

## LETTER OF NOTIFICATION – 11

### RECONFIGURATION OF EXISTING DEGREE PROGRAMS (Consolidation or Separation of Degrees)

1. Institution submitting request:  
**University of Arkansas, Fayetteville**
2. Contact person/title:  
**Nancy Ellen Talburt, Vice Provost - Academic Affairs and Vice Chancellor for Academic Affairs, ADMN 422, University of Arkansas Fayetteville, AR 72701 Phone: 479-575-2151, netal@uark.edu**
3. Title(s) of degree programs to be separated:  
**Concentration in Athletic Training under the M.S. in Kinesiology degree.**
4. Current CIP Code(s):  
**31.0505**
5. Current Degree Code(s):  
**KINSMS**
6. Proposed title of separated program:  
**The current M.S. in Kinesiology degree program will remain the same. The Athletic Training concentration under the M.S. in Kinesiology will become a separate degree program (Master of Athletic Training).**
7. Proposed CIP Code  
**51.0913 for the Master of Athletic Training**
8. Proposed Effective Date  
**Summer Session 2010**
9. Reason for proposed separation:  
**The decision to request the above stated change was based upon the following: 1) The Commission on Accreditation of Athletic Training (CAATE) requires that all accredited programs be either degree programs or majors e.g. Master of Athletic Training or MS in Athletic Training instead of a concentration, 2) currently within the United States there are 18 entry level graduate programs in the area of Athletic Training and the University of Arkansas program is the only one which is not a degree program, and 3) the number of students enrolled in the Athletic Training concentration during the past three years has ranged from 24 - 30 and the number of program graduates has been 12, 14, and 13 respectively. These numbers indicate that the program is highly viable and without accreditation the program would cease to exist.**
10. Provide current and proposed curriculum outline.  
**No course or program changes are required. The current curriculum will remain the same. The only difference is that the Athletic Training concentration will become a degree program.**

11. Provide current and proposed organizational chart.

**Current Organization:**

**Department of Health Science, Kinesiology, Recreation and Dance  
MS 31.0505 Kinesiology with concentrations in  
Adapted Movement Science  
Athletic Training  
Exercise Science**

**Proposed Organization:**

**Department of Health Science, Kinesiology, Recreation and Dance  
MS 31.0505 Kinesiology with concentrations in  
Adapted Movement Science  
Exercise Science**

**Master of Athletic Training 51.0913**

12. Amount of funds available for reallocation?

**No new funding is required**

1. Are the existing degrees offered off-campus or via distance delivery?

**No**

2. Will the proposed degree be offered on-campus, off-campus, or via distance delivery?

**No changes - program offered only on-campus**

3. Identify off-campus location.

**NA**

16. Provide documentation that proposed program has received full approval by licensure/certification entity. (A program offered for teacher licensure must be approved by the Arkansas Department of Education prior to consideration by the Coordinating Board).

17. Provide copy of written notification to other institutions in the area of the proposed program and their responses.

**NA - within the state of Arkansas there are no other entry level masters degree programs in Athletic Training.**

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer:

Date:

