

# MFA Brain Health Program Accreditation

## Applicant Guidebook: Standards, Examples, Templates & Resources

### Purpose of This Guide

This guide is designed to help organizations preparing to apply for the **MFA Brain Health Program Accreditation** understand:

- What is required for each scoring criterion
- What strong vs. weak submissