

**Doctorate in Athletic Training  
Indiana State University  
Terre Haute, Indiana**

**1. Characteristics of the Program**

- a. Campus Offering Program:**  
New Program to Indiana State University
- b. Scope of Delivery (Specific Sites or Statewide):**  
Statewide Distance Education
- c. Mode of Delivery (Classroom, Blended, or Online):**  
Blended online with one-two weekend hands-on seminars
- d. Other Delivery Aspects (Co-ops, Internships, Clinicals, Practica, etc.):**  
Clinical
- e. Academic Unit(s) Offering Program:**  
Offered by the Department of Applied Medicine and Rehabilitation in the College of Nursing Health and Human Services.  
Suggested CIP code: 510913

**2. Rationale for the Program**

**a. Institutional Rationale (Alignment with Institutional Mission and Strengths)**

• **Why is the institution proposing this program?**

ISU athletic training program has been a pioneer in athletic training education, typically forging the direction for practice, research, and educational endeavors. Changes in the healthcare system, practitioner needs and direction of the National Athletic Trainers' Association Executive Council on Education (NATA-ECE) necessitates that we review our direction with AT education. The NATA-ECE has provided support for increasing the entry-level athletic training education to a master degree, which subsequently elevates post-professional education to a clinical doctorate, with the intention of eventually phasing out the undergraduate entry-level education option. Currently 2 clinical doctorates in Athletic Training (DAT) programs exist in the United States. ISU would like to be one of the first DAT post-professional programs in order to create a longitudinal history thereby increasing name recognition to recruit top level students.

The interprofessional nature of the College precipitates collaboration among departments for research and use of facilities, which is currently occurring. We anticipate the interprofessional collaborations will continue through the transition to the DAT which include the IU Medical School, Lugar and the Rural Health Innovation Collaborative (RHIC)

The DAT aligns with the mission of the institution through continued research, community and public service through curricula that integrates clinical interprofessional experiences in preparing students for employment in healthcare that matches future trends in employment needs (<http://irt2.indstate.edu/ir/index.cfm/sp/mission/index>).

• **How is it consistent with the mission of the institution?**

Academic program offerings at ISU are based upon our institutional mission, state and national workforce needs, student interest, and faculty support. Several potential new programs have undergone a rigorous review prior to initial development. Since the creation of the new College of Nursing, Health, and Human Services in 2008, and the Department of Applied Medicine and Rehabilitation in 2010, the synergy to create a health science college

that offers an array of health occupations has materialized. The priority is to support programs that focus on the health care needs of rural and underserved communities. We currently orchestrate combined resources of several community constituents to improve access for rural and underserved populations, provide progressive evidence based patient care, encourage collaborative education of students from various disciplines, and disseminate continuing education of practicing health care professionals.

- **How does this program fit into the institution's strategic and/or academic plan?**

In 2008, numerous programs were identified in a feasibility study by the Indiana University Bowen Research Center that would likely meet workforce needs. Based on the mission of the new College, Indiana workforce development needs, faculty talent, and student interest, the curricular process was initiated. Physical Therapy, Physician Assistant, and Occupational Therapy programs were added through fall 2011. Because of the recent evolution of the Athletic Training profession, we sought and acquired initial approval from the Provost and Vice President for Academic Affairs for the development of a DAT program at Indiana State University. The transition from a master in athletic training to a doctorate in athletic training will further solidify interprofessional articulations between health care programs without increases in funding needs. A renovated building, additional classrooms, new equipment, and administrative support were already allocated and developed for the Department of Applied Medicine and Rehabilitation and therefore already exist. The transition from a post-professional master in athletic training to a DAT is consistent with the University and College of Nursing Health and Human Services Strategic Plan through increasing enrollment by the addition of distance education, advanced experiential learning and community engagement that is diversified beyond west-central Indiana. The increased distinction and contemporary placement of a DAT in a historical program adds to the commitment of faculty and recruitment of exceptional educators in athletic training.

*ISU and CoNHHS Strategic Plan: <http://irt2.indstate.edu/ir/assets/splan/stratplan.pdf>*

- **How does this program build upon the strengths of the institution?**

Indiana State University Athletic Training was the first athletic training education program in the United States and currently boasts over 800 graduates and several dozen leaders in the profession. ISU is known for quality and innovation in the field of athletic training. The movement of post-professional education to a DAT once again places ISU in the position of leading contemporary athletic training education and professional advancement.

The transition from a master to doctorate in athletic training may impact and enhance collaborative research among allied health care professionals within the college and among external partners while augmenting interprofessional education and practice. Funding opportunities will likely increase due to interprofessional collaborative research efforts. The transition may attract additional individuals seeking a higher degree than a master, increasing the pool of individuals available to enter the workforce, in an area of need (30% increased need by 2020) (<http://www.bls.gov/ooh/Healthcare/Athletic-trainers.htm>). The distance nature of the program also aims to expand the pool of individuals seeking an advanced degree.

**b. State Rationale**

- **How does this program address state priorities as reflected in *Reaching Higher, Achieving More*?**

The DAT, much like the master program it is transitioning from, aligns with the state's priorities as reflected in *Reaching Higher, Achieving More*:

- Student-centered learning: The DAT (formerly Master in Athletic Training) addresses student needs in providing an education that is competency driven.
- Workforce alignment: The DAT will provide advanced practitioners in health care where a projected 30% greater need exists compared to like professions (<http://www.bls.gov/ooh/Healthcare/Athletic-trainers.htm>).
- Mission-driven: The DAT meets ISU, CoNHHS and the state of Indiana's mission in promoting education, skilled workers, research (ISU/CoNHHS), and community engagement/service.
- Student success: The current program boasts a 100% placement rate with anticipated continuance based on the reputation of ISU's athletic training education program.

**c. Evidence of Labor Market Need**

**i. National, State, or Regional Need**

- **Is the program serving a national, state, or regional labor market need?**

Athletic Training is expected to grow much faster than average from 2008-2020, with an increase need of 44% (U.S. Bureau of Labor Statistics, 2012), a 30% greater growth need than other like professions (<http://www.bls.gov/ooh/Healthcare/Athletic-trainers.htm>). Athletic trainers serve a unique role in the prevention of injuries and illnesses, which is crucial to reducing the cost of health care. Job growth is primarily expected in hospitals, outreach clinics, and as physician extenders (in the offices of other health care providers). Further, the demand for preventative care providers will also provide opportunities for athletic trainers in fitness and recreational sport centers. Finally, some states are implementing legislation that may require the presence of athletic trainers at all high schools, which would guarantee a rise in these providers in this setting and the necessity for a doctoral in the profession.

Trends suggest an expected rise of 6,000 athletic trainers in the labor pool by 2018; however, turnover and retention remain key issues in the athletic training profession (Kahanov & Eberman, 2011; <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3419155/>). Athletic trainers are making a notable exit from the profession in their late 20s and early 30s (Kahanov & Eberman, 2011), which may increase the demand for these providers in the coming years.

The *Health Professions Workforce Needs Assessment Report* (2009), indicated that west central region of Indiana was 37% below the level of needed athletic trainers as compared to the entire state of Indiana (24.4%, [http://www.hoosierdata.in.gov/dpage.asp?id=27&view\\_number=2&menu\\_level=smenu4&panel\\_number=2](http://www.hoosierdata.in.gov/dpage.asp?id=27&view_number=2&menu_level=smenu4&panel_number=2)). In light of the national shortage athletic trainers (44%), and a geographical need for additional athletic training practitioners, more so in the west central region, the need for Indiana State University to foster a program is clear.

ii. Preparation for Graduate Programs or Other Benefits

- Does the program prepare students for graduate programs or provide other benefits to students besides preparation for entry into the labor market?

The DAT will continue to provide advanced (post-professional) practitioners into the Indiana and U.S. workforce in an area of need.

- Summary of Indiana DWD and/or U.S. Department of Labor Data.

Summary U.S. Department of Labor: <http://www.bls.gov/ooh/Healthcare/Athletic-trainers.htm>

Quick Facts: Athletic Trainers	
<a href="#">2010 Median Pay</a>	\$41,600 per year
<a href="#">Number of Jobs, 2010</a>	18,200
<a href="#">Job Outlook, 2010-20</a>	30% (Much faster than average)
<a href="#">Employment Change, 2010-20</a>	5,500

- Summarize the evidence of labor market demand for graduates of the program:

*Indiana Department of Workforce Development:*

[http://www.hoosierdata.in.gov/dpage.asp?id=27&view\\_number=2&menu\\_level=smenu4&panel\\_number=2](http://www.hoosierdata.in.gov/dpage.asp?id=27&view_number=2&menu_level=smenu4&panel_number=2)

Industry Title	Job Title	Base Year Jobs	Base Year Pct. Dist. of Jobs	Projected Year Jobs	Pct. Dist. of Jobs
Hospitals	Athletic Trainers	105	24.76%	128	20.61%

iii. National, State, or Regional Studies

- Summarize any national, state, or regional studies that address the labor market need for the program.

Three major factors influence the market demand for athletic training. The first is the proposed legislative changes to health care insurance reform, which may greatly increase the number of insured Americans eligible for athletic training services. The second factor is the increase in the aging population of the United States that will need preventative and rehabilitation services. The Indiana Department of Workforce Development projects that between 2006 and 2018 a need exists for 621 athletic trainers. Indiana government employment information indicates an increased need of athletic trainers through 2018 of 46% (Hoosier Hot 50 Jobs Data, 2006-2018,

[http://www.hoosierdata.in.gov/dpage.asp?id=39&view\\_number=2&menu\\_level=smenu4&panel\\_number=2](http://www.hoosierdata.in.gov/dpage.asp?id=39&view_number=2&menu_level=smenu4&panel_number=2)). U.S. Bureau of Labor projects a 30% increase in need through 2018 (<http://www.bls.gov/oco/ocos294.htm#outlook>).

iv. Surveys of Employers or Students and Analyses of Job Postings

- Summarize the results of any surveys of employers or students and analyses of job postings relevant to the program.

The DAT is a new program. However, the current master program has 100% placement, with 60% (6 out of 10) in Indiana in 2011 (IUPUI, ISU, Union Hospital,

Oakland City University, St. Mary of the Woods). In alumni and exit data, students indicate they strongly agree (4.6/5.0 scale) that the master program is a quality program, prepares them for employment and they have a positive overall experience. We would hope to translate these results to the DAT, particularly with the additional foci on evidence based medicine (particularly related to the neck, spine, and head), manual therapy, outcome, and translational research (content that would make our program unique).

**v. Letters of Support**

- Three letters of support were garnered for the report. Dr. Gary Wilkerson is a pioneer in athletic training, highly regarded as an educator, researcher, and employment reformer. At the time of Marj Albohm's letter of support, she was the president of the National Athletic Trainers' Association. Her approval represents the acknowledgement of the need to upgrade the educational system for athletic trainers. Ms. Albohm was a former Indiana resident and an alum of our program. Dr. Jeffrey Seegmiller created the first Doctorate in Athletic Training in the United States at University of Idaho. He is a researcher, presents, and publishes in the area of athletic training education in addition to anatomy and biomechanics.

**3. Cost of and Support for the Program**

**a. Costs**

**i. Faculty and Staff**

- We do not anticipate the need to create any additional faculty positions. The DAT is a transition from the master program in athletic training and therefore the department already employs the qualified faculty to facilitate the program.
- Given that the DAT is a modification and transition of the master program, we do not anticipate the need to hire any additional faculty or support staff. In order to ensure the highest efficiencies possible, existing resources assigned to the current baccalaureate degree program will be redirected to support the revised master program.
- In addition, 50% of the faculty are year round employees and therefore summer courses will not impact the annual budget. The additional summer employees will no longer teach summer courses for the entry-level program and therefore will shift to the post-professional DAT, again neutrally impacting fiscal allocations.

**ii. Facilities**

- The DAT, through a transition process, will replace the current master program and therefore the needed laboratory space and equipment is already available with an institutional budget to support the maintenance of the program. The Occupational Therapy, Athletic Training, Physical Therapy, and Physician Assistant Studies programs have several common shared spaces and equipment needs and therefore support each other in equipment costs.

**iii. Other Capital Costs (e.g. Equipment)**

- The DAT is a transition program from and therefore we do not anticipate any additional resources from the institution. The Indiana State University library currently has sufficient access to online data bases and print articles in medicine;

however, we will continue to identify methods to expand the access to evidence in the medical professions to meet the growing needs of the program. The DAT curriculum requires access to preceptors, capitol and expendable equipment supplies and augmented educational resources, which already exist.

**b. Support**

**i. Nature of Support (New, Existing, or Reallocated)**

- **Summarize what reallocation of resources has taken place to support this program.**

The athletic training programs will transition from entry-level bachelor degree, (clinical concentration) to an entry-level master and the post-professional master will transition to the DAT. This transition which will occur over a 4 year period and will allow for faculty to transition their classes without increasing workload. As such, the transition will not economically or educationally impact students or the institution (See Appendix D).

- **What programs, if any, have been eliminated or downsized in order to provide resources for this program?**

No programs will be eliminated or downsized, simply transitioned and upgraded to reflect current educational occurrences in health care prevention and rehabilitative fields. Upon approval, and within the transition plan, we will eliminate the clinical concentration of the bachelor of science degree in athletic training.

**ii. Special Fees above Baseline Tuition**

- **Summarize any special fees above baseline tuition that are needed to support this program.**

No special program fees are anticipated. However, because of the distance nature of a majority of the coursework, students should anticipate paying the distance education fees. Also, students may anticipate supporting travel and lodging during the face-to-face weekend sessions.

**4. Similar and Related Programs**

**a. List of Programs and Degrees Conferred**

**i. Similar Programs at Other Institutions**

**Campuses offering (on-campus or distance education) programs that are similar:**

Currently, two institutions offer a DAT, Rocky Mountain University and University of Idaho. Both institutions graduate on average 10 students each academic year. The unique component of ISU is that the DAT will be a post-professional program whereby students can enroll directly after obtaining certification or becoming eligible for certification (by either entry-level degree options currently available). The other programs both require a master degree or extensive clinical experience upon entry. We anticipate that the elevation of the master in athletic training to the DAT will have no impact on the number of students who choose to reside on campus to participate in clinical experiences in the west central area of Indiana, but will increase the number of distance education students participating nationally.

**ii. Related Programs at the Proposing Institution**

- CHE staff will summarize data from the Commission’s Program Review Database on headcount, FTE, and degrees conferred for related programs at the proposing institution.

**b. List of Similar Programs Outside Indiana**

Because of the increased need for athletic trainers in Indiana and the U.S. we must be able to offer competitive programming at a reasonable cost. Compared to the other DAT programs in the United States (Table C.6.1), Indiana State is competitive. There will be no other programs competing with the DAT east of the Mississippi.

