing for the program will include funding of two faculty lines, a part-time staff, clinical preceptors and medical director. *Faculty salaries* have been estimated based on the 2014 NATA Salary Survey and recent faculty hires and projected for 2018. *Clinical preceptors* will be financially supported similar to the preceptors for Nursing. Preceptors will be paid $35/clock hour for up to 3 students under their supervision. For Field Experience I & II this totals $2800 per preceptor, and for Field Experience III & IV this totals $4280 per preceptor; we anticipate 5 preceptors per cohort, totaling $14,000 for the first year cohort and $21,000 for the second year cohort. The expectations of the *Medical Director* will be involvement in program development and delivery. Financial support for the Medical Director's involvement will be $2,000. A part-time *staff member* will be necessary to assist with program management, such as admissions and document management.

Associated expenditures are for marketing the program, travel, program supplies, accreditation fees, and library materials. *Travel* will include travel for marketing purposes to student, state and regional conferences, as well as professional development for program faculty to CAATE meetings and program director training sessions to ensure up-to-date delivery of the CAATE requirements and marketing of the program. The travel line is based on an average of two trips per faculty member at approximately $1,000-$1,500 per trip. The *library* costs include the addition of subscriptions to journals, and acquisition of reference texts to be used by students. *Accreditation fees* are outlined in *C3a* above and include initial accreditation fees and registration fees. *Supplies* are based on expendable supplies for teaching in the MSAT. *Start up costs* are listed at $85,000 based on a projected inventory of necessary equipment. (*See Exhibit E: Table 4: Equipment)*

7. Other Relevant Information

Campuses may include any other information deemed relevant to support new program proposals. Copies of letters of support from students and community members are not usually necessary or helpful.

The Board of Regents may request additional information pertinent to specific issues raised during their examination of new degree program proposals.

EXHIBIT K EC White Paper
EXHIBIT L AT Profile
AT Education Overview
EXHIBIT M BLS.gov documents
EXHIBIT G Letters of support from affiliate sites

8. Reviewers Comments

Include a copy of the external evaluator's comments and specify any changes that were made in response to the evaluation. If the evaluator suggested changes in the program that are not being made, explain why.

Exhibit N Reviewer Comments
Exhibit O Rebuttal

EXHIBIT A
TABLE 1: ENROLLMENT PROJECTIONS

Name of Program: Athletic Training
Degree Title: Masters of Science in Athletic Training (MSAT)
Name of Institution: University of Colorado Colorado Springs

DEFINITIONS:

- Academic year is the period beginning July 1 and concluding June 30.
- Headcount projections represent an unduplicated count of those students officially admitted to the program and enrolled at the institution during the academic year.
- FTE is defined as the full-time equivalent number of those students majoring in the program, regardless of the classes enrolled, during the academic year.
- Program graduate is defined as a student who finishes all academic program requirements and graduates with a formal award within a particular academic year.

SPECIAL NOTES:

- To calculate the annual headcount enrollment, add new enrollees to the previous year headcount and subtract the number who graduated in the preceding year. Adjust by the anticipated attrition rate.
- To calculate FTE, multiply the number of students times the projected number of credit hours students will be typically enrolled in per year and divide by 30.
- The data in each column is the annual **unduplicated** number of declared program majors. Since this table documents program demand, course enrollments are not relevant and shall not be included in the headcount or FTE data.

		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Full Implementation
1-a	In-state Headcount	UG10	UG20	UG30	UG40	UG40 GR10	UG56 GR14
1-b	Out-of-State Headcount	UG1	UG2	UG3	UG4	UG4 GR1	UG8 GR2
2	Program Headcount	11	22	33	44	55	80
3-a	In-state FTE	10.67	20.67	35.34	46.67	54.34	76.06
3-b	Out-of-state FTE	1.06	2.06	3.53	4.66	5.43	11.46
4	Program FTE	11.73	22.73	38.87	51.33	59.77	87.52
5	Program Graduates	0	0	0	0	11	16

Attach a brief description explaining the specific source data for projecting the program headcount (e.g., actual enrollment in a similar program at a comparable college). ***See Narrative in B1.***

Robin Mascha, Institutional Research reviewed 2-11-15
Signature of Person who ~~completed~~ the Enrollment Table Title

Signature of Governing Board Information Officer Date

EXHIBIT B
UCCS Academic Bulletin Excerpt for Beth-El College of Nursing and Health Sciences and the Health Sciences Department

Health Sciences

Admission Criteria for Students Applying as Freshmen

- Rank in the upper 40% of high school graduating class
- An un-weighted GPA of 2.8 or better in suggested high school course units
- Composite score of 24 on the ACT or a total score of 1080 on the SAT

Freshmen applicants whose records vary in any way from the above admissions criteria will be considered on an individual basis by evaluation of their overall academic records including (a) the quality of their high school program of study; (b) the level of their college entrance test scores (SAT or ACT); and (c) any information unique to an individual situation.

Pre-Health Care Students

Students not admitted directly into the College of Nursing and Health Sciences may still be admitted to UCCS under the College of Letters, Arts and Sciences Pre-Health Care program. Freshmen admitted to the Pre-Health Care program may apply to transfer to the College of Nursing and Health Sciences once 30 credit hours have been completed at UCCS with a cumulative GPA of 2.5 or better. Students entering UCCS as freshmen may apply to transfer to the Nutrition Option in Health Sciences once 30 credit hours of courses have been completed at UCCS with a cumulative GPA of 2.8 or better. Contact the Academic Advisor in the Student Success Center for details. Students who have completed 60 or more credits at UCCS without achieving a cumulative GPA of 2.5 or better are no longer eligible for admission to Health Sciences. Students who have completed 60 or more credits at UCCS without achieving a cumulative GPA of 2.8 or better are no longer eligible for admission to the Nutrition Option in Health Sciences.

Admission eligibility to the University of Colorado does not constitute a guarantee of enrollment in any specific health care science program.

Suggested High School Course Units for Beth-El College of Nursing and Health Sciences Students

English	4 years
Math-College Prep	3 years
Chemistry	1 year
Biological Science	1 year
Non-lab Science	1 year
Social Sciences	2 years
Foreign Language	2 years
Academic Electives	1 year

Transfer Students: Health Sciences

Students who have attended a collegiate institution other than UCCS or who have been admitted to a different college within UCCS may apply to transfer into the Health Sciences program once 30 credit hours have been completed with a cumulative GPA of 2.5 or better. Students who have completed 30 or more credits at UCCS without achieving a cumulative GPA of 2.5 or better will be reviewed on a case-by-case basis to determine if additional hours may be completed before they are no longer eligible for admission to Health Sciences. While transferability of credits is determined by the Office of Admissions, final application to the degree program is determined by the Department of Health Sciences.

Beth-El Academic Policies

General Academic Policies

All students are responsible for knowing and following the provisions set forth in this Catalog, in the Schedule of Courses and in the College Student Handbook. It is also the responsibility of the student to know and observe program requirements and deadlines.

The Catalog that governs a student's graduation requirements is the one in effect at the time of a student's most recent admission into the college of the student's degree program. The academic policies and regulations stated herein are in effect at the time this Catalog is published but may be subject to change.

In an effort to regularly enhance the programs offered as well as meet the needs of our students, changes are made periodically to the curricula. These changes may not be reflected in this Catalog. Students are encouraged to visit the website and the student handbook for current information.

Background Check

All nursing and health science students participating in any clinical/practicum placement will be required to participate in a background check at the time of admission or first clinical/practicum course. Drug screens are also required of all nursing students. If the student is unable to pass or successfully appeal a negative background check, he/she will not be able to continue in the course and the program. Inability to participate in clinical/practicum experiences will force withdrawal from nursing or health science programs.

Computer Competency Requirements

Students are expected to have basic computer skills upon entering the College. If not, students can take a computer literacy course to count for general education elective credit.

Course Pass/Fail Registration

With the exception of NURS 2990 or 3990, students in the College of Nursing and Health Sciences may not use courses taken on a pass/fail basis to satisfy degree requirements.

Grading Policies

Incomplete Grades: Please refer to the Academic Policies, Registration, and Records section of this Catalog for an explanation of incomplete grades.

Standards of Performance: Undergraduate

To remain in good academic standing, undergraduate students must maintain a cumulative CU grade point average of 2.0 or better for all courses attempted. In addition, no course grade below a C- is applicable to the degree program. For nursing students, no course grade below a C is allowed if the course is a required health science or nursing course.

Probation and Suspension Policy

Academic Probation for Health Sciences **Students**

Students may be placed on academic probation if their CU GPA falls below 2.0 or if they received a grade below a C- in required health science courses for the first time. They may continue with required courses unless the course/courses in which they received a grade below a C- are prerequisites for upcoming courses. In that case, the course/courses in which they received a grade below a C- must be repeated prior to progressing. If the course/courses in which they received a grade below a C- are general education courses, the students must meet with the Advisor in the Student Success center to create a plan for future success. Students may remain on academic probation for a maximum of three semesters. If, by the end of their third semester of probation, their CU GPA has not been raised to 2.0 or better, they will be subject to suspension from the College.

EXHIBIT C
Health Science Graduate Student Policies

Department of Health Sciences: Grades and Quality of Graduate Work Policy

1. Minimum Grade Point Averages
   To remain in good academic standing in the Graduate School and to receive a graduate degree, a student is required to maintain at least a B (3.0) graduate program grade point average, which includes all work required for the degree while taken at this University (classified and unclassified) and may differ from the University grade point average. Concurrent, undergraduate coursework does not count toward the degree and therefore is not calculated in the graduate program grade point average, without advanced consent from the program coordinator.

2. One class Forgiveness
   A student who receives a grade between C- and C+ in a course may repeat that course once, with the approval of the program director, provided the course has not been previously applied toward a degree. The grade received in a repeated course may substitute for the original grade and only the latter grade will be used in calculating the graduate program grade point average required for graduation; however, all grades received during the student graduate school experience will appear on the student's transcript and will be used in calculating the student's University grade point average.

3. Minimal Acceptable Grades
   Any graduate level course applied to a master's degree must have a grade of B- or better.

4. Grades received before admission to the Graduate School
   Courses transferred from another institution are not included in the calculation of the University grade point average, or in the graduate program grade point average. The University grade point average does not include any courses taken while in unclassified status; however, the graduate program grade point average will include all unclassified courses applied to meeting the degree requirements.

5. Incomplete, In Progress grades and Withdrawals
   A grade of "I" will convert to "F" if the work is not completed within the one-year maximum period of time according to University policy. A grade of "I" should be given only when the following conditions are met.
   a. the student requests an incomplete grade
   b. reasons for not completing course requirements are beyond the student's control
   c. a substantial amount of coursework has been completed at a passing level by the student
   d. the instructor sets the conditions whereby the course work will be completed, including deadlines of less than one year

   A grade of "IP" may be given only for master's thesis, capstone projects, and doctoral dissertation work "in progress". Upon completion of the thesis/capstone/dissertation defense, the committee chairperson must submit a grade change for the "IP" grade to the student's final grade. Withdrawals will only be granted to students with a passing grade.

