



CASCE

Council on Accreditation of
Strength and Conditioning Education™

APPLICATION FOR ACCREDITATION

RISE TO *the* HIGHER STANDARD



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:

Email Address:

City: State: Zip:

Please provide CSCS Certification Number:

Field Experience Supervisor

Name and Credentials:

Title:

Address 1:

Address 2:

City: State: Zip:

Is the Field Experience Supervisor CSCS Certified? Yes No

Please provide CSCS Certification Number:

SECTION III | PROGRAM INFORMATIONName of College (within university, if applicable): Name of Department: Name of Program: Name of Major: Program URL: **Track/Concentration:** # of Hours in Concentration:

Please Note: In order to meet CASCE Standard III.B. The program **MUST** be a minimum of a concentration, or equivalent, with **strength and conditioning** in the title.

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			
Sports Nutrition			
Psychology of Sport and Exercise			
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			
Program organization, administration, and oversight			

SIGNATURE SHEET

- The institution wishes to move forward with the accreditation self-study and plans to submit the completed self-study by October 1.
- Once the completed 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, the program will be moved to the next accreditation cycle (and will be invoiced for an additional year).
- Upon approval of the application and submission of the application fee, the program will be given access to the CASCE Accreditation Portal and self-study.
- Institution administrators have reviewed The [CASCE Professional Standards and Guidelines](#) and the program is capable of meeting those Standards.

Applications should be sent to 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