*Undergraduate and Graduate Tuition Rates for Universities Offering Doctoral Programs in Athletic Training*

<b>Indiana Universities</b>	<b>In-State 2010</b>	<b>Out-of-State 2010</b>
Indiana State University	\$4,635/sem	\$9,210/sem
Rocky Mountain University	\$12,750/sem	\$12,750/sem
University of Idaho	\$16,000/sem	\$16,000/sem

Indiana State also offers a focus on rural and underserved populations which is unique compared to the other two universities offering a DAT. Indiana State will also be the only doctoral program that has graduate assistantships and tuition assistance.

**c. Articulation of Associate/Baccalaureate Programs**

- **For each articulation agreement, indicate how many of the associate degree credits will transfer and apply toward the baccalaureate program.**  
Not Applicable

**d. Collaboration with Similar or Related Programs on Other Campuses**

Not Applicable

**5. Quality and Other Aspects of the Program**

**a. Credit Hours Required/Time To Completion**

- **Credit hours required for the program and how long a full-time student will need to complete the program**

The AT program will be a seven semester (2 ½ year), 57 credit hour, full-time post baccalaureate program. Students will be immersed in clinical practical experiences during Fall and Spring semesters and well as service learning and community engagement throughout the curriculum. The curricular content will include athletic training practice specific courses that are foundational, advanced, and experiential with structured research and guided clinical education components. The curriculum model is detailed below to describe typical coursework for a post-professional athletic training program as well as the current courses (change in course numbers has occurred to facilitate new course sequence) offered by Indiana State University that would meet the accreditation requirements (Appendix A).

**b. Existing courses Course Work from Other Disciplines**

ATTR 691      Research Methods in AMR (Offered Every Fall semester)

ATTR 712	Evidence Based Medicine*
ATTR 725	Athletic Training Educator *
ATTR 720	EB Holistic Care I *
ATTR 726	Administration of Health Care*
ATTR 755	Clinical Experience in AT I*
ATTR 756	Clinical Experience in AT II*
ATTR 855	Clinical Experience in AT III*
ATTR 856	Clinical Experience in AT IV*
ATTR 875	Therapeutic Interventions*
ATTR 820	Manual Therapy I *
ATTR 798	Research Project*
AHS 604	Research Design and Data Analysis in Health and Human Performance*
PASS 611	Physical Diagnosis (Offered every Summer semester)

\* The above course has been previously offered, but the course number has been modified better course sequencing and titling.

**c. Exceeding the Standard Expectation of Credit Hours**

- **If the associate or baccalaureate degree program exceeds 60 or 120 semester credit hours, respectively, summarize the reason for exceeding this standard expectation.**  
Not Applicable

**d. Program Competencies or Learning Outcomes**

- **List the significant competencies or learning outcomes that students completing this program are expected to master.**

Athletic Trainers work in environments to improve patient functional and physical outcomes. Athletic trainers have specific knowledge in the prevention, evaluation, treatment, and rehabilitation of orthopedic injuries and illnesses associated with an active population. Professionals demonstrate specialization in patient education to prevent injury, re-injury which reduces rehabilitative and other associated health care costs. Athletic trainers work under the direction of physicians, as prescribed by state licensure statutes. The desired global outcomes of the DAT, which align with the University’s mission, are to engage with the community by decreasing the shortage of competent health care providers to the local, regional, and national rural communities.

The global objectives of the Doctorate in Athletic Training (DAT) program are:

1. To provide competent health care providers who possess advanced skills in prevention, evaluation, treatment, and rehabilitation of the active population.
2. To decrease the shortage of advanced practitioners in athletic training in Indiana, rural communities and the nation.
3. To improve patient access and quality care for rural and underserved populations. These skills are designed to prepare the student for advanced clinical practice.
4. To demonstrate leadership skills in advance interprofessional healthcare through effective communication effectively with clients, families, colleagues, other health care workers, and the general public orally and in writing.

**e. Assessment**

- **Summarize how the institution intends to assess students with respect to mastery of program competencies or learning outcomes.**



Indiana State University is committed to continued program evaluation for all educational programs. The DAT evaluation master plan will directly correlate with both University and Commission on Accreditation of Athletic Training Education (CAATE) standards. Each program has an established mission that is reviewed every two years and revised as needed by the faculty. As with any new program, retention rates and student evaluations will be critical. All programs in the College compare student satisfaction on nine key indicators. As new programs are approved, exit surveys will be conducted and the data will be analyzed for factors that could be improved. Programs are monitored for scores on graduation rates, job placement rates, passing rates, and program satisfaction. In addition, all programs with distinct student learning outcomes design multiple methods to measure students' progress in meeting those outcomes. This process includes the rating of final projects, presentations, and clinical skills demonstrations. Future evaluation/outcome assessment of the program will mimic current assessment regime and include: Student Instructional Reports (SIRs), instructor/faculty peer reviews, student program exit interviews, alumni assessment of program effectiveness, employer/program director assessment of students, and graduate placement information. These assessment tools are already created (electronically) within this department and could be easily transferred to meet this program's objectives.

**f. Licensure and Certification**

**Graduates of this program will be prepared to earn the following:**

- **State License:**

Students enrolled in the DAT will be required to hold both national certification and a state license in their resident state.

- **National Professional Certifications (including the bodies issuing the certification):**

Indiana State University is regionally accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The CAATE is the nationally recognized organization that accredits post-professional athletic training education. Accreditation by the CAATE is voluntary, yet necessary to remain competitive in graduate education by providing advertising, connection to the National Athletic Trainers' Association (NATA) and athletic training membership and research funds for students and faculty. The CAATE standards have been used to determine the content, clinical competencies, and qualifications of the faculty and staff of the program. The ISU master in athletic training program current holds accreditation by the CAATE and anticipates continuing with accreditation through the transition to DAT.

- **Third-Party Industry Certifications:**

See Above

**g. Placement of Graduates**

- **Please describe the principle occupations and industries, in which the majority of graduates are expected to find employment.**

The majority of athletic trainers have a master degree or higher (80%) and are employed equally in two different areas of health care; 1) in public and private educational services such as colleges, universities and high schools to service medical needs of the active population (39%) and 2) in ambulatory healthcare services like hospitals, physician offices and other health practitioner environments (38%) (NATA, 2012, US Bureau of Labor, 2012).

Approximately 13% work in industrial settings, fitness, and recreational sport centers. The employment of athletic trainers' is projected to grown nationally 30% between 2008 and 2018 because of their role in prevention of injuries and reduction of healthcare costs. Growth is concentrated in the ambulatory healthcare and prevention/fitness industry. The demand and emphasis for healthcare prevention will grow as the population ages as a way to reduce healthcare costs (US Bureau of Labor, 2012).

**h. Accreditation**

- **Accrediting body from which accreditation will be sought and the timetable for achieving accreditation.**

The CAATE is responsible for accreditation ([www.caate.net](http://www.caate.net)). Accreditation will be sought as soon as the program is approved by ICHE. For example purposes, please see the table below. Based on time of approval, the accreditation dates can be modified.

**Implementation Timeline**

Task	Timeline
Initial approval from Provost and President	Completed January 2012
Develop the DAT curricula for University Approval	Completed Fall 2013
ICHE Approval	Spring 2014
Application for CAATE accreditation (not required to start program)	Spring 2014
Classes start	Summer 2015
Initial Self-Study Due	September 2015
CAATE Reviewer Site Visit	Spring 2016
Accreditation Action	August 2016
Matriculate first class of students	Summer 2016

- **Reason for seeking accreditation.**

Accreditation is voluntary. Currently only 16 institutions hold accreditation in post-professional athletic training programs. Current literature articulates that students select graduate programs based on reputation/prestige (Mazerolle & Dodge, 2012; <http://natajournals.org/doi/pdf/10.4085/1062-6050-47.4.11>). Accreditation lends to the prestige of the programs.

**6. Projected Headcount and FTE Enrollments and Degrees Conferred**

- **Report headcount and FTE enrollment and degrees conferred data in a manner consistent with the Commission’s Student Information System.**

Enrollment will be limited by class size of 30 per class in order to maintain adequate instructor to student ratios in a post-professional curricular environment. Accreditation requirements will also limit enrollment numbers. We intend to enroll 30 students in the inaugural class with maximum capacity reaching 40 students per class. The faculty –student ratio must permit the achievement of the stated objectives and be compatible with the accepted practices of similar programs at ISU.

- **Report a table for each campus or off-campus location at which the program will be offered.**

Total Program Students	FTE	Annual Degrees Conferred
------------------------	-----	--------------------------

90 – 120	15/1	30
----------	------	----

- **If the program is offered at more than one campus or off-campus location.**  
Not Applicable
- **Round the FTE enrollments to the nearest whole number**  
We anticipate an increase from 8/1 ratio in the current master in athletic training education program to a 15/1 ratio with the addition of distance learning students.
- **If the program will take more than five years to be fully implemented and to reach steady state, report additional years of projections.**  
We anticipate a seamless transition from the current master program to the DAT. The master program will be phased out over a 2 year period while the DAT starts in order to facilitate adequate transition of resources without loss of FTE or need for additional faculty.

#### References

- Hoosiers by the Numbers (2012). *Publication look up*. Retrieved September 17, 2009, from <http://www.hoosierdata.in.gov/publookup/default.aspx>.
- Hoosier Hot 50 Jobs Data. (2006-2018). Athletic Trainers #5. Retrieved from, <http://www.in.gov/dwd/2383.htm>.
- Indiana Department of Workforce Development: *Strategic skills initiative skills shortage ID report*. Retrieved January 2012, from [http://www.in.gov/dwd/files/shortages\\_reports10.pdf](http://www.in.gov/dwd/files/shortages_reports10.pdf).
- Indiana State University. (2012). *Special emphasis self-study*. Retrieved from, <http://irt2.indstate.edu/nca2010/assets/pdf/se/SETalkingPoints.pdf>
- Kahanov L, Eberman LE. (2011). Age, Sex and Setting factors and labor force in athletic training. *J Ath Train*. 46(4):424-430.
- National Athletic Trainers' Association. Employer Information, Retrieved January 2012, from <http://www.nata.org/employers>.
- Mazerolle S, Dodge TM. (2012). National Athletic Trainers' Association-Accredited Post-professional Athletic Training Education: Attractors and Career Intentions. *J Ath Train*. 47(4):467-476.
- United States Department of Labor. (2012). *Occupational employment statistics*, Retrieved January 26, 2012, from <http://www.bls.gov/oco/ocos294.htm#outlook> .
- Zollinger, T., Kochhar, K., Alyea, J., & Ray, D. (2009). West Central Indiana-Area Health Education Center: *Health professions workforce needs assessment report*. Indiana University Bowen Research Center, Indianapolis, IN: Indiana University School of Medicine.