6. Probation and Dismissal
   a. Academic Probation. A student who has completed 9 or more semester hours in the Graduate School and whose graduate program grade point average falls below 3.00 will be placed on academic probation until such time as the graduate program grade point average is raised to 3.00.
      i. The student will have a maximum of one calendar year to be removed from probation, or the student may be dismissed from the Graduate School.
   b. Dismissal from the Graduate School.
      i. Any student whose graduate program grade point average is below 3.00 after the one-year probationary period will be subject to automatic dismissal. The Program Director will notify the Graduate School Dean and the student will be dismissed from the Graduate School. Under extenuating circumstances, the program director may petition the Graduate School Dean for an extension of the probationary time period.
      ii. Any student receiving below a C- in a course will be subject to automatic dismissal. The Program Director will notify the Graduate School Dean and the student will be dismissed from the Graduate School. A student can implement the “one class forgiveness” option following the guidelines outlined previously in number two.
      iii. A dismissed student is eligible to reapply for admission after one year. Approval or rejection of this application rests with the student's program/department.

7. Pass/Fail Grading
   a. Courses applied to graduate degrees may not be taken as pass/fail with the exception of clinical, practicum and internship coursework.

EXHIBIT D

Proposed Course Requirements for BS Health Care Science: Strength & Conditioning Option and MS in Athletic Training (MSAT)

Degree	Courses		
	Course Number	**Course Title**	**Credit Hours**
General Education Requirements (22 hours) All courses must have a grade of "C-" or better.	GPS 1010	Gateway Seminar Experience	3
	ENGL 1310	Rhetoric & Writing I	3
	ENGL 1410	Rhetoric & Writing II *(pre-req ENGL 1310)*	3
	MATH 1040	College Algebra or higher *(pre-req score 12+ on Algebra Diagnostic Exam)*	3
	PSY 1000	General Psychology	3
	Elective	Must meet BOTH the Arts, Humanities & Cultures AND the Sustainability requirement	3
	BIOL 1350/1360	General Biology II: Intro to the Cell and Lab *(pre-req CHEM 1301)*	4
	PORT 3000	Writing Portfolio Assessment	0
Health Science Prerequisites (24 hours)	HSCI 1020	Personal Fitness & Wellness	3
	HSCI 2060	Health Science Statistics *(Can sub with PSY 2100)*	3
	BIOL 2010	Human Anatomy & Physiology I *(pre-req BIOL 1010 or 1350)*	4
	BIOL 2020	Human Anatomy & Physiology II *(pre-req BIOL 2010)*	4
	CHEM 1301	General Chemistry I *(pre-reqs 1 yr HS CHEM & 2yrs HS MATH)*	5
	PES 1010/1150	Physics for Life Sciences I and Lab *(pre-req MATH 1040)*	5
Health Science Core Requirements (12 hours)	HSCI 3201	Health Behavior Change *(soph level)*	3
	HSCI 3520	Health Communication *(pre-req HSCI 3201)*	3
	HSCI 3630	Culture & Health *(soph level)*	3
	HSCI 7020	*Research Methods^*	*3*
Strength & Conditioning Option Requirements (62 hours)	BIOL 3300	Exercise Physiology *(pre-reqs BIOL 2010, 2020)*	3
	BIOL 4550	Biomechanics/Kinesiology *(pre-reqs PES 1010, BIOL 2010, 2020)*	3
	CHEM 1311	General Chemistry II *(CHEM 1301 w/C or higher)*	5
	HSCI 1110	Weight Training	2
	HSCI 2010	Intro to Health Science Professions	3
	HSCI 2070	Nutrition for Health Professionals	3
	HSCI Electives	HSCI 3000+ Electives	9
	HSCI 3310	Applied Sports & Exercise Psychology *(pre-req PSY 1000, spring only)*	3
	HSCI 3330	Sports Nutrition *(pre-reqs HSCI 1060 or HSCI 2070, BIOL 2010)*	3
	HSCI 6120	*Leadership & Administration in Health Science^*	*3*
	HSCI 4030	Sports Specific Training Principles & Techniques *(pre-req BIOL 3300)*	3
	HSCI 4050	Obesity & Weight Management *(pre-req HSCI 2070, spring only)*	3
	HSCI 5490	*Exercise Considerations for Special Populations (pre-req HSCI 4670)^*	3
	HSCI 5***	Foundations of Athletic Training I	3
	HSCI 4620	Internship in Health Sciences *(pre-reqs Jr. level, HSCI 3520)*	6
	HSCI 4670	Health Assessment *(BIOL 2010 & 2020, Jr. level)*	3
	HSCI 4950	Exercise Testing & Prescription *(pre-reqs 4670, Adult CPR)*	4
Master's of Science in Athletic Training Requirements (43 hours + 9 dual credits concurrent degree OR 52 credits stand-alone)	HSCI 5***	Basic Athletic Training Skills	1
	HSCI 5***	Foundations of Athletic Training II	4
	HSCI 6050	Injury Diagnosis and Management I (Lower Extremity)	3
	HSCI 6***	Injury Diagnosis and Management II (Torso and Head)	3
	HSCI 6080	Injury Diagnosis and Management III (Upper Extremity)	3
	HSCI 6630	Manual Therapy for Athletic Trainers	3
	HSCI 6***	Pharmacology & General Medical Conditions	3
	HSCI 6***	Diagnostic Imaging	3
	HSCI 5***	Athletic Training Laboratory I (Lower Extremity)	1
	HSCI 5***	Athletic Training Laboratory II (Torso and Head)	1
	HSCI 6***	Athletic Training Laboratory III (Upper Extremity)	1
	HSCI 6***	Athletic Training Laboratory IV (Manual Therapy)	1
	HSCI 5***	Athletic Training Field Experience I	2

	HSCI 5***	Athletic Training Field Experience II	2
	HSCI 6***	Athletic Training Field Experience III	3
	HSCI 6***	Athletic Training Field Experience IV	3
	HSCI 5490	*Exercise Considerations for Special Populations^*	^
	HSCI 6120	*Leadership & Administration in Health Science^*	^
	HSCI 7020	*Research Methods^*	^
	HSCI 7030	Statistics	3
	HSCI 6090	Graduate Research Project	3

^ Dual Credit Course

120 credits BS
9 dual credits
43 credit MSAT concurrent degree program
52 credit MSAT stand alone degree program

Proposed Course Sequence for Concurrent Degree: BS Health Care Science—Strength & Conditioning Option and MS in Athletic Training (MSAT)

Suggested First Year

	FALL			SPRING	
	Course	*Hours*		*Course*	*Hours*
√	GPS 1010	3	√	ENGL 1410	3
√	ENGL 1310	3	√	BIOL 1350/1360	4
√	MATH 1040	3	√	CHEM 1311	5
√	HSCI 1020	3	√	PSY 1000	3
√	CHEM 1301	5			
	TOTAL	17		**TOTAL**	15

Suggested Second Year

	FALL			SPRING	
	Course	*Hours*		*Course*	*Hours*
√	BIOL 2010	4	√	BIOL 2020	4
√	HSCI 2070	3	√	HSCI 1110	2
√	HSCI 3630	3	√	HSCI 2060	3
√	PES 1010/1150	5	√	HSCI 3201	3
			√	Arts, Humanities & Cultures AND Sustainability	3
	TOTAL	15		**TOTAL**	15

Suggested Third Year

	FALL			SPRING	
	Course	*Hours*		*Course*	*Hours*
√	BIOL 3300	3	√	BIOL 4550	3
√	HSCI 2010	3	√	HSCI 3310	3
√	HSCI 3330	3	√	HSCI 4050	3
√	HSCI 3000+ Health Science Elective	3	√	HSCI 4030	3
√	HSCI 3520	3	√	HSCI 4950	4
√	HSCI 4670	3	√	HSCI 5xxx Foundations of Athletic Training I	3
	TOTAL	18		**TOTAL**	19

Suggested Summer Prior to Fourth Year

	Course	*Hours*	
√	HSCI 4620 Health Science Internship	6	Formal admission into concurrent degree program occurs during spring of 3rd year.
	HSCI 5XXX Basic Athletic Training Skills (August)	1	
	TOTAL	7	

Suggested Fourth Year					
FALL			**SPRING**		
	Course	*Hours*		*Course*	*Hours*
^	HSCI 6120^ Leadership & Administration	3	√	HSCI 3000+ Health Science Elective	3
√	HSCI 3000+ Health Science Elective	3	^	HSCI 5490^ Ex Consid for Special Populations	3
	HSCI 7030 Statistics	3	√	HSCI 7020^ Research Methods	3
	HSCI 5***Foundations of Athletic Training II	4	^	HSCI 6*** Injury Diagnosis and Mgnt II	3
	HSCI 6050 Injury Diagnosis and Mgnt I	3		HSCI AT Field Experience II	2
	HSCI AT Field Experience I	2		HSCI 5*** AT Laboratory II	1
	HSCI 5*** AT Laboratory I	1			
	TOTAL	19		**TOTAL**	15
Suggested Fifth Year					
FALL			**SPRING**		
	Course	*Hours*		*Course*	*Hours*
	HSCI 6080 Injury Diagnosis and Mgnt III	3		HSCI 6630 Manual Therapy for Athletic	3
	HSCI 6*** Diagnostics	3		HSCI 6090 Graduate Research Project	3
	HSCI 6*** Pharm/Gen Med	3		HSCI 6*** AT Field Experience IV	3
	HSCI 6*** AT Field Experience III	3		HSCI 6*** AT Laboratory IV	1
	HSCI 6*** AT Laboratory IV	1			
	TOTAL	13		**TOTAL**	10

√ indicates undergraduate course requirement for existing BS in Health Care Science—Strength and Conditioning option

