

Minnesota State University Moorhead
2007-2008 Accredited Programs Cover Sheet

(An electronic version of this form can be accessed at <http://www.mnstate.edu/assess>)

Note: Accredited programs will complete this form each year.

Degree Program: Athletic Training

Department: Health & Physical Education

College: Education & Human Services

Date: October 31, 2007

1. Name(s) of Department Assessment Coordinator and/or Assessment Committee Members

Dawn Hammerschmidt - Curriculum Coordinator Athletic Training Education Program (ATEP)
Chris Huot - Clinical Coordinator Athletic Training Education Program (ATEP)

2. List of All Student Learning Outcomes. (List and number all outcomes, placing an asterisk (*) by any outcomes that are new or that have been revised since last year.)

The asterisk in this report represents the SLO that the ATEP evaluated for the academic year 2006-2007.

1. Demonstrate knowledge consistent with the entry-level education as defined by the National Athletic Trainers' Association Educational Competencies - 4th edition
- *2. Employ critical thinking and clinical decision-making skills while providing athletic training services.
- *3. Be able to communicate effectively, through written and verbal means, with the general public and other medical health professionals.
4. Provide athletic training services within the ethical, professional, clinical, and legal parameters of the Board of Certification Standards of Professional Practice and/or state practice act.
5. Demonstrate an appreciation of the need for community involvement and citizenship as an allied health professional.

3. Name of accrediting agency/organization: Commission on Accreditation of Athletic Training Education (CAATE).

4. Do you have a report due this year to your accrediting agency? Yes No

(Whenever your program reports assessment information to your accrediting agency, you are required to submit the same information to SLOAC. If you have a report due this year, attach

document to this form or submit report when it is submitted to your accrediting agency. Use whatever format is used for your accrediting agency.)

5. Date of most recent report to accrediting agency: At the end of each academic year (May), an Annual Program Report is due to the accrediting agency. Approximately 10% of each years Annual Reports are selected for a random audit. MSUMs ATEP was selected for a random audit for academic year 2006-2007. The Audit report was due to the accrediting agency by September 15, 2007. Comments on compliance with the required standards will not be given until March 2008. MSUMs ATEP was initially accredited in October 2003. The ATEP received a five year accreditation. At the time a five year accreditation was the longest accreditation period awarded for programs seeking initial accreditation. MSUMs ATEP has been selected for random audit twice during the current accreditation cycle - in 2004 and recently in 2007. Both of these reports are available for SLOAC's perusal. The Annual Report Audit is not in electronic format, the report is a bound document and only one additional document was bound to keep on record at MSUM. Therefore, if SLOAC would like review these Audit reports they can be made available. The Annual Audit that every program must complete is in electronic format as is included with this report.

6. Date of next report to accrediting agency: MSUMs ATEP has a Self-Study due to the accrediting aganecy by June 15, 2008. The ATEP can expect a site visit in the Fall of 2008.

7. Describe any changes to your program's assessment plan or procedures that you intend to make this year.

The ATEP recieved an Institutional Assessment Grant for the acaemic year 2007-2008. The grant will be used to help assess goals 1, 2, and 4 (see sentence below this section). Goals number 1 and 4 will be assessed during the academic year 2007-2008. Goal number 2 was assessed during 2006-2007 and will continue to be assessed 2007-2008.

1. Demonstrate knowledge consistent with the entry-level education as defined by the National Athletic Trainers' Association Educational Competencies - 4th edition
2. Employ critical thinking and clinical decision-making skills while providing athletic training services.
4. Provide athletic training services within the ethical, professional, clinical, and legal parameters of the Board of Certification Standards of Professional Practice and/or state practice act.

If you received a grant in the previous two years, provide a summary of how the grant was used and results, when available, for the outcome the grant targeted.

See number 7 above for explanation.

8. Signatures

Department Chair or Program Director

Dean or Director

Required Attachments:

1. If applicable, records of department meetings where changes to student learning outcomes or assessment planning was discussed and approved.
2. If applicable, copy of report of assessment information that has been submitted to accrediting agency.
 - Electronic copy of Annual Report 2006-2007 included.
 - Hard copy of Annual Report Audit available upon request (only one additional copy was made and is currently kept in Curriculum Coordinators office).

ANNUAL REPORT FOR THE 2006-2007 ACADEMIC YEAR (September 1st – May 15th)

Commission on Accrediting Athletic Training Education Programs (CAATE)

(PLEASE TYPE)

Note: The Standard section/number is listed under each corresponding section on the Annual Report. Please refer to those sections in the *CAATE Standards for the Accreditation of Entry Level Programs for the Athletic Trainer* for clarification. **All data requested in this annual report is required, so please do not leave any section or box blank.**

A. SPONSORSHIP

1. **Sponsoring Institution**

2. **Type and Name of Degree (e.g. BS in Athletic Training)**

3. **In the box below, please provide the number of ALL sites used for clinical education experiences (at affiliated sites and at the sponsoring institution) during the 2006-2007 reporting period. The number in this box must match the number of sites listed on Table A4a [Standard A3, A4]**

Total (Host + Affiliates) Number of Clinical Education Sites used in 2006-2007

Each affiliated clinical setting must have written affiliation agreements or contracts with the sponsoring institution. If the clinical staff at a clinical education site is provided by a third-party, the sponsoring institution must have written affiliation agreement or contract with both the clinical site and the organization providing the Athletic Training staff. All contractual documents must be current and accessible for review during audit process.

4. Department Chair

a. **Department Chair Name with Professional & Academic Credentials**

b. **Office Address** (Provide Department name and **complete** address with street number, city, state and zip code)

c. **Office Phone**

d. **Office Fax**

e. **E-mail address**

5. Dean

a. **Dean Name with Professional & Academic Credentials**

5. Dean

b. Office Address (Provide **complete** address including city, state and zip code)

212 A Lommen Hall
Moorhead, MN 56563

c. Office Phone

218-477-2096

d. Office Fax

218-477-5850

e. E-mail address

parsons@mnstate.edu

6. Chief Executive Officer

a. CEO Name with Professional & Academic Credentials

Roland Barden, PhD President Minnesota State University Moorhead

b. Office Address (Provide **complete** address including city, state and zip code)

Presidential Suite 203 Owens Hall
Moorhead, MN 56563

c. Office Phone

218-477-2243

d. Office Fax

218-477-5093

e. E-mail address

barden@mnstate.edu

B. PERSONNEL

1. Program Director

a. Program Director Name with Professional & Academic Credentials

Dawn Hammerschmidt, MEd, ATC Curriculum Coordinator ATEP

b. Office Address (Provide **complete** address including city, state and zip code)

106 D Nemzek Hall
Moorhead, MN 56563

c. Office Phone

218-477-2318

d. Office Fax

218-477-2363

e. E-mail address

hammerda@mnstate.edu

1. Program Director

f. Academic Rank and Title

Assistant Professor
Curriculum Coordinator Athletic Training Education

g. BOC#

000050814

Year Certified

1989

i. Type of State Athletic Training Credential
(e.g. license, certification, registration, exempt, NA)

Current State Athletic Training Credential Number

Minnesota Registration

1502

2-7. Check either the **YES** or **NO** box to respond to each of the statements below as the statements relate to the current Program Director.

Program Director Qualifications	YES	NO
2. Full-time Employee of Sponsoring Institution	√	
3. Faculty Member of Sponsoring Institution with all faculty rights (including voting on faculty issues)	√	
4. Tenure-Track Academic Appointment	√	
5. Tenured Faculty Member at Sponsoring Institution	√	
6. In good-standing with the Board of Certification (BOC)	√	
7. In good-standing with the State Licensing Agency (if applicable)	√	

8. **The current Program Director is the same individual who completed the Annual Report filed in 2005-2006 Reporting Year. [Standard B1]**

Yes (Job description and vita are current and readily accessible for review during audit.)

No (Required information already submitted to CAATE Office)

No (Information not yet submitted to CAATE Office) Please submit with this report a letter of acceptance of position with start date and complete contact information, Table B1.2b PD Workload Table, full vitae, BOC verification, State credential (if applicable), official documentation verifying full-time faculty status and a description of the requirements for a full-time faculty load at the institution. (See Program Director Change Policy on CAATE Website (www.caate.net))

9. Faculty and Other Instructional Staff

[Standard B2]

Please complete **Table B2.1a – ATEP Faculty and Instructional Staff Table** to delineate those faculty used in your program during the 2006-2007 academic year (September 1st – May 15th). Refer to Standards listed for clarification of requirements.

10. Clinical Faculty and Staff

[Standard B3]

Please complete **Table B3.2a – Approved Clinical Instructor/Clinical Instructor Table** to delineate those clinical faculty and staff used in your program during the 2006-2007 academic year (September 1st – May 15th). Refer to Standards listed for clarification of requirements.

11. Medical Personnel and Other Health Care Personnel *[Standard B3.6]*

Please complete **Table B3.6a - Medical and Other Health Care Personnel** as it relates to ALL medical (i.e. MD, DO) and other health care personnel used in the formal classroom setting within your program during the **2006-2007** academic year (September 1st – May 15th). Refer to Standards listed for clarification of requirements.

12. Medical Director *[Standard B4]*

a. Medical Director’s Name, Professional Credentials and Specialty

(Include Credentials MD or DO)

Daniel Ostlie, MD Non-Surgical Orthopedics

b. Medical Director’s Address (Provide **complete** address including city, state and zip code)

MeritCare Sports Medicine
2400 32nd Ave. S.
Fargo, ND 58103

H. OUTCOMES

1. Number of graduates anticipated for 2006-2007 (Sept 1st – May 15th).

8

I. CURRICULUM & INSTRUCTION

1. Were changes were made in the required athletic training education curriculum (Standard E1.3) during the 2006-07 reporting period?

No Curricular Changes

Yes – If YES, briefly explain, in the box at the top of the next page, the changes and rationale for those changes. Please **attach both old and new curricular plans and a letter of verification of curricular acceptance, signed and dated by the administrator who has oversight over the Program Director. Also, provide evidence that this curricular**

change has been placed for review in publicly accessible documents/locations (eg. Web page, catalog) by prospective and current students.

J. CLINICAL EDUCATION

1. Total number of all students **enrolled in the Athletic Training major and taking professional courses** during 2006-2007 academic year.

23

2. Total number of students **engaged in the required clinical courses** during 2006-2007 academic year.

23

OVERVIEW OF PROGRAM COMPLIANCE WITH STANDARDS

1. The Athletic Training Education Program at this sponsoring institution **is compliant with all of the following requirements delineated in the CAATE Standards for the Accreditation of Entry Level Programs for the Athletic Trainer.**

Failure to accurately self-report unresolved non-compliance(s) with the Standards will result in an immediate change in accreditation status to probation.

NOTE: Non-compliances (identified as NO** below) during the 2006-2007 academic year should be explained in the section for curricular changes above, as well as current or pending resolution of the non-compliance(s).

YES	NO**	Standard Section
√		Section A – Sponsorship
√		Section B – Personnel
√		Section C – Resources
√		Section D – Physical Resources
√		Section E – Operational Policies & Fair Practices
√		Section F – Health & Safety
√		Section G – Student Records
√		Section H – Outcomes
√		Section I – Curriculum & Instruction
√		Section J – Clinical Education
√		Section K – Maintaining Accreditation

2. ****If the response is NO to any Standard sections listed above, please provide an explanation** as to why the program may be in non-compliance with that Standard section and **describe the plan** to correct the non-compliance issues. (The Program may use additional pages to complete this explanation.)

Dawn Hammerschmidt, MEd., ATC

PRINT Program Director's Full Name (with professional and academic credentials)

10271

5/9/2007

Program Director's Signature (Electronic Signature and/or PIN #)

DATE

Best method to contact Program Director is via (check one)

<input type="checkbox"/>	Office Phone
<input type="checkbox"/>	Office Fax
<input checked="" type="checkbox"/>	Electronic Mail
<input type="checkbox"/>	Standard Mail

EMAIL COMPLETED REPORT and Tables file as attachments by **May 25, 2007** to: **caate@sbcglobal.net**

*****Please note that those programs submitting reports after the May 25th deadline will automatically be required to participate in the audit process.***

A4a: CLINICAL EDUCATION SITE TABLE (Host Institution and Affiliated Sites)

List all clinical sites used during the last academic year, both at host institution and affiliated sites.

Name(s) of Clinical Education Site(s) (Host Institution and Affiliated Sites) (Check <u>one</u> category to the right of each site listed that best describes that site)	College/ University	Jr. College/ Trade School	High School	Hospital	General Medical	Rehabilitation/ Therapy Clinic	Corporate/ Industrial	Wellness/ Fitness	Professional/ Amateur Sport	Other - Describe
Minnesota State University Moorhead	√									
Moorhead High School			√							
Fargo North High School			√							
Fargo South High School			√							
Horizon Junior High School										Junior High School
Ben Franklin Junior High School										Junior High School
Discovery Middle School										Middle School
Concordia College	√									
Urgent Medicine Associates, LLC.					√					
MeritCare Health Systems										Physician Extender/ Administration/ Orthopedic Observation

Duplicate this form as necessary

B2.1a: ATEP FACULTY AND INSTRUCTIONAL STAFF TABLE

List all ATEP faculty and instructional staff who teach courses listed on the Competency and Proficiency matrices.

Faculty Name with Professional Credentials	Faculty Rank	Faculty Status FT = Full Time PT = Part-time /Adjunct	AT Course(s) Taught (Course Prefix, #, Name, Credit Load) (Include only those courses needed to meet AT Educational Competencies)
<i>Example: Robert Smith, PhD</i>	<i>Professor</i>	<i>FT</i>	<i>BIO 209 – Human Anatomy – 4 cr</i>
Dawn Hammerschmidt, MEd., ATC	Assistant Professor	FT	AT 120 – Introduction to Athletic Training – 1 cr. AT 320 – Athletic Training Techniques – 3 cr. AT 321 – Athletic Training Assessment Upper Extremity – 3 cr AT 322 – Athletic Training Assessment Lower Extremity – 3 cr. AT 322L – Athletic Training Assessment Lower Extremity Lab – 1 cr. AT 362 – Athletic Training Practicum II – 1 cr. AT 324 – Athletic Injury Rehabilitation – 3 cr. AT 324L – Athletic Injury Rehabilitation Lab – 1 cr. AT 420 – Senior Seminar – 2 cr.

Chris Huot, MA, ATC, CSCS	Assistant Professor	FT	<p>AT 321L – Athletic Injury Assessment Upper Extremity Lab – 1 cr.</p> <p>AT 323 – Therapeutic Modalities – 3 cr.</p> <p>AT 361 – Athletic Training Practicum I – 1 cr.</p> <p>AT 363 – Athletic Training Practicum III – 1 cr.</p> <p>AT 364 – Athletic Training Practicum IV – 1 cr.</p> <p>AT 440 – Pharmacology & Medical Issues – 3 cr.</p> <p>AT 460 – Organization & Administration of Athletic Training – 3 cr.</p> <p>AT 465 – Athletic Training Practicum V – 1 cr.</p> <p>HLTH 125 – First Aid & CPR – 2 cr.</p>
Andrea Scott, MS, ATC	Instructor/Head Athletic Trainer	FT	<p>AT 220 – Care & Prevention of Athletic Injuries – 2 cr.</p> <p>AT 220L – Care & Prevention of Athletic Injuries Lab – 1 cr.</p>
Ronda Peterson, MS, ATC	Instructor/Assistant Athletic Trainer	FT	<p>AT 323L – Therapeutic Modalities Lab – 1 cr.</p> <p>AT 466 – Athletic Training Practicum VI – 1 cr.</p>
Wendy Frappier, PhD	Associate Professor	FT	<p>PE 320 – Anatomical Kinesiology – 3 cr.</p>
Jim Gemar, EdD	Professor	FT	<p>PE 321 – Human Physiology – 3 cr.</p> <p>PE 420 – Biomechanics – 3 cr.</p> <p>PE 421 – Exercise Physiology – 3 cr.</p> <p>PE 474 – Exercise Testing & Interpretation – 3 cr.</p>

Cathy Breedon, PhD	Adjunct Instructor	PT/ Adjunct	HLTH 305 – Nutrition – 3 cr.
Ellen Brisch, PhD	Associate Professor	FT	BIOL 104 – Human Biology – 3cr.
Andrew Marry, PhD	Assistant Professor	FT	
Mark Wallert, PhD	Professor	FT	BIOL 111 – Cell Biology – 4 cr.
Abbas Pezeshk, PhD	Professor	FT	CHEM 110 – Fundamentals of Chemistry – 4 cr.
Jeffrey Bodwin , PhD	Assistant Professor	FT	CHEM 200 – General Chemistry I – 4 cr.
Asoka Marasinghe, PhD	Professor	FT	
Gary Edvenson, PhD	Professor	FT	
Magdalene Chalikia, PhD	Professor	FT	PSY 113 – General Psychology – 3 cr.
Rochelle Bergstrom, PhD	Assistant Professor	FT	
Lisa Stewart, PhD	Associate Professor	FT	
A Derick Dalhouse, PhD	Professor	FT	
Wayne Chen, PhD	Professor	FT	MATH 236 – Applied Statistics – 4 cr.

B3.2a: Approved Clinical Instructor/Clinical Instructor Table

Please complete as it relates to ATEP faculty and other instructional staff (ACI and CIs) used in your program in the current academic year (September 1st – May 15th).

Clinical Instructor/ACI Name and Professional Credentials	Clinical Education Site (Institution and Affiliated)	BOC Certification # (ATCs Only)	Month& Year BOC Certified	State Credential # (ATC, Medical & Allied Health)	CIE (Check if applies)	ACI** (Check if applies)	CI (Check if applies)	Date of Last ACI Training
Dawn Hammerschmidt, MEd., ATC	Minnesota State University Moorhead	000050814	8/31/89	MN 1502	√	√		8/3/06
Chris Huot, MA, ATC, CSCS	Minnesota State University Moorhead	079602652	7/30/96	MN 1829	√	√		8/3/06
Andrea Scott, MS, ATC	Minnesota State University Moorhead	069202429	6/16/92	MN 1247		√		8/3/06
Ronda Peterson, MS, ATC	Minnesota State University Moorhead	069302594	6/20/93	MN 1020		√		8/3/06
Keith Wiedrich, MA, ATC, CSCS	Minnesota State University Moorhead	000050777	7/7/89	MN 1103		√		8/3/06
Jon Darling, ATC	Fargo North High School	000050914	9/90	ND 082-90		√		8/3/06
Jon Stock, ATC	Fargo North High School	060102023	6/01	ND 278-04		√		8/3/06
Kelly Hadland, ATC	Ben Franklin Junior High	029802510	2/1/98	ND 254-02		√		8/10/06
Brad Reed, ATC	Moorhead High school	000050679	10/8/87	MN 1349		√		8/3/06
Chris Richardson, MEd., ATC	Moorhead High School	069802759	6/23/98	MN 1557		√		8/3/06
Jenn Johnsrud, ATC	Horizon Junior High School	060502143	6/16/05	MN 1899		√		9/13/06
Tony Haneca, MEd., ATC, CSCS	Fargo South High School	099602437	9/18/96	ND 295-04		√		8/3/06
Scott Witte, MA, ATC	Fargo South High School	020102018	2/2/01	ND 266-03		√		8/3/06
Kyla Geigner, ATC	Discovery Middle School	090202089	9/9/02	ND 262-03		√		8/3/06
John Flatt, ATC	Concordia College	020402094	2/23/04	MN 1805		√		12/7/05
Brian Pickering, MEd, ATC	MeritCare Health Systems	119902081	11/24/99	ND 307-06 MN 1624		√		8/3/06
Dr. Kooyer, MD	Urgent Medicine Associates, LLC.			ND 9202			√	

Dr. Sondreal, MD	Urgent Medicine Associates, LLC.			ND 5804			√	