## APPENDICES

Appendix A.....	Program of Study
Appendix B.....	Expert Opinion
Appendix C.....	Letters of Support
Appendix D.....	Faculty Profiles and Transition Plan

Appendix A: Program of Study

**Indiana State University  
Doctorate in Athletic Training  
Program of Study**

FALL 1		SPRING 1		SUMMER 1	
				ATTR 710 Holistic Health	3
				ATTR 712 Evidence Based Medicine	3
				ATTR 713 Outcome Research Applications ☺	3
				Semester total	9
				PROGRAM TOTAL	9
FALL 1		SPRING 1		SUMMER 2	
ATTR 691 Research Methods *	3	ATTR 725 Athletic Training Educator	3	PASS 611 Physical Diagnosis	2
ATTR 720 ATTR EB Holistic Care I **	3	*ATTR 726 Administration of Health Care*	3	ATTR 810ATTR EB Holistic Care II **	3
ATTR 755 Clinical Exp AT I ☺	1	ATTR 756 Clinical Exp AT II ☺	1	ATTR 811 Translational and Action Research ☺	3
		ATTR 798 Research Project ☺	2		
Semester total	7	Semester total	9	Semester total	8
PROGRAM TOTAL	16	PROGRAM TOTAL	25	PROGRAM TOTAL	33
FALL 2		SPRING 2		SUMMER 3	
ATTR 798 Research Project☺	2	AHS 604 Research Design and Data Analysis in Health and Human Performance ☺	3	ATTR 840 Manual Therapy II **	6
ATTR 820 Manual Therapy I **	3	ATTR 798 Research Project☺	2		
ATTR 855 Clinical Exp AT III☺	1	ATTR 830 EB Prevention Interventions**	3		
ATTR 875 Therapeutic Interventions**	3	ATTR 856 Clinical Exp AT IV ☺	1		
Semester total	9	Semester total	9	Semester total	6
PROGRAM TOTAL	42	PROGRAM TOTAL	51	PROGRAM TOTAL	57

\* Courses online/tegrity with an in-class option for students on campus with a GA assignment

\*\* Courses that have a classroom intensive component for 1 week or less on campus.

☺ Online only



February 17, 2012

Leamor Kahanov  
Chair, Applied Medicine and Rehabilitation  
Sycamore Wellness and Applied Medicine Rm 201  
Terre Haute, IN 47809

Dear Dr. Kahanov,

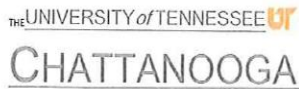
As the current president of the National Athletic Trainers' Association, I have a unique perspective as to the growth of the profession and educational needs to sustain patient care and professional integrity. I have an understanding of the changing needs of healthcare and education to facilitate advanced knowledge to efficaciously administer patient care. Currently most athletic training entry-level education programs are bachelor degree oriented with a national shift to master entry-level. The shift is occurring due to increasing competencies and responsibilities that require more mature practitioners and students who have more global goals and understanding. The shift in entry-level athletic training education necessitates the concomitant shift of post-professional (advanced) athletic training education to the clinical doctorate level. This shift is consistent with many other health care professions and is needed in the field of athletic training.

I am fully supportive of the transition to a Doctorate in Athletic Training at Indiana State University. As an alumnus and leader in athletic training, I am pleased with the direction ISU is taking in advanced athletic training education. The transition will aid in providing more advanced practitioners in Indiana, the region and the country.

Sincerely,

A handwritten signature in black ink that reads 'Marjorie J. Albohm'. The signature is fluid and cursive, with a long horizontal line extending to the right.

## Appendix C: Letters of Support



### COLLEGE of HEALTH, EDUCATION & PROFESSIONAL STUDIES

February 13, 2012

Leamor Kahavov, EdD, ATC  
College of Nursing, Health and Human Services  
Department of Applied Medicine and Rehabilitation  
Sycamore Wellness Center and Applied Medicine Room 201  
Terre Haute, IN 47809

Department of Health & Human Performance  
Graduate Athletic Training Education Program  
720 East Fourth Street, Department 6066  
Chattanooga, TN 37403-2598

Phone: (423) 425-4209

Dear Dr. Kahanov:

Having previously been the director of a post-professional graduate athletic training education program, and currently serving as a professor in a professional (i.e. entry-level) athletic training education program at the graduate level, I have had the opportunity to gain a unique perspective on the need for substantial changes in the structure of our paradigm for professional and post-professional education. In my experience, professional education at the graduate level produces a much more proficient and knowledgeable clinician than that which is produced by an undergraduate education program. Clearly, there is a very strong trend for professional athletic training education programs to transition from the undergraduate level to the graduate level, which I strongly support. As this trend continues, there is definitely an increasing need to have different graduate-level degree designations for the differing levels of clinical proficiency and knowledge that distinguish professional education from post-professional education. A clinical doctorate (i.e. Doctor of Athletic Training) would provide an appropriate degree designation to recognize the higher level of clinical proficiency and knowledge produced by a post-professional athletic training education program in relation to that which is developed by a professional athletic training program at the graduate level (i.e. Master of Science in Athletic Training). Such an approach could serve as a model for other educational institutions, and it could eventually facilitate acceptance of a three-year professional education program at the graduate level that would combine existing professional and post-professional curricular components. I commend you for your efforts to optimize the professional qualifications of clinicians who can make major contributions to the health-related quality of life realized by young athletes and physically active people of all ages.

Sincerely,

A handwritten signature in black ink that reads "Gary B. Wilkerson". The signature is written in a cursive style with a large initial "G".

Gary B. Wilkerson, EdD, ATC



February 16, 2012

**Indiana Commission on Higher Education**

c/o College of Nursing Health and Human Services  
Department of Applied Medicine and Rehabilitation  
Indiana State University  
Sycamore Center for Wellness and Applied Medicine, Room 201  
Terre Haute, IN 47809

Dear Indiana Commission of Higher Education:

As a former director of a post-professional graduate athletic training program and a current faculty member in the nation's first Doctor of Athletic Training Program, I am writing in support of Indiana State University's proposed doctorate in athletic training. Indiana State University has a strong history of leading the country in professional and post-professional education for athletic trainers. If this tradition is to continue, Indiana State University needs to adapt to changes in the healthcare education market.

Market forces have necessitated changes in healthcare education in many healthcare professions, including athletic training. The clinical doctorate educational model has been adopted by many health professions as a way to train independent practitioners to directly access and treat their patients. Chronic shortages of primary care services and increasing healthcare costs necessitates greater support for post-professional educational programs. Athletic trainers have been shown to provide high quality, cost-effective care and can be found in many healthcare settings throughout the country. The Bureau of Labor Statistics projects a 37% increase in employment opportunities for Athletic trainers between now and 2018. Concurrently, the shortage of healthcare personnel is expected to increase.

Post-professional education and specialty training must accommodate new knowledge and technological advances. In a 2011 report of an allied health workforce and services, the Institute of Medicine stated that "governments, regulators, and administrators need to be flexible to let professions change." As a profession, athletic training has gained a sufficient body of knowledge to support another step in the educational and career ladder to accommodate doctoral-level study. Doctoral-level preparation is crucial for the adoption of Institute of Medicine mandates for research training to support evidence-based practice and interprofessional collaboration.

It is with great interest for the growth of the Athletic Training profession and awareness of healthcare system needs that I support the development of Indiana State University's Doctor of Athletic Training Program. Student interest in our program here at the University of Idaho is strong and growing, doubling in size between its first and second years. Furthermore, the program achieved financial solvency in its first year with sufficient funds to support the hire of

an additional faculty member. If you would like to discuss this matter further, you may reach me at 208-301-2224, 208-885-0355, or [jeffreys@uidaho.edu](mailto:jeffreys@uidaho.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Seegmiller". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Jeff Seegmiller EdD, AT  
Assistant Professor  
Chair, Musculoskeletal Anatomy  
WWAMI Medical Education/Movement Sciences  
University of Idaho  
PO Box 442401 PEB 204  
Moscow ID 83844-2401  
Phone: 208-885-0355

**Indiana State University**  
**College of Nursing, Health, and Human Services**  
**Doctorate in Athletic Training**  
**Faculty Information Table**

<b>Name</b>	<b>Degree</b>	<b>Rank</b>	<b>Specialization</b>	<b>Appointment</b>
<b>ADMINISTRATORS</b>				
Richard Williams	Ph.D.	Dean; Professor	<ul style="list-style-type: none"> <li>• Athletic Training</li> <li>• Curriculum</li> <li>• Leadership/Administration</li> </ul>	Full-time
Leamor Kahanov	Ph.D., LAT, ATC	Department Chair; Professor	<ul style="list-style-type: none"> <li>• Athletic Training</li> <li>• Health Care Policy</li> <li>• Curriculum</li> <li>• Leadership/Administration</li> </ul>	Full-time
<b>Name</b>	<b>Degree</b>	<b>Rank</b>	<b>Specialization</b>	<b>Appointment</b>
<b>FACULTY</b>				
Daniel Coovert	Ph.D.	Assistant Professor, Anatomist	<ul style="list-style-type: none"> <li>• Directed evolution approaches for development of high efficiency molecule delivery systems into skeletal muscle</li> </ul>	Full-time
Timothy Demchak	Ph.D., LAT, ATC	Associate Professor; Athletic Training & Physician Assistant Studies	<ul style="list-style-type: none"> <li>• Musculoskeletal Biomechanics</li> <li>• Therapeutic Interventions</li> <li>• Exercise Physiology</li> <li>• Evidence Based Medicine</li> </ul>	Full-time
Lindsey Eberman	Ph.D., LAT, ATC	Associate Professor; Director, Graduate Athletic Training	<ul style="list-style-type: none"> <li>• Environmental Illness</li> <li>• Musculoskeletal Evaluation and Diagnosis</li> <li>• Athletic Training Education/ Outcome Measurements</li> <li>• Evidence Based Medicine</li> </ul>	Full-time
Kenneth Games	Ph.D., LAT, ATC	Assistant Professor, Athletic Training	<ul style="list-style-type: none"> <li>• Neuromuscular changes resulting from injury and therapeutic interventions</li> <li>• Musculoskeletal Biomechanics</li> <li>• Exercise Physiology</li> </ul>	Full-time
Shaun Grammar	MSPA, PA-C	Assistant Professor; Physician Assistant Studies	<ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Pulmonology</li> </ul>	
Al Gurovich	Ph.D., DPT	Assistant Professor; Athletic Training	<ul style="list-style-type: none"> <li>• Cardiopulmonary</li> <li>• Biomechanics &amp; muscle activation</li> </ul>	Full-time
Tiffany Idlewine	DPT	Assistant Professor; Physical Therapy	<ul style="list-style-type: none"> <li>• Musculoskeletal Evaluation and Diagnosis</li> <li>• Manual Therapy</li> </ul>	Full-time

Catherine Patterson	Ph.D., LAT, ATC	Associate Professor	<ul style="list-style-type: none"> <li>• Athletic Training Education</li> <li>• Community Engagement</li> </ul>	Full-time
Marie Pickerill	Ph.D., LAT, ATC	Associate Professor, Director, Undergraduate Athletic Training	<ul style="list-style-type: none"> <li>• Fall prevention regarding balance and coordination</li> <li>• Kinesiotaping</li> </ul>	Full-time
Christopher Roman	MMS, PA-C	Assistant Professor; Interim Director, Physician Assistant Studies	<ul style="list-style-type: none"> <li>• Dermatology</li> <li>• Infectious Diseases</li> </ul>	Full-time
Shecanna Seeley	PT, MPT, ATC, LAT	Director, Physical Therapy and Sports Rehab Clinic	<ul style="list-style-type: none"> <li>• Gait</li> <li>• Musculoskeletal Biomechanics</li> <li>• Rehabilitation</li> <li>• Manual Therapy</li> </ul>	Full-time Clinical Faculty
James Turner	DO	Medical Director	<ul style="list-style-type: none"> <li>• Family Medicine</li> <li>• Addiction</li> </ul>	Part-Time
Carolina Valencia	Ph.D., PT	Assistant Professor; Research Coordinator	<ul style="list-style-type: none"> <li>• Pain</li> </ul>	Full-Time

**Athletic Training  
Masters to Doctorate in Athletic Training Transition**

Master in athletic training courses will be taught with DAT courses during the transition. Faculty with a \* are year round faculty. Summer offerings in ATTR 110, 212, 280 and 225 will no longer be offered beginning 2015-2016 due to changes in the undergraduate athletic training, clinical concentration, education competencies, allowing for faculty to teach in the DAT without impacting fiscal deployment.

COURSES	2014-2015		2015-2016		2015-2016 summer	2016-2017	2016-2017 Summer
	MASTER	DAT	MASTER	DAT	DAT ONLY	DAT ONLY	DAT ONLY
ATTR655/656 - Clinical ATTR 755/756/855/856 Clinical	Kahanov		Kahanov			Kahanov	
ATTR691 – Research	Valencia		Valencia			Valencia	
ATTR625/ATTR 725 – Educator	Eberman		Eberman			Eberman	
ATTR 661 Evidence Based Rehab/ATTR 830 EB Prevention Int.	Eberman		Eberman			Eberman	
ATTR 675/ATTR875 Modalities	Demchak		Demchak			Demchak	
ATTR626/726 Admin	Kahanov		Kahanov			Kahanov	
ATTR 662 Diag of inj/ATTR 720	Games		Games			Games	
ATTR 675/ATTR 820 Manual Ther	Gurovich		Gurovich			Gurovich	
ATTR 698/699 Rsh Project/Thesis ATTR 798 Research Project	ALL		ALL			ALL	
PASS 611 Physical Diagnosis					Roman*		Roman*
AHS 604 Data Analysis	AHS Instructor		AHS Instructor			AHS Instructor	
<b>DAT Additional Courses</b>							
ATTR 710 Holistic Health I					Pickerill		
ATTR 712 Evidence Based Medicine					Games		
ATTR 713 Outcomes Based Research					Kahanov		
ATTR 811 Translational and Action Rsh					Eberman		
ATTR 810 EB Holistic Care II					Idlewine		
ATTR 840 Manual Therapy II					Idlewine*		

Courses revised from existing Masters in Athletic Training Courses

Courses already taught continuing through DAT