^ indicates dual credit course, required for both the BS and MSAT

EXHIBIT E

TABLE 4
Instructional Equipment

Equipment	Reference	Units	Price	Sub Total	Total
Treatment tables	Medco 3178-21, page 420	10	$2,200	$22,000	$136,500
Mobile Tx cabinets	Medco 2405-08, page 436	6	$715	$4,290	
Pneumatic Stools	Medco 2692-55, page 440	10	$200	$2,000	
X-ray view box		1	$200	$200	
Crutches		10	$20	$200	
Cane		10	$25	$250	
Positioning Bolsters		10	$85	$850	
Tape measures		20	$2	$40	
Pen lights		20	$5	$100	
Tuning forks		10	$10	$100	
Percussion hammers		10	$2	$20	
Scissors		20	$10	$200	
OPAs		2	$50	$100	
rehabilitation equipment		1	$1,000	$1,000	
Goniometers		10	$2	$20	
Sphygmomanometer		10	$80	$800	
Stethoscopes		10	$86	$860	
Air splints		5	$100	$500	
Vacumm splints		2	$524	$1,048	
Sam Splints		10	$20	$200	
Stax aluminum splints		3	$65	$195	
Knee immobilizers		8	$300	$2,400	
Ankle braces		20	$100	$2,000	
Otoscope & Ophthalmoscope		4	$720	$2,880	
AED Trainer		1	$400	$400	
Peak flow meter		1	$25	$25	
Dual training stethoscope		3	$120	$360	
Thermometer		5	$80	$400	
spectrometer		1	$120	$120	
oxygen therapy		1	$500	$500	
digital psychrometer		1	$100	$100	
nebulizer		1	$85	$85	
Epi-Pen Trainer		10	$5	$50	
Spine board with head immobilizer		4	$200	$800	
Rectal Thermometer		2	$500	$1,000	
Rectal Thermometer practice model		1	$200	$200	
Anatomical model – arm	Universal Medical	1	$979	$979	
Anatomical model –leg		1	$1,426	$1,426	
Anatomical model – hand		1	$977	$977	
Anatomical model –foot		1	$2,102	$2,102	
Anatomical model – full skeleton		1	$1,023	$1,023	
Anatomical model – disarticulated skeleton		1	$643	$643	
Anatomy software		20	$250	$5,000	

TABLE 4
Instructional Equipment

iPads	20	$350	$7,000
Expendiable supplies	1	$5,957	$5,957
cold laser	1	$2,000	$2,000
portable electrical stimulation	10	$110	$1,100
biofeedback units	5	$1,200	$6,000
ultrasound	1	$900	$900
Graston instruments	3	$1,200	$3,600
Kestrel hydration/environmental assessment	1	$1,500	$1,500
Casting and splinting system	1	$5,000	$5,000
Isokinetic dynamometer	1	$45,000	$45,000

EXHIBIT F

Amanda J. (Sinclair) Elder, EdD, ATC

University of Colorado Colorado Springs, Department of Health Sciences

EDUCATION:

1999-2001	**EdD** Applied Educational Studies, Emphasis: Exercise Science Oklahoma State University, Stillwater, OK
1995-97	**MA** Kinesiology, NATA Accredited Graduate Athletic Training Program San Jose State University, San Jose, CA
1991-94	**BA** Exercise Physiology and Leisure Science, Emphases: Athletic Training, Secondary Physical Education, Minor: Biology Education Adams State College, Alamosa, CO

PROFESSIONAL EXPERIENCE:

2008-present	**Associate Professor**, Tenured (Assistant Professor 2008-2012) **Program Coordinator**, MSc Sports Medicine (advisor, Athletic Training Track) Department of Health Sciences, University of Colorado Colorado Springs
2001-08	**Associate Professor**, Tenured (Assistant Professor 2001-2007) Clinical Coordinator of Athletic Training Education (CAATE accredited) Dept of Health, Human Performance & Recreation, Southeast Missouri State University, Cape Girardeau, MO
2000-01	**Visiting Instructor** School of Applied Health and Educational Psychology, Oklahoma State University, Stillwater, OK
1997-1999	**Head Certified Athletic Trainer, Instructor** of Health Physical Education and Recreation Oklahoma Panhandle State University (NCAA Div. II), Goodwell, OK
1995-97	**Head Certified Athletic Trainer**, Cupertino High School, Cupertino, CA

RECENT REFEREED PUBLICATIONS:

- Eisner MT, Elder C, **Sinclair Elder AJ,** Kelly Buening, C. Athletes perceptions of the collegiate strength and conditioning coaches. (2014) Manuscript accepted for publication in the Journal of Athletic Enhancement.
- Meinz, KJ, **Sinclair Elder, AJ**, Elder CL, Hutchins AM. (2013) Effectiveness of myofascial release as a treatment for orthopedic conditions: a systematic review. Manuscript submitted for publication in the *Journal of Athletic Training*. 48(4):522-527.
- **Sinclair AJ**, Holman T, Elder C, Easter B, Stenger-Ramsey T. (2010) Utilization of Emergency Action Plans by Collegiate Academic Recreation Programs. *SCHOLE: A Journal of Leisure Studies and Recreation Education*. 25:11-20.

RECENT PRESENTATIONS AT MEETINGS:

- **Sinclair Elder, AJ**, Elder CL, Hunt M. Why Do I Need CATs in My Clinic?. Invited presentation for the 2014 Colorado Athletic Trainers Association Annual Meeting. May/June, Denver, CO.
- Elder, CL, **Sinclair Elder, AJ**. *Using Literature Triage to Improve your Practice.* Peer reviewed abstract accepted for presentation for the 2013 Colorado National Strength and Conditioning Association State Fall Clinic, November, Denver, CO.
- **Sinclair Elder, AJ**, Elder, CL. *So Many Journals… So Little Time: Using Literature Triage to Improve your Practice.* Peer reviewed abstract accepted for presentation for the 2013 Rocky Mountain Athletic Trainers' Association Annual Symposium, April, Denver, CO.
- Sims, G, **Sinclair Elder, AJ**, Elder, CL, Harris, M. Assessment of Lightning Safety Knowledge Among Youth Sport Coaches. Peer reviewed abstract accepted for presentation for the 2013 Rocky Mountain Athletic Trainers' Association Annual Symposium, April, Denver, CO.
- **Sinclair, AJ.** Girls Rock! Climb to Your Dreams. Invited Keynote Address at the 13th Annual Girls in the Middle Conference, Otero Junior College, La Junta, CO, March, 2011
- **Sinclair AJ**. *Athletic Training Behind the Chutes: Caring for the Rodeo Athlete*. Invited peer-reviewed oral presentation accepted for the 2011 National Athletic Trainers' Association Annual Symposium, June, New Orleans, LA.

RECOGNITIONS:

2013	UCCS Teacher of the Year
2011	UCCS iWAC Participant, Writing Across the Curriculum
2010-2011	CU President's Teaching and Learning Collaborative, scholar
2006	Athletic Trainer of the Year, Missouri Athletic Trainers' Association

ATHLETIC TRAINING CERTIFICATION & REGISTRATION:

1993-2014	National Athletic Trainers' Association, Certification #049502524
2010-2014	Colorado Department of Regulatory Agencies, Registered Athletic Trainer #585

PROFESSIONAL SERVICE:

2001-2014	Site Visitor, Commission on Accreditation of Athletic Training Education Programs
2006-2013	Annual Report Committee Member, Commission on Accreditation of Athletic Training Education Programs

CRAIG L. ELDER, PhD, ATC, CSCS, CSPS
Abbreviated CV

EDUCATION

Doctorate of Philosophy	Health Education and Promotion; The University of Alabama, Tuscaloosa, AL; August 2000
Master of Education	Exercise Physiology; Auburn University, Auburn, AL; August 1992
Bachelor of Science	Physical Education/Exercise Science; Berry College, Rome, GA; April 1991

PROFESSIONAL EXPERIENCE

University of Colorado Colorado Springs
Colorado Springs, Colorado

Associate Professor(CTT)/Health Sciences Graduate Coordinator (January 2013-present)
Senior Instructor/Health Sciences Graduate Coordinator (August - December 2012)
Instructor/Health Sciences Graduate Coordinator (August 2009 – July 2012) – Teach undergraduate and graduate courses in the Department of Health Sciences. Coordinate graduate programs in Health Promotion, Athletic Training, Strength & Conditioning and Sports Nutrition. Program advisor for Strength & Conditioning. Conduct research and provide service to the university.

Southeast Missouri State University
Cape Girardeau, Missouri

Associate Professor (tenured faculty) Director, Athletic Training Education (August 2004 - August 2009). **Assistant Professor/Director, Athletic Training Education** (July 2000 – July 2004) – Directed the CAATE accredited athletic training education program (ATEP), advised undergraduate athletic training and prospective students, supervised clinical education sites, developed and supervised student internships, conducted research, provided service to the university and coordinated graduate programs for the Department of Health, Human Performance and Recreation. Faculty appointment was a 4/4 with a .25 release for administrative responsibilities

JOURNAL PUBLICATIONS

- Conolly. M. J., **Elder, C.L.**, Dawes, J.J. (2015) Needs analysis for mountain search and rescue. *Strength and Conditioning Journal*. (in press)
- Dawes, J. J., Orr, R.M., **Elder, C.L.,** Rockwell C. (2014) Association between body fatness and measures of muscular endurance among part-time SWAT officers. *Journal of Australian Strength and Conditioning*. 22(4)32-36.
- Eisner, M.T., **Elder, C.L.**, Sinclair Elder, A.J., Kelly, C. (2014) Collegiate athletes' perceptions of the importance of strength and conditioning coaches and their contribution to increased athletic performance. *Journal of Athletic Enhancement*. 3(4) doi: http://dx.doi.org/10.4172/2324-9080.1000159
- Dawes, J.J., Dukes, R.L., **Elder, C.L**., Melrose, D.R., Ocker. L.B. (2013) Attitudes of health club patrons toward the use of non-medical androgenic-anabolic steroids by competitive athletes versus recreational weightlifters. *Integrative Health Care.* 4(2):ID4.2004.
- Dawes, J.J., **Elder, C.L.**, Hough, L., Melrose, D.R., Stierli, M. (2013) A description of selected physical performance measures and anthropometric characteristics of full and part time special weapons and tactics team. *Journal of Australian Strength and Conditioning.* 21(2):51-57.
- Meinz. K., Sinclair Elder, A. **Elder, C**. Hutchins, A. (2013) Myofascial release as a treatment for musculoskeletal conditions: A systematic review. *The Journal of Athletic Training. 48*(4):522-527

GRANTS

- Dawes, J. and **Elder, C**. (2014) *Influence of compression garments on selected physiological, perceptual and performance measures while traversing extreme terrain at altitude*. 2XU Research and Product Development Grant, $31,178

PRESENTATIONS

- Ostermann, E., Dawes, J., **Elder, C**. *Relationship between anthropometric measures and upper-body muscular endurance of Special Weapons and Tactics Team Officers.* National Strength and Conditioning Association National Convention, Las Vegas, NV, July, 2014.
- Woodworth, S., Dawes, J., **Elder, C**. *Relationship between body composition and sustained anaerobic power among special weapons and tactics team officers.* National Strength and Conditioning Association National Convention, Las Vegas, NV, July, 2014.
- **Elder, C,** Sinclair Elder, A. *Using literature triage to improve your strength and conditioning practice*. NSCA State Clinic, Denver, CO, November 2013.
- **Elder, C**. *Exercise considerations for athletes with disabilities*. National Strength and Conditioning Association National Convention, Las Vegas, NV, July, 2013

PROFESSIONAL CERTIFICATIONS

- National Athletic Trainers' Association - Certified Athletic Trainer
- National Strength and Conditioning Association - Certified Strength and Conditioning Specialist & Certified Special Populations Specialist

Margaret M. (Peter) Hunt, MS, ATC

EDUCATION, CERTIFICATION AND LICENSURE

MS in Physical Education with an emphasis in Sports Medicine
Syracuse University, May 1991

BS in Physical Education with an emphasis in Athletic Training
University of Iowa, May 1989

Certified Athletic Trainer, National Athletic Trainer's Association, 1989 to present
Registered Athletic Trainer, State of Colorado, 2010 to present

Registered Limited Scope X-Ray Technician, State of Colorado, 1995 to present

PROFESSIONAL EXPERIENCE

University of Colorado Colorado Springs — Aug. 2013-Present
Department of Health Sciences, Faculty Instructor

Various Sport Organizations — Feb. 2013 - Present
Contracted Athletic Trainer

United States Olympic Committee, Colorado Springs, CO — Aug. 1993 – Jan. 2013
Sports Medicine Manager & Athletic Trainer

Marquette University, Milwaukee, Wisconsin — Aug. 1991 – June 1993
Assistant Athletic Trainer

RESEARCH ACTIVITIES (PUBLICATIONS AND PRESENTATIONS)

Weiler JM, Layton T, **Hunt MM,** Asthma in United States Olympic athletes who participated in the 1996 Summer Games. *Journal of Allergy and Clinical Immunology*, Vol 102, Issue 5, Nov. 1998; 772-726.

