



**CASCE**

Council on Accreditation of  
Strength and Conditioning Education™

# APPLICATION FOR ACCREDITATION

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RISE TO *the* HIGHER STANDARD



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## SECTION I | INSTITUTIONAL INFORMATION

### Institution

Official Name of  
Institution:

Department:

Address 1:

Address 2:

City:

State:

Zip:

### Institutional Accreditation

Regional Accrediting  
Agency:

Date of Last  
Accreditation:

Is the institution legally authorized under applicable state law to provide  
post-secondary education?  Yes  No

## SECTION II | PROGRAM PERSONNEL

### Program Director

Name and Credentials:

Title:

Address 1:

Address 2:

City:

State:

Zip:

Is the Program Director an NSCA Member?  Yes  No

If yes, please provide NSCA Membership Number:

Please provide CSCS Certification Number:

### Field Experience Coordinator

Name and Credentials:

Title:

Address 1:

Address 2:

City:

State:

Zip:

Is the Field Experience Coordinator an NSCA Member?  Yes  No

If yes, please provide NSCA Membership Number:

Is the Field Experience Coordinator CSCS Certified?  Yes  No

Please provide CSCS Certification Number:

## SECTION III | PROGRAM INFORMATION

Name of College (within  
university, if applicable):

Name of Department:

Name of Program:

Name of Major:

Program URL:

Track/Concentration:

# of Hours in  
Concentration:

Is the Program currently recognized through the NSCA Education Recognition  
Program (ERP)?  Yes  No

If no, please complete SECTION IV | PROGRAM DESIGN of this application.

## SECTION IV | PROGRAM DESIGN | NON-ERP ONLY

Please identify in which course(s) the content areas listed below are taught. If the content is taught in several courses, please identify only the course(s) in which most of the content is taught. You may list the same course for several content areas.

**\*\*FOR EACH COURSE IDENTIFIED BELOW, YOU MUST ATTACH A CURRENT SYLLABUS DESCRIBING LEARNING OBJECTIVES AND COMPETENCIES TO BE ACHIEVED, FOR BOTH DIDACTIC AND SUPERVISED PRACTICAL EDUCATION COMPONENTS.\*\***

(You may attach any promotional materials or advertising materials that outline the program of study, in addition to completing this application.)

REQUIRED CONTENT	COURSE NAME(S)	COURSE #(s)	HOURS
Human Anatomy Physiology			
Exercise Physiology			
Kinesiology/Biomechanics			
Nutrition (Sports Nutrition is preferred)			
Scientific Principles of Strength and Conditioning			
Resistance Training and Conditioning (Activity Class)			
Exercise Technique/Exercise Prescription w/ Emphasis in Anaerobic Exercise			
Program Design as Related to Strength and Conditioning			

## SIGNATURE SHEET | PROGRAM REQUIREMENTS

- The institution wishes to move forward with the accreditation self-study and plans to submit the completed self-study by October 1, 2021.
- To ensure quality, CASCE will be accepting the first 6 approved applications (prioritized in the order received) for the first accreditation application cycle, 2020-2021.
- Additional programs seeking accreditation will be deferred to the 2021-2022 accreditation cycle.
- Once the complete accreditation application is received, the institution will be sent an electronic invoice to the Program Director's email address, listed on this application.
- If the program is currently recognized through the NSCA Education Recognition Program (ERP), the institution will be invoiced \$500.
- Programs that are not recognized through the NSCA ERP, will be invoiced \$1000.
- If invoice is not paid within 30 days, the program will be deferred to the next accreditation cycle.
- If the institution needs more time to complete the self-study or delays the submission of the completed self-study past October 1, 2021, the program will be moved to the 2021-2022 accreditation cycle.
- Upon approval of the application and submission of the application fee, the program will be given access to the self-study.
- [Professional Standards and Guidelines](#).

Applications can be sent to [accreditation@nsca.com](mailto:accreditation@nsca.com). Please include in the subject line: institution name, accreditation application (i.e.: XYZ University, Accreditation Application).

*By signing below, all parties testify and attest that the information provided in this application is true and correct to the best of their knowledge.*

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

*Please direct questions regarding this application to:*

Council on Accreditation of Strength and Conditioning Education (CASCE)  
1885 Bob Johnson Drive, Colorado Springs, CO 80906  
719-632-6722 Ext. 164 | [accreditation@nsca.com](mailto:accreditation@nsca.com)