ANNUAL REPORT FOR THE 2009-2010 ACADEMIC YEAR (September 1st – August 31st)  
Cohorts beginning in the summer will be counted on the 2009-2010 Annual Report.

Commission on Accreditation of Athletic Training Education (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; therefore, please do not leave any section or box blank. Current, up-to-date supporting documentation must be maintained by the Program and may be requested to document compliance. All files submitted must be in pdf format.

All documents must be current and accessible for review upon request and/or for the audit.

A. SPONSORSHIP

1. Sponsoring Institution: Mesa State College

2. Degree Offered: BS Athletic Training

   Major: Athletic Training

3. Please identify the Carnegie classification of your institution.
   □ Doctoral
   □ Masters
   x □ Bachelors
   □ Special Focus
   □ Tribal
   □ N/A

4. Please identify the approximate number of students enrolled in your institution.
   (Select one)
   □ Up to 1,000
   □ 1,000 – 3,000
   □ 3,000 – 5,000
   x □ 5,000 – 10,000
   □ 10,000 – 20,000
   □ 20,000 – 30,000
   □ 30,000 or greater

5. Please indicate the type of institution
   x □ Public
   □ Private Non-Religious
   □ Private Religious
   □ Private for Profit
   □ Other

6. Chief Executive Officer
   a. Name with Credentials (e.g. John Smith, EdD) Tim Foster JD
   b. Office Address (Provide complete address including city, state and zip code) Mesa State College, 1100 North Ave, Grand Junction CO 81501
   c. Office Phone 970-248-1498
d. Office Fax 970-248-1903  
e. E-mail address tfoster@mesastate.edu

7. Dean  
a. Name with Credentials (e.g. John Smith, EdD) As of the Fall 2004 Mesa State College does not utilize the Dean system  
b. College/School  
c. Office Address (Provide complete address including city, state and zip code)

d. Office Phone  
e. Office Fax  
f. E-mail address

8. Department Chair  
a. Name with Credentials (e.g. John Doe, PhD): Jill Cordova PhD  
b. Department Name: Kinesiology  
c. Office Address (Provide complete address including city, state and zip code) Mesa State College, 1100 North Ave, Grand Junction, CO 81501  
d. Office Phone 970-248-1715  
e. Office Fax 970-248-1980  
f. E-mail address jcordova@mesastate.edu

B. PERSONNEL

1. Program Director  
a. Name with Credentials (e.g. John Doe, PhD): Robert Ryan MA, ATC, CSCS  
b. Department Name: Kinesiology  
c. Office Address (Provide complete address including city, state and zip code) Mesa State College, 1100 North Ave, Grand Junction, CO 81501  
d. Office Phone 970-248-1374  
e. Office Fax 970-248-1980  
f. E-mail address rryan@mesastate.edu  
g. Academic Rank and Title Assistant Professor  
h. BOC# 000050402  
i. Year Certified 1985
j. Type of State Athletic Training Credential registration (e.g. license, certification, registration, exempt, NA)

Current State Athletic Training Credential Number 607

2. Check either the YES or NO box to respond to each of the statements below as it relates to the current Program Director.

The Program Director is:

a. Full-time Employee of Sponsoring Institution  x Yes  No
b. Faculty Member of Sponsoring Institution with all faculty rights, including voting on faculty issues  x Yes  No
c. Tenure-Track Academic Appointment  x Yes  No
d. Tenured Faculty Member at Sponsoring Institution  x Yes  No
e. In good-standing with the BOC  x Yes  No
f. In good-standing with the State Licensing Agency (if applicable)  x Yes  No

3. The current Program Director is the same individual who completed the Annual Report filed in 2007-2008 Reporting Year. [Standard B1]

x Yes  Job description and vita are current and readily accessible for review during audit.
No  Information not yet submitted to CAATE Office
No  Required information already submitted to CAATE Office

Medical Director [Standard B4]

a. Name with Credentials (e.g. John Doe, MD/DO): Mitchell T Copeland DO
b. Specialty Area (e.g. Pediatrics, Orthopedics): Orthopedics
c. Office Address (Provide complete address including city, state and zip code) Western Orthopetics and Sports Medicine, 2020 North 12th St., Grand Junction, CO 81501

H. OUTCOMES

1. Number of graduates anticipated for 2009-2010 (Sept 1st – Aug 31st) 8

I. CURRICULUM & INSTRUCTION

1. Were changes made in the required athletic training education curriculum (Standard E1.3) and implemented during the 2009-2010 reporting period?

x No Curricular Changes
Yes – If YES, briefly explain, in the box at the end of this paragraph, 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 (e.g. web page, catalog) by prospective and current students. All files attached must be submitted in pdf format.

2. Have you instituted the 4th Edition of the NATA Educational Competencies in your curriculum? x Yes □ No

3. Are you currently using the 4th edition of the NATA Educational Competencies Matrix or comparable tracking mechanism to document the implementation of the competencies? x Yes □ No

All matrix documents must be current and accessible for review upon request and/or for the audit.

J. CLINICAL EDUCATION

1. Total number of students engaged in the required clinical courses during 2009-2010 academic year. 28

OVERVIEW OF PROGRAM COMPLIANCE WITH STANDARDS

1. Please provide verification that 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 2009-2010 academic year should be explained in the section for curricular changes above, as well as current or pending resolution of the non-compliance(s).

<table>
<thead>
<tr>
<th>YES</th>
<th>NO**</th>
<th>Standard Section</th>
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<tbody>
<tr>
<td>x</td>
<td></td>
<td>Section A – Sponsorship</td>
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<td>x</td>
<td></td>
<td>Section B – Personnel</td>
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<td>x</td>
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<td>Section C – Resources</td>
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<td>Section D – Physical Resources</td>
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<td>Section E – Operational Policies &amp; Fair Practices</td>
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<td>Section F – Health &amp; Safety</td>
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<td>x</td>
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<td>Section G – Student Records</td>
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<td>x</td>
<td></td>
<td>Section H – Outcomes</td>
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<tr>
<td>x</td>
<td></td>
<td>Section I – Curriculum &amp; Instruction</td>
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<tr>
<td>x</td>
<td></td>
<td>Section J – Clinical Education</td>
</tr>
</tbody>
</table>
2. **If the response is NO to any Standard sections listed above, please provide an explanation** describing why the Program may be non-compliant with that Standard section; and **describe the plan** to correct the non-compliance issues. (The Program may use additional pages to complete this explanation.) **Important Note:** To facilitate an efficient and quality tracking system for both the CAATE and the Programs, please indicate below for the non-compliances identified, if you are currently working on a progress report and the respective due date.

Progress Report Due? Yes______ No__x___ If yes, what is the due date ____________

I acknowledge all documents are current and accessible for review upon request and/or for the audit.

DATE Submitted 5/13/2010

TYPE Program Director’s Full Name Robert Ryan MA, ATC, CSCS
(with professional and academic credentials)

Program Director’s Signature 10445
(Electronic Signature and/or PIN #)

The following documentation should be sent to the CAATE at AR@caate.net on or before, but no later than May 14, 2010.

Completed 2009-2010 CAATE Annual Report in pdf format

**Please note that those Programs submitting reports after the May 14th deadline will automatically be required to participate in the audit process.