Peter M, Thompson F, Silvers W, Weiler J. Case Studies of Asthma in Elite and World Class Athletes; The Roles of the Athletic Trainer and Physician. In: Weiler J, ed. *Allergic and Respiratory Disease in Sports Medicine*, New York, NY: Marcel Dekker; 1997; 353-366.

Hunt MM. USA in the Beijing Olympics, an insider's perspective. University of Colorado Fall Sports Medicine Symposium – October, 2008, Boulder, CO.

Hunt MM. Commitment to Athlete Health. Healthcare Re-imagined: Learning from Olympic Athletes, Aspen Health Forum – October, 2007, Aspen, CO.

Moderator, Spondylolysis in the Young Athlete, National Athletic Trainers Association 52nd Annual Meeting and Clinical Symposium – June 2001, Los Angeles, CA.

COURSES TAUGHT- UNIVERSITY OF COLORADO COLORADO SPRINGS

Health Science Statistics (HSCI 2060)
Sports Injuries and Prevention (HSCI 4610)
Health Science Leadership (HSCI 6120)
Advanced Evaluation of the Lower Extremity (HSCI 6050)
Advanced Evaluation of the Upper Extremity (HSCI 6080)

EXHIBIT G

COLORADO COLLEGE

January 22, 2015

Mandi Elder, EdD, ATC
Associate Professor
Program Coordinator, MSc Sports Medicine

Please accept this letter as support for the creation of the Athletic Training Professional Master's Program. Colorado College has served as a placement site for graduate students for the last two years and as a part-time employment site for the two years prior to that.

There has always been a broader relationship between our two institutions, but the relationship that exists between the UCCS Sports Medicine Graduate Education Program and Colorado College Sports Medicine is a very close and strong. Through Dr. Mandi Elder's leadership and continued improvement in her educational offerings I have seen the quality of her graduate students improve year-over-year. And it is a credit to her and her staff that she graduates students that are ready to work in the marketplace without hesitation. So much so, that I actually hired one of her graduates to be on my full-time staff.

I would also like to extend the offer to her to serve as a clinical education site for her students once she has established the new program. It will be well run programs like hers that will shape the direction of future athletic trainers.

The opportunity to work with Dr. Elder and the UCCS Sports Medicine program has been a great opportunity for our student-athletes, my staff, my referral network of physicians and other providers, and myself. I hope to continue to foster this relationship as she embarks on this new journey.

Sincerely,

Ian A. Wood

Ian A. Wood, MS, ATC
Director of Sports Medicine
Head Athletic Trainer
Colorado College

Division of Sports Medicine
14 East Cache La Poudre St., Colorado Springs, CO 80903
719-389-6490 *tel* 719-389-6993 *fax*
www.cctigers.com

Subject: Future Considerations
Date: Thursday, January 22, 2015 at 1:30:52 PM Mountain Standard Time
From: Peck, Anthony K Civ USAF USAFA USAFA/ADSMT
To: Amanda Elder

Amanda,

I am writing to express our continued interest in partnering opportunities with UCCS now and in the future with regards to athletic training clinical opportunities, educational forums and other collaborative efforts in the field of sports medicine.

We see the growth of programming at UCCS as a boon to our profession both in our city, state and region and would welcome the opportunity to be a part of it.

Feel free to contact me with any questions, concerns or ideas. We look forward to working with you and your staff in the future. All the best.

Tony

Anthony K Peck, MA ATC CSCS
Head Athletic Trainer
United States Air Force Academy
719-333-0218-ofc
719-338-3012-cel

anthony.peck@usafa.edu

Lewis-Palmer High School

1300 Higby Road, Monument, CO 80132 (719)488-4720 FAX (719)488-4723

January 20, 2014

University of Colorado at Colorado Springs

Amanda Elder EdD, ATC

Assistant Professor, Health Sciences

Coordinator, Msc Sports Medicine

Beth-El College of Nursing and Health Sciences

RE: Graduate Level Entry Program in Athletic Training

Dear Dr. Elder,

Thank you for the phone call last week in regards to the potential Entry Level Graduate Program in Athletic Training at UCCS. I would be very interested in continuing talks in becoming a Preceptor for your program as you move forward in this process.

I look forward to hearing from you in the future concerning this matter and continuing a working relationship with UCCS.

Sincerely,

Kevin Margarucci, MS ATC

Head Athletic Trainer/Teacher

Subject: FW: proposal support
Date: Thursday, February 5, 2015 at 3:56:33 PM Mountain Standard Time
From: Craig Elder
To: Amanda Elder

From: Stephanie Hanenberg <shanenbe@uccs.edu>
Date: Thursday, February 5, 2015 at 3:37 PM
To: Craig Elder <celder@uccs.edu>
Subject: proposal support

Hi Craig,

I am writing to express our interest in opportunities with the Department of Health Sciences and the development of the MSAT with regards to athletic training clinical opportunities, educational forums and other collaborative efforts in the field of sports medicine.

Stephanie Hanenberg RN, MSN, FNP-C
Executive Director of Health Services
University of Colorado Colorado Springs
1420 Austin Bluffs Parkway
Colorado Springs, CO 80918
719-255-4444- office
719-255-4446- fax

EXHIBIT H

Master's of Science Athletic Training Clinical Affiliation Agreement

University of Colorado Colorado Springs Beth-El College of Nursing and Health Sciences
And
Clinical Site (TBD)

The purpose of this clinical affliation is to define the roles and responsibilities of the University of Colorado Colorado Springs Beth-El College of Nursing and Health Sciences (the "University) and the University of Colorado Colorado Springs Student Health Center (the "Facility") in the establishment of a clinical site for the Master's of Science Athletic Training degree (Educational Program).

The University has a Master's of Science Athletic Training degree and is desirous of cooperating with the Facility as the Facility provides the Educational Program a clinical site for the benefit of certain students enrolled at the University. This program will afford the students with the opportunity to have practical learning and/or clinical experiences at the Facility, as appropriate to their skill and training.

The Facility recognizes the need for and desires to aid in the educational development of ancillary health professionals as well as other health care personnel and is willing to make its premises available for such purposes.

The responsibilities of the University and the Facility are outlined in the paragraphs below:

A. <u>THE UNIVERSITY'S RESPONSIBILITIES</u>:

1. The University shall collaborate with the Facility in deciding upon assignments of students to the Educational Program clinical site. This collaborative consultation recognizes the shared interest of educational excellence and acknowledges both the health care mission of the Facility and the clinical education mission of the Educational Program. Mutual agreement over clinical assignments is expected to be the overwhelming norm resulting from this process. However, final decisions about the assignments of students for the Educational Program rests as the responsibility of the University.

2. The University shall encourage its students to obtain and maintain health insurance.

3. The University shall designate a member of its faculty to coordinate the Educational Program with a designated member of the Facility's staff. The assignment shall include on-site visits and continuing exchange of information on progress of the Educational Program.

4. The University shall provide the Facility with the names, health status reports, and other pertinent information about each student to be assigned to the Educational

Program as least four (4) weeks prior to the beginning date of the student's assignment at the Facility.

5. The University shall have the right to withdraw a student from the Educational Program based upon factors deemed to compromise the educational goals. Any such action would be preceded by oral and written communication to the Facility with as much notice as possible.

6. The University shall ensure that students shall perform services in connection with the Educational Program only under the direct supervision of a BOC Certified Athletic Trainer. Direct supervision shall be defined as constant visual and auditory interaction between the student and the Certified Athletic Trainer.

B. <u>THE FACILITY'S RESPONSIBILITIES</u>

1. The Facility shall designate a member of its staff to be liaison with this Educational Program with whom the University's clincial coordinator is to communicate for the implementation of the Educational Program.

2. The Facility shall make available to assigned students appropriate facilities, equipment and supplies in order to provide supervised experience in the Educational Program that is appropriate to such students' course of study. Such facilities shall include an environment conducive to the learning process, which conforms to the Facility's customary procedures and satisfies requirements for the Commission on Accreditation of Athletic Training Edcuation.

3. The Facility shall provide students in the Educational Program with the opportunity to participate in providing patient services rendered at the Facility, provided that such students shall not be solely responsible for the care delivered to any patient. Students participating in the Educational Program shall work, perform assignments and participate in ward rounds, clinics, staff meetings and inservice programs at the discretion of their supervisors as designated by the Facility. However, students participating in the Educational Program are trainees, not employees, and are not to replace Facility staff. It is understood that the Facility shall retain ultimate responsibility for patient care and treatment.

4. The Facility may immediately remove, or request removal of, any student from the Facility's premises who, in the Facility's sole discretion, is not acting in the best interest of patient care. Suspension or removal of any student from the Educational Program will be carried out in accordance with the following process:

    (i) If the Facility deems a student's performance to be unsatisfactory and detrimental to the Facility's health care responsibilities, the Facility may temporarily suspend the student from participation in the Educational Program by written notice to the student and the University;

a. The Facility, the University and the student will confer as soon as feasible following such temporary suspension to discuss explanations for the suspension and the possibility of the student's continuation in the Educational Program;

b. If the Facility determines that the student's continuation in the Educational Program would be detrimental to the Facility's health care responsibilities, the University will withdraw such student from the Facility upon receiving written explanations from the Facility for such determination; and

c. If the Facility determines that the student can continue in the Educational Program, then the Facility will provide makeup time for the student equal to the period the student was suspended.

5. The Facility shall be responsible for arranging immediate emergency care of students in the events of accidental injury or illness, but shall not be responsible for costs involved, follow-up care or hospitalization in connection with such events.

C. JOINT RESPONSIBILITIES AND ACKNOWLEDGEMENTS

1. The University and the Facility shall mutually agree upon and arrange the course of instruction, the periods of assignment for each student, weekly hour commitments and the number of students eligible to participate concurrently.

2. The University and the Facility agree that there shall be no discrimination on the basis of age, race, religion, creed, sex, national origin, handicap or veteran's status.

3. The University and the Facility shall arrange and provide orientation of faculty members and students concerning the University's policies, rules and regulations.

4. The University and the Facility agree that (i) students participating in the Educational Program are to remain subject to the authority, policies and regulations imposed by the University and (ii) during the period of each student's assignments to the Educational Program, while on the Facility's premises, students will also be subject to all standards, rules, regulations, administrative practices and policies of the Facility.

D. TERM AND TERMINATION

1. This Affliation Agreement is for a term of one year, and shall be automatically renewed unless terminated as provided herein.

2. This affiliation may be terminated by either party by giving notice to the other as least three (3) months prior to the end of the term. Should notice of termination be given, the Facility may, in its sole discretion, allow those students then assigned to the Facility and participating in the Educational Program to complete their previously scheduled assignment in the Educational Program.

E. INSURANCE

1. The University will require all students to carry health insurance, or be prepared to pay for their own medical care and treatment. The University will also maintain Professional Malpractice Insurance through The University of Colorado's Self-Insurance Trust ("Trust"). The Trust coverage extends to: (1) Any faculty member who is a licensed health care provider, including athletic trainers, under Colorado law and employed by the University, and (2) Any student or other health care practitioner-in-training which is duly enrolled and matriculated in an educational program of the University. The University represents that this coverage extends to athletic training students who will be selected for the assistantship program herein contemplated. As employees or students of the University, all such persons are "public employees' whose liability is limited by The Colorado Governmental Immunity Act, C.R.S. 24-10-114 to (a) $150,000 for any injury to one person in a single occurrence, and (b) $600,00 for any injury to two or more persons in a single occurrence, expect in such instance no person may recover in excess of $150,000.

F. MISCELLANEOUS PROVISIONS

1. The terms and conditions of this Memorandum of Understanding may be amended only by written instrument executed by both parties.

2. All notices, given pursuant to this Memorandum of Understanding shall be in writing and personally delivered or sent by certified mail, postage fully paid to:

THE FACILITY: **THE UNIVERSITY:**

3. The University shall ensure that each student in the Educational Program has received a physical examination by a medical doctor and participated in an infection control in-service program. Also, the University confirms that each student in the Educational Program has been offered the opportunity to undergo vaccination against the Hepatitis B virus and has tested negative for Tuberculosis.

4. The University shall ensure that each student completed a criminal background check.

5. The University shall require that each student sign a confidentiality statement prior to commencing athletic training education at the University, and shall ensure that each student complies with Federal and State laws, as applicable, governing confidentiality of records and information.

The following University Faculty/Staff members have read this Memorandum of Understanding and agree to the terms herein:

FACILITY: **UNIVERSITY:**

EXHIBIT I
TABLE 2: PHYSICAL CAPACITY ESTIMATES

Name of Program: Master of Science in Athletic Training (MSAT)
Name of Institution: University of Colorado Colorado Springs
Purpose: This table documents the physical capacity of the institution to offer the program and/or the plan for achieving the capacity. Complete A or B.

Part A

I certify that this proposed degree program can be fully implemented and accommodate the enrollment projections provided in this proposal without requiring additional space or renovating existing space during the first five years.

Governing Board Capital Construction Officer _____ Date _____

Part B

	Column 1	Column 2	Column 3		Column 4		Column 5	Column 6
ASSIGNABLE SQUARE FEET	TOTAL NEEDED	AVAIL-ABLE	RENOVATION		NEW CONSTRUCTION		LEASE/ RENT	REVENUE SOURCE*
TYPE OF SPACE			Immed.	Future	Immed.	Future		
Classroom	1	UH319 (existing athletic training space)		UH 319 (conversion to smart classroom)				Beth-El College of Nursing and Health Sciences
Instructional Lab	1	UH 318 (approx. 1100sf)		UH 318 (electrical, flooring)				Beth-El College of Nursing and Health Sciences
Offices	5 (approx. 200sf total)	3		2—Will be included in ongoing University Hall office space discussions				Beth-El College of Nursing and Health Sciences
Study								
Special/ General Use								
Other:								
TOTAL								

* Capital Construction Fund (CCF), Research Building Revolving Fund (RBRF), Gift (GIFT), Grant (GR), Auxiliary Fund (AUX)

Attach a narrative describing the institutional contingency plan that addresses the space requirements of the proposed program or alternative delivery options, in the event that the request for capital construction or renovation is not approved. ***See Narrative in Item B5.***

Robyn Mansclke, Institutional Research 2-11-15

Signature of Person completing the Institutional Physical Capacity Table Title

Governing Board Capital Construction Officer _____ Date _____

TABLE 3

EXHIBIT J

UNIVERSITY OF COLORADO COLORADO SPRINGS
STANDARD FINANCIAL PROFORMA FOR NEW GENERAL FUND ACADEMIC PROGRAMS

PROGRAM: MS Athletic Training		Year 1	Year 2	Year 3	Year 4	Year 5
	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Enrollment Projections						
UG Resident Headcount		10	20	30	30	40
UG Resident Credit Hours		32	62	106	130	130
UG Resident Tuition Rate per CH	$ 369	$ 387	$ 407	$ 427	$ 449	$ 471
UG Non-Resident Headcount		$ 1	$ 2	$ 3	$ 3	$ 4
UG Non-Resident Credit Hours		$ 32	$ 62	$ 106	$ 130	$ 130
UG Non-Resident Tuition Rate per CH	$ 725	$ 754	$ 784	$ 816	$ 848	$ 882
GRAD Resident Headcount					10	20
GRAD Resident Credit Hours					10	33
GRAD Resident Tuition Rate per CH (1)	$ 597	$ 627	$ 658	$ 691	$ 726	$ 762
GRAD Non-Resident Headcount					$ 1	2
GRAD Non-Resident Credit Hours					$ 10	33
GRAD Non-Resident Tuition Rate per CH (1)	$ 1,050	$ 1,092	$ 1,136	$ 1,181	$ 1,228	$ 1,277
Revenue Projections	**********	**********	**CALCULATED CELLS**	**********	**********	**********
UG Resident Tuition (includes COF)	$ -	$123,984	$ 504,460	$ 1,358,380	$ 1,749,235	$2,448,929
UG Non-Resident Tuition	$ -	$ 24,128	$ 97,236	$ 259,337	$ 330,778	$ 458,678
GRAD Resident Tuition	$ -	$ -	$ -	$ -	$ 72,566	$ 502,880
GRAD Non-Resident Tuition	$ -	$ -	$ -	$ -	$ 12,284	$ 84,314
TOTAL PROGRAM REVENUE	**$ -**	**$148,112**	**$ 601,696**	**$ 1,617,718**	**$ 2,164,862**	**$3,494,802**
Expenditure Projections						
Faculty Salaries						
Tenure/Tenure Track				$ 90,000	$ 92,700	$ 95,481
Non Tenure Track				$ 63,000	$ 64,890	$ 66,837
Clinical Preceptors***					$ 14,000	$ 35,000
Medical Director				$2,000	$2,000	$2,000
Staff Salaries				$ 27,000	$ 27,810	$ 28,644
Benefits	$ -	$ -	$ -	$ 52,780	$ 58,406	$ 66,109
Subtotal Salaries and Benefits	$ -	$ -	$ -	$ 234,780	$ 259,806	$ 294,071
Operating Expense						
Supplies				$ 7,874	$ 8,189	$ 8,517
Printing/Postage						
Telephones						
Marketing		$ 5,200	$ 5,408	$ 5,624	$ 5,849	$ 6,083
Other (equipment maintenance)					$ 5,000	5,000
Travel		$ 10,000	$ 12,500	$ 13,500	$ 14,000	$ 14,500
Financial Aid						
Library Materials				$ 2,812	$ 2,925	$ 3,042
Accreditation Fees (CAATE)				$5,750	$ 3,400	$3,400
Other Indirect Costs						
Subtotal Operating Expense	$ -	$ 15,200	$ 17,908	$ 35,560	$ 39,363	$ 40,542
One-time Expenditures						
Start Up Costs				$ 136,500		
Subtotal One-time Expense	$ -	$ -	$ -	$ 136,500	$ -	$ -
TOTAL PROGRAM EXPENDITURES (2	**$ -**	**$ 15,200**	**$ 17,908**	**$ 406,840**	**$ 299,169**	**$ 334,613**
Program Revenue less Expense	**$ -**	**$132,912**	**$ 583,788**	**$ 1,210,878**	**$ 1,865,693**	**$3,160,189**
LESS Tuition Share to Campus (42%)	***$ -***	***$ 62,207***	***$ 252,712***	***$ 679,441***	***$ 909,242***	***$1,467,817***
PROJECTED NET REVENUE	**$ -**	**$ 70,705**	**$ 331,076**	**$ 531,436**	**$ 956,451**	**$1,692,372**

** Budget commitment depends on meeting campus and college enrollment/revenue targets.*
***Inflation Adjustments Include: Resident Tuition - 5%, Non-Resident tuiiton - 4%, Salaries - 3%, Operating - 3%*
(1) Graduate resident rates are linear to 12 credit hours in Beth El, Graduate non-resident rates are linear
(2) Submit specific calculations for expenditures as an addendum to proposal package.
***Clinical preceptors = 5 in year one, 10-12/year ongoing with these enrollment projections.

EXHIBIT J

TABLE 3: PROJECTED NEW EXPENSES FOR NEW PROGRAM

II. Narrative Explaining How Costs are to be Covered

Expenditures are minimal the first two years of the professional degree (MSAT). Most expenditures are incurred beginning in the 2017-2018 year when the MSAT is moving towards full implementation. By year five it is estimated that tuition will support all expenses associated with this program and projected net revenue of $1.6 million.

Staffing for the program will include funding of two faculty lines, a part-time staff, clinical preceptors and medical director. We currently have 3FTE that can work within the program, however, to accommodate the new program coursework and enrollment, we are requesting an additional 2FTE. These staffing additions would begin in 2017-18, which is at the point that the program would be in full development in preparation for implementation. *Faculty salaries* have been estimated based on the 2014 NATA Salary Survey and recent faculty hires and projected for 2018. *Clinical preceptors* will be financially supported similar to the preceptors for Nursing. Preceptors will be paid $35/clock hour for up to 3 students under their supervision. For Field Experience I & II this totals $2800 per preceptor, and for Field Experience III & IV this totals $4280 per preceptor; we anticipate 5 preceptors per cohort, totaling $14,000 for the first year cohort and $21,000 for the second year cohort. The expectations of the *Medical Director* will be involvement in program development and delivery. Financial support for the Medical Director's involvement will be $2,000. A part-time *staff member* will be necessary to assist with program management, such as admissions and document management.

Associated expenditures are for marketing the program, travel, program supplies, accreditation fees, and library materials. *Travel* will include travel for marketing purposes to student, state and regional conferences, as well as professional development for program faculty to CAATE meetings and program director training sessions to ensure up-to-date delivery of the CAATE requirements and marketing of the program. The travel line is based on an average of two trips per faculty member at approximately $1,000-$1,500 per trip. The *library* costs include the addition of subscriptions to journals, and acquisition of reference texts to be used by students. *Accreditation fees* are outlined in *C3a* above and include initial accreditation fees and registration fees. *Supplies* are based on expendable supplies for teaching in the MSAT. *Start up costs* are listed at $136,500 based on a projected inventory of necessary equipment. (*See Exhibit E: Table 4: Instructional Equipment)*

III. Dean's Statement.

After review of the enrollment projections and the financial pro forma for the proposed Master of Science in Athletic Training, I am in full support of the proposal. The strategic implementation of the program provides adequate resources along with existing resources to support the proposed program. For this type of program, the expenditures are expected and reasonable.

The concurrent degree will bring additional undergraduate and graduate students to UCCS. The MSAT is a logical step for UCCS in relation to the future of the Health and Wellness Village concept and in line with the vision of the Health Sciences Department. The addition of two faculty and the one-time startup fees are substantiated for a professional preparation program. The projected revenue from the increased enrollment is more than sufficient to manage the operating costs of the proposed program. The instructional space projected can be accommodated and faculty office space will be addressed in ongoing conversations within the college. Beth-El College of Nursing and Health Sciences is able to support the addition of the MSAT program.

Nancy Smith, PhD, APN, FAANP
Dean and Professor
Beth-El College of Nursing and Health Sciences

2-11-15
Date

EXHIBIT K

PROFESSIONAL EDUCATION IN ATHLETIC TRAINING

An Examination of the Professional Degree Level

Presented to the National Athletic Trainers' Association Board of Directors

December 2013

Project Work Groups

Primary Work Group

Russ Richardson	University of Montana – Western	Chair, NATA ECE/ Head Athletic Trainer / Associate Professor
Valerie Herzog	Weber State University	Program Director
Mark Merrick	Ohio State University	Program Director
John Parsons	AT Still University	Program Director
Jim Thornton	Clarion University	Athletic Trainer / Faculty / NATA President
Chad Starkey	The Ohio University	Post-Professional Program Director / CAATE-appointed Representative
Craig Voll	Franciscan Alliance St. Elizabeth's Health/ Purdue University	Athletic Trainer / Doctoral Student
Vanessa Yang	University of California, San Diego	Head Athletic Trainer
Jolene Henning (group leader)	High Point University	Department Chair/Program Director
Sara Brown (group leader)	Boston University	Program Director

Consulting Work Group

Randy Biggerstaff	Lindenwood University	Department Chair
Debbie Bradney	Lynchburg College	Department Chair
Amy Brugge	The College of St. Scholastica	Director of Clinical Education
Julie Cavallario	Old Dominion University	Athletic Trainer / Doctoral Student
Mike Diede	Brigham Young University	Program Director
Jennifer Doherty-Restrepo	Florida International University	Program Director
Nicole Chimera	Daemen College	Faculty
Denise Fandel	Board of Certification	Executive Director
Louise Fincher	University of Texas – Arlington	Department Chair
Philip Ford	Charleston Southern University	Program Director
Eric Fuchs	Eastern Kentucky University	Program Director
Donald Fuller	Life University	Program Director / Clin Ed Coordinator
MaryBeth Horodyski	University of Florida	Director of Research / NATA BOD
Linda Levy	Plymouth State University	Department Chair / Program Director
Sarah Long	University of Toledo	Faculty / Clin Ed Coordinator
Malissa Martin	Rocky Mountain University	Associate Dean
Susan McGowen	University of New Mexico	Program Director / Board of Certification
Alan Nasypany	University of Idaho	Faculty
Christopher O'Brien	Seton Hall University	Assistant Dean
Meredith Petschauer	University of North Carolina - Chapel Hill	Program Director
Robin Ploeger	University of Tulsa	Program Director
Michael Powers	Marist College	Department Chair / Program Director
David Quammen	The College of St. Scholastica	Staff Athletic Trainer / Adjunct Faculty
Jeremy Searson	University of South Carolina	Clin Ed Coordinator
Pat Sexton	Minnesota State University	Program Director
Melissa Snyder	Ashland University	Clin Ed Coordinator
Vince Stilger	West Virginia University	Program Director
Hal Strough	The College of St. Scholastica	Department Chair
Brian Toy	University of Southern Maine	Program Director
Stacey Walters	Valdosta State University	Co-clinical Coordinator
Greg Williams	Lindenwood University	Adjunct Faculty
Gary Wilkerson	University of Tennessee – Chattanooga	Faculty
Andy Winterstein	University of Wisconsin – Madison	Program Director

OVERVIEW

The current athletic training education system is composed of two primary components. *Professional* education is concerned with the preparation of the student who *is in the process of becoming* an athletic trainer (AT), and represents the "gateway" to the profession. In athletic training, professional education culminates with BOC certification. In contrast, *post-professional* education imparts advanced clinical knowledge and skill in students who are already athletic training professionals via a successful challenge to the BOC exam. Of these two components, professional education is the largest. Today, there are more than 360 Commission on Accreditation of Athletic Training Education (CAATE)-accredited professional education programs. In comparison, there are 15 CAATE-accredited post-professional programs.

Historically, professional athletic training education has occurred at the baccalaureate level. In 2013 there are 333 baccalaureate-level professional programs. However, since the late 1990s, 27 master's degree level professional programs have been accredited. These programs impart the same professional knowledge, skills, and abilities, but they do so at the graduate level. The emergence of these "entry-level master's degree programs" (ELMs) mirror a national trend in peer healthcare professions who increasingly prepare students for professional practice at the graduate level. For example, physician assistants, occupational therapists, physical therapists, and audiologists all receive their professional education at the graduate level.

The reasons for the emergence of graduate level professional education among these professions are varied and will be explored in more detail in subsequent sections of this paper. Regardless of the specific reasons, the trend towards graduate-level education in healthcare professions was predictable and has reached an irreversible critical mass.

In full awareness of the trends in the professional education of healthcare providers, the NATA Board of Directors accepted the *Future Directions in Athletic Training Education* report as submitted by the Executive Committee for Education in late 2012.[1] This report proposed several initiatives for the purpose of advancing various aspects of athletic training education. Not surprisingly, one of these initiatives called for the critical examination of the appropriate degree level for preparation as an athletic trainer (AT) – also known as the professional degree. The examination of the appropriate professional degree has been prompted by several factors. These factors include: 1) the increasing complexity of the current and future healthcare system; 2) the growing need for athletic training-specific patient outcomes research; 3) an expanding scope of requisite knowledge, skills, and abilities while continuing to strive for depth in athletic training-specific knowledge, and; 4) the need to ensure proper professional alignment with other peer healthcare professions. The NATA Board of Directors charged this group to provide a report on the professional degree level. As such, the findings of this group are informational and do not represent formal statements of policy. However, this white paper represents the third investigation of this topic since 1995. The process used throughout the groups' deliberations is presented in the Appendix.

An investigation of this scope and importance is complex and requires a judicious use of the best available evidence. Admittedly, several of the questions confronting this investigation exist in areas not well supported by existing athletic training research and scholarship. In the absence of direct evidence, we were left to examine theoretical models and to make inferences from relevant data to help us decide whether a professional degree change would benefit the athletic training profession. For example, one particular challenge we encountered is that to date, there are no studies in athletic training that directly compare the outcomes of undergraduate-level professional education programs with those professional programs at the graduate level. Moreover, only a very small number of athletic training programs have made a degree transition to the graduate level and no one has published data examining the effect of the degree change on athletic training patient outcomes. Therefore, a combination of existing literature, expert opinion, data provided by the BOC and CAATE, and a series of polls used to collect data from directors of CAATE accredited programs was analyzed to reach the conclusions represented in this paper.

Human nature forces us to view potential change through our individual filters, influenced by past experiences, current work environment, and perceived consequences. Just like this was a challenge for the work group members, it will be a challenge for the readers as we examine the question of the appropriate professional degree level. When discussing the future direction, and, possibly, the future viability of our profession, we focused on what will best place our profession in a competitive advantage 5, 10, or 20 years in the future.

The data presented in this report represent those that were available to the work group during our deliberations. These data will continue to evolve and change. Where appropriate, we have inserted links to the most recent data.

KEY FINDINGS

#1: Graduate-level professional education will better align ATs as peers to to other healthcare professions and should enhance our status and influence in the larger health care arena.

#2: Transition to graduate professional education facilitates continued evolution in the professional competency requirements to better reflect the clinical practice requirements of current and future ATs in a changing healthcare environment.

#3: Factors fundamental to providing quality care are likely improved by professional education at the graduate level.

#4: Professional education at the graduate level enhances retention of students who are committed to pursuit of an athletic training career. Graduate-level education attracts students who are better prepared to assimilate the increasingly complex concepts that are foundational for athletic training practice.

#5: Transition to professional education at the graduate level would increase the likelihood that education programs are better aligned with other health care profession programs within their institution.

#6: Professional education at the graduate level should facilitate interprofessional education.

#7: A strong foundation of health-related basic sciences is increasingly necessary to prepare students for contemporary clinical practice in athletic training.

#8: Professional education should not compete with general education, liberal arts, and foundational science requirements because it detracts from the effectiveness of the professional educational experience.

#9: A transition to professional education at the graduate level will result in a more efficient educational system.

#10: Currently, all state practice acts accommodate graduate-level education in athletic training as meeting the requirements for the state credential. No state practice acts would need to be amended.

#11 The impact of a transition to graduate-level professional education on compensation levels and employment opportunities is complex and difficult to predict. Multiple factors influence compensation and employment patterns in healthcare.

RECOMMENDATION

Based on these findings, it is the conclusion of this group that professional education in athletic training should occur at the master's degree level. To avoid confusion, we recommend that the clinical doctorate degree be reserved for post-professional education, and that this degree should signify advanced practice.

EXHIBIT L

ATHLETIC TRAINING EDUCATION OVERVIEW

This document provides a brief overview of the education and credentialing process for entry-level athletic trainers. Athletic Training is an academic major or graduate equivalent major program that is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The minimum entry point into the profession of Athletic Training is a the baccalaureate level; by 2014-2015, all accredited education programs in Athletic Training will lead to a degree in Athletic Training. Upon completion of a CAATE-accredited Athletic Training education program, students become eligible for national certification by successfully completing the NATA Board of Certification, Inc. (BOC) examination.

PROFESSIONAL EDUCATION

Professional, or entry-level Athletic Training education, uses a competency-based approach in both the classroom and clinical settings. Using a medical-based education model, Athletic Training students are educated to provide comprehensive client/patient care in five domains of clinical practice: prevention; clinical evaluation and diagnosis; immediate and emergency care; treatment and rehabilitation; and organization and professional health and well-being. The educational requirements for CAATE-accredited Athletic Training education programs include acquisition of knowledge, skills, and clinical abilities along with a broad scope of foundational behaviors of professional practice. Students complete an extensive clinical learning requirement that is embodied in the clinical integration proficiencies (professional, practice-oriented outcomes) as identified in the *Athletic Training Education Competencies*.

Students must receive formal instruction in the following specific subject matter areas identified in the *Competencies*:

- Evidence-based Practice
- Prevention and Health Promotion
- Clinical Examination and Diagnosis
- Acute Care of Injury and Illness
- Therapeutic Interventions
- Psychosocial Strategies and Referral
- Healthcare Administration
- Professional Development and Responsibility

Clinical Education

Students are required to participate in a minimum of two years of academic clinical education. Through these experiences, students must gain clinical experiences with a variety of patient populations who vary by age and types of activities, and who are at risk for both musculoskeletal and general medical conditions.

Clinical experiences provide students with opportunities for real patient care while under the direct supervision of qualified preceptors (i.e., Athletic Trainer or other credentialed health care professionals).

THE ATC® CREDENTIAL

The ATC® credential and the BOC requirements are currently recognized by 47 states for eligibility and/or regulation of the practice of athletic trainers. The credibility of the BOC program and the ATC® credential it awards are supported by three pillars: (1) the BOC certification examination; (2) the BOC Standards of Professional Practice, and Disciplinary Guidelines and Procedures; and (3) continuing competence (education) requirements.

BOC certification is recognized by the National Commission for Certifying Agencies and is the only accredited certification program for athletic trainers. To be certified, an individual must demonstrate that he/she is an athletic trainer capable of performing the required duties without threat of harm to the public. The BOC traditionally conducts annual examination development meetings during which athletic trainers and recognized experts in the science of Athletic Training develop, review and validate examination items and problems. The knowledge, skills, and abilities required for competent performance as an entry-level athletic trainer fall into three categories:

1. Understanding, applying, and analyzing;
2. Knowledge and decision-making;
3. Special performance abilities.

BOC-certified athletic trainers are educated, trained and evaluated in five major practice domains:

1. Prevention
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organization and Professional Health and Well-Being

For more information regarding the educational, certification, and licensure requirements for athletic trainers visit:

- National Athletic Trainers' Association – www.nata.org
- National Athletic Trainers' Association Executive Committee for Education - http://www.nata.org/access-read/public/executive-committee-education-ece
- Board of Certification – www.bocatc.org
- Commission on the Accreditation of Athletic Training (to view accredited Athletic Training programs) – www.caate.net

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National Athletic Trainers' Association
1620 Valwood Parkway Suite 115
Carrollton, Texas 75006
www.nata.org
knowledgeinitiatives@nata.org

800.879.6282 | 214-637-2206 fax

Revised: 4/30/2014

Profile of Athletic Trainers

Definition of athletic training

Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. ATs work under the direction of physicians, as prescribed by state licensure statutes.

Athletic trainers are well-known, recognized, qualified health care professionals

ATs are highly qualified, multi-skilled health care professionals, and are under the allied health professions category as defined by Health Resources Services Administration (HRSA) and Department of Health and Human Services (HHS). Athletic trainers are assigned National Provider Identifier (NPI) numbers, and the taxonomy code for athletic trainers is 2255A2300X. Athletic trainers are listed in the Bureau of Labor Statistics in the "professional and related occupations" section. They are mid-level health care professionals.

State regulation of athletic trainers

- Athletic trainers are licensed or otherwise regulated in 49 states, and the District of Columbia; efforts continue to add licensure in and California.
- NATA has ongoing efforts to update obsolete state practice acts that do not reflect current qualifications and practice of ATs under health care reform.
- Athletic trainers practice under the direction of physicians.
- ATs work under different job titles (wellness/occupational health manager, physician extender, rehab specialist, etc.).
- Athletic trainers relieve widespread and future workforce shortages in primary care support and outpatient rehab professions.
- Academic curriculum and clinical training follow the medical model. Athletic trainers must graduate from an accredited baccalaureate or master's program; 70 percent of ATs have a master's degree.
- 48 states and the District of Columbia require ATs to hold the Board of Certification credential of "Athletic Trainer, Certified" (ATC).

ATs improve patient functional and physical outcomes

- Physicians, hospitals, clinics and other employers demand ATs for their versatile wellness services, and injury and illness prevention skills.
- Employers demand ATs for their knowledge and skills in manual therapy and similar treatments for musculoskeletal conditions, including back pain.
- ATs commonly supervise obese clients and patients to safely improve their health and fitness.
- ATs commonly work with patients with asthma, diabetes, heart disease and other health conditions.

ATs specialize in patient education to prevent injury and re-injury, which reduces rehabilitative and other health care costs

- In a patient-centered delivery system, adding ATs to the team does not cost the health care system money. Studies demonstrate that the services of ATs save money for employers and improve quality of life for patients. For each $1 invested in preventive care, employers gain up to a $7 return on investment, according to two independent studies.

info@nata.org
www.NATA.org
V 214.637.6282 • F 214.637.2206

- In a study to determine the efficacy of an internal employee health program with early, in-house access to physical medicine and rehabilitation provided by athletic trainers, the researchers reported a decrease in lost work days by more than 50 percent. Additionally, the odds of returning to work within three weeks more than doubled. The study was on health care workers (nurses, physical therapists, others), approximately 70 percent of whom were female with a mean age of 44 years. (Larson, Matthew C., et al. "Reducing Lost Workdays After Work-related Injuries." Journal of Occupational and Environmental Medicine 53.10 (2011): 1199-204.)

Many athletic trainers work outside of athletic settings; they provide PMR and other services to people of all ages. ATs work in:

- Physician offices as physician extenders, similar to nurses, physician assistants, physical therapists and other professional clinical personnel.
- Rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers.
- Clinics with specialties in sports medicine, cardiac rehab, medical fitness, wellness and physical therapy.
- Occupational health departments in commercial settings, which include manufacturing, distribution and offices to assist with ergonomics.
- Police and fire departments and academies, municipal departments, branches of the military.
- Public and private secondary schools, colleges and universities, professional and Olympic sports.
- Youth leagues, municipal and independently owned youth sports facilities.

Athletic trainers have designated CPT/UB codes

The Current Procedural Terminology (CPT) codes are athletic training evaluation (97005) and re-evaluation (97006); these codes are part of the Physical Medicine and Rehabilitation (PMR) CPT family of codes. The American Hospital Association established Uniform Billing (UB) codes – or revenue codes – for athletic training in 1999. The term "qualified health care professional," as found in the CPT code book, is a generic term used to define the professional performing the service described by the code. The term "therapist" is not intended to denote any specific practice or specialty field within PMR.

Professional practice and education

- Evidence-based practice and health promotion
- Prevention measures to ensure highest quality of care
- Clinical examination and diagnosis
- Immediate and acute care of injury and illness, especially in emergencies
- Treatment, rehabilitation and reconditioning
- Therapeutic intervention
- Psychosocial strategies and referral
- Health care administration
- Ethical and legal practice, cultural competence
- Professionalism and patient-centered approach

The title of "athletic trainer" and the National Athletic Trainers' Association

The statutory title of "athletic trainer" is a misnomer but is derived from the profession's historical roots. Athletic trainers provide medical services to all types of people – not just athletes participating in sports – and do not train people as personal or fitness trainers do. However, the profession continues to embrace its proud culture and history by retaining the title. In other countries, athletic therapist and physiotherapist are similar titles. The National Athletic Trainers' Association represents more than 39,000 members in the U.S. and internationally, and there are about 40,000 ATs practicing nationally. NATA represents students in 325 accredited collegiate academic programs. The athletic training profession began early in the 20th century, and NATA was established in 1950.

July 2014 #1014

info@nata.org
www.NATA.org
V 214.637.6282 • F 214.637.2206

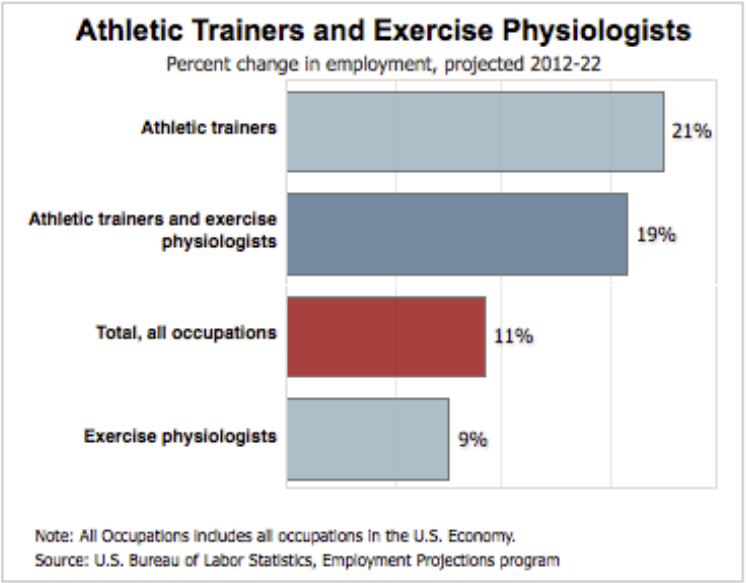
EXHIBIT M

Athletic Trainers and Exercise Physiologists

Job Outlook

About this section

Employment of athletic trainers is projected to grow 21 percent from 2012 to 2022, faster than the average for all occupations. However, because it is a small occupation, the fast growth will result in only about 4,900 new jobs over the 10-year period. As people become more aware of sports-related injuries at a young age, demand for athletic trainers is expected to increase, most significantly in colleges, universities, and youth leagues.



Recent research reveals that the effects of concussions are particularly severe and long lasting in child athletes. Although concussions are dangerous to athletes at any age, children's brains are still developing and are at risk for permanent complications. Parents and coaches are becoming educated about these greater risks through community health efforts. Because athletic trainers are usually onsite with athletes and are often the first responders when injuries occur, the demand for trainers should continue to increase.

Additionally, advances in injury prevention and detection and more sophisticated treatments are projected to increase the demand for athletic trainers. Growth in an increasingly active middle-aged and elderly population will likely lead to an increased incidence of athletic-related injuries, such as sprains. Sports programs at all ages and for all experience levels will continue to create demand for athletic trainers.

Insurance and workers' compensation costs have become a concern for many employers and insurance companies, especially in areas where employees are often injured on the job. For example, military bases hire athletic trainers to help train and rehabilitate injured military personnel. These trainers also create programs aimed at keeping injury rates down. Depending on the state, some insurance companies recognize athletic trainers as healthcare providers and reimburse the cost of an athletic trainer's services.

Employment of exercise physiologists is projected to grow 9 percent from 2012 to 2022, about as fast as the average for all occupations. This is a small occupation, and compared to athletic trainers, licensure for exercise physiologists is less common and therefore there are fewer recognized standards of practice for exercise physiologists. Demand may rise as hospitals emphasize exercise and preventive care as part of their treatment for chronic diseases and long-term rehabilitation. There are few available exercise physiologist positions, so competition for work remains high.

Employment projections data for athletic trainers and exercise physiologists, 2012-22

Occupational Title	SOC Code	Employment, 2012	Projected Employment, 2022	Change, 2012-22		Employment by Industry
				Percent	Numeric	
Athletic trainers and exercise physiologists	—	28,900	34,300	19	5,400	—
Athletic trainers	29-9091	22,900	27,800	21	4,900	[XLS]
Exercise physiologists	29-1128	6,000	6,500	9	600	[XLS]

SOURCE: U.S. Bureau of Labor Statistics, Employment Projections program

EXHIBIT N External Review

February 11, 2015

Jackie Berning
Department Chair
Department of Health Sciences
University of Colorado-Colorado Springs

Dr. Berning,

In response to your request to review the degree proposal for the Master of Science in Athletic Training, I offer the following.

Overall, the Professional Degree proposal is comprehensive and well written. The University of Colorado Colorado Springs (UCCS) Athletic Training Education program (ATEP) has an established post-professional program with a Master of Science in Sports Medicine Program. First, I would like to recognize general strengths of the education program described within the proposal showing Preceptors as Approved Clinical Instructors (ACI's) and Clinical Instructors/supervisors (CI/CS), which demonstrates an outstanding level of commitment to the ATEP and to student education. The ATEP faculty and staff possess a high level of dedication and experience, which enables student education and mentoring. The proposal allows athletic training students the opportunity to engage in a variety of clinical experiences during their education. The athletic training student's didactic education plan is strong and will prepare students well for their clinical experiences.
More specific suggestions regarding the proposal follow:

1) Under section A2, I suggest that you have a more robust assessment plan to meet accreditation requirements. These learning objectives should include goals and objectives that are measured with strategically planned evaluation tools. This plan also must be planned an ongoing to meet accreditation requirments.

2) Under section B1 Bona fide need, do you truly mean Southern Colorado? What about Denver or the Front Range as a whole?

3) Under section B2, I am not familiar with the Lane Center or the Sports Medicine and Performance Center, so I would need further explanation to comment here.

4) Under section B3, you should include programs from Oklahoma as this is an area of potential overlap.

5) Under section B4 Statutory Requirements, 43 academic hours graduate or 163 academic hours seems excessive in comparison to national standards. Is this acceptable by CU guidelines?

6) Under section C2b, several courses seem to be missing from the curriculum, however this content may be included within the courses that are listed above. Please consider content related to pathology, therapeutic modalities, therapeutic exercise, administration, evidence based practice, psychosocial intervention.

7) Under C3a, I would suggest consideration of a Clinical Education Coordinator and a separate Clinical Site Coordinator to ensure adequate training and supervision of preceptors, while also ensuring clinical education experiences. Additionally, I would strongly make it a priority to hire additional faculty, 1 tenure line, and 1 clinical line, to support the major and academic needs.

There are dedicated faculty (Strength and Conditioning) combined with seasoned ATEP faculty and staff, which provide a strong educational component for athletic training students. Dr. Elder and Ms. Hunt bring a mountain of academic and clinical experience to the leadership of the proposed. It is my opinion, a priority of hiring additional (1) tenure line, (1) clinical faculty and potentially one academic graduate assistant to instruct laboratory courses to support the major and academic needs.

The didactic demand within the degree is 52 academic hours. Looking at a general faculty demand within the academy could project the following annual demands:

(1) Program Director (tenured)
6 academic hours
Program Director – 3 hours release time
Research Release – 3 hours release time
Service Release – 3 hours release time

(2) Clinical Coordinator (tenure line):
9 academic hours
Clinical Education Coordinator – 3 hours release time
Service Release – 3 hours release time

(3) Clinical Faculty:
9 academic hours
Clinical Site Coordinator – 3 hours release time
Service Release – 3 hours release time

(4) Clinical Faculty:
12 academic hours
Laboratory Coordinator
Service Release – 3 hours release time

Graduate Teaching Assistant:
Laboratory coordinator – 3 hours release time
4 academic hours

Four lines account for 36 academic hours per semester for a required 52 academic hours annually.

8) Under section C3b, I would consider adding formation of a self-study committee to your timeline as this group will be essential in preparation of a self-study. Committee members should be well versed in the Standards, this program proposal, and pursuing and maintaining accreditation of professional programs. The self-study is an evidential summary of the findings of the review process.

EXHIBIT N External Review

9) Under section C4c, is the proposed laboratory space sufficient to teach the four proposed laboratory courses? Additional space may need to be considered to accommodate the laboratory and lecture courses.

10) In relation to Section 6, you propose a part-time staff member, however, in my experience a full-time staff member is more sufficient to handle the requirements of the athletic training program and it's accreditation documentation.

In terms of resources, a preliminary list of needed didactic and laboratory equipment was listed in Appendices. It is my opinion, additional resources are necessary to meet CAATE accreditation standards. The following resources should be added to the existing equipment list:

Additional Suggested Academic Equipment:	
Casting/Splinting System	$5,000
Environment/Hydration (Kestrel) Assessment	$1500
Combo Modality Unit (1-2)	$3500 each
Isokinetic Dynamometer	$45,000
EMG/Biopac System	$10,000
Concussion Assessment Software	$5,000
Vestibular, Spatial and Cognitive Assessment:	
BioDex System	$12,000
NeuroCom	$65,000
Impact/Axon	$5,000

11) Some additional comments:
In terms of health and safety, a policy for injury emergency management and action plans needs to be stated (for example):

> In the event of a severe injury or emergency, the most experienced athletic trainer will stay with the injured athlete until the situation is turned over to emergency medical technicians' and/or team physician(s). This procedure applies to any potentially serious head injuries, spinal cord injuries, vertebral fractures and dislocations, heat stroke victims, cardiac patients, unconscious athlete, athlete with convulsions, or serious unstable conditions. It is the responsibility of the athletic trainer to quickly find out as much as possible about the involved athlete's condition before departing with the athlete to the medical facility. This is important, as he/she will need to relate this information to other medical personnel. Emergency Action Plans (EAP) needs to be apparent at every clinical facility.

If you have any questions regarding my review, please don't hesitate to contact me.

Jack Ransone PhD ATC FACSM
Professor
Texas State University

EXHIBIT O Response to External Review

We appreciate the complement of the proposal. Our responses to the items in question have been thoughtfully considered.

1) We understand that a robust assessment plan is necessary for CAATE accreditation. However, without the full development of the program, we feel that it is premature to draft a full assessment plan at this time. The Student Learning Goals presented with the proposal were long-thought out goals of the overall programmatic achievement and will serve as the launching point for subsequent assessment planning while the full programmatic development is occurring.

2) Yes, we truly mean that our primary target of recruitment will be Southern Colorado. We understand that we may draw additional students from the Front Range, but our primary focus will be Southern Colorado.

3) We do not have response to this item.

4) We have added Oklahoma to this section.

5) The proposed credit hours are in alignment with other programs at UCCS. Further explanation has already been provided in Section C2a.

6) The content in question has been taken into consideration within the proposed curriculum. Pathology will be included in the Pharmacology & General Medical Conditions course. Therapeutic modalities and therapeutic exercise will be included in the Injury Diagnosis and Management course sequence. Evidence based practice will be included in the research courses and integrated throughout the program. Administration concepts will be part of the Leadership and Administration course. Clarification of this has been added to the curriculum description.

7) We are unsure of the suggested split of the Clinical Education Coordinator and Clinical Site Coordinator. At this time, we do not feel that this is a necessary step for our proposed program, as we feel that the Clinical Coordinator position has been envisioned to successfully be able to achieve both purposes. We do, however, agree with the additional faculty lines, and have those lines accounted for in the proforma. While the suggestion of a graduate assistant to assist with laboratory courses is understood, we will not have the capability to do so as we will not have qualified graduate students to do this. If a doctoral level program is considered at any point in the future, then this option could be considered. Yet, in light of this comment, we have taken into consideration the suggestion of assistance of laboratory classes and feel that the proposed faculty can adequately provide this instruction.

   To support our stance on the faculty request, the following information can be provided. We recognize that the external review has a different perspective on the faculty load than how it is handled at UCCS, yet we re-examined our calculations, taking

into account coursework taught by other faculty in the department and any offloads required by accreditation, and determined that the two lines in the proposal are sufficient:

Credit hours to be taught in MSAT	54 credit hours
Faculty A	9 credit hours
Faculty B (NTT)	18 credit hours
Faculty C (new)	12 credit hours
Faculty D (new)	15 credit hours
Total:	*54 credit hours*

8) The self-study committee was anticipated, it just hadn't been included in the timeline originally. We have taken this suggestion and added this to our timeline to ensure we have significance placed on this task.

9) We do feel that the proposed laboratory space is sufficient, if repurposed. However, we are also unsure what instructional space may become available with the new construction on North Nevada, and understand that there may be opportunity in these new facilities. Yet, we are not able to plan for this space at this time, as these facilities are not yet in design phase.

10) While we are not opposed to a full-time staff member, but feel that a part-time staff dedicated to the athletic training program is sufficient for our needs.

We are appreciative of the equipment suggestions and will respond to each item.

- *Casting/Splinting System*: We have added this item to the equipment table as it will provide the ability to teach advanced skills that will set our graduates apart from other programs.
- *Environment/Hydration (Kestrel) Assessment:* we have added this item to the equipment list
- *Combo Modality Unit:* We feel that the modalities that we have requested are sufficient for meeting competency requirements.
- *Isokinetic Dynamometer:* after further consideration, we have added this item to our equipment list, as we have determined that it is also a viable instructional device for the strength and conditioning programs as well.
- *EMG/Biopack System:* We already have this available for use
- Concussion Assessment Software: we feel that this item is available for student instruction purposes through clinical sites, and is not necessary to have in house and deal with upgrades and maintenance costs.
- *Vestibular, Spatial and Cognitive Assessment:* We do not feel that this equipment is necessary for our program without faculty who also are connected to this type of assessment for research purposes as it is costly and not a routine set of equipment for athletic trainers.

11) This is a valid point and we anticipate including all policies required by accreditation as the program is developed more thoroughly if the program is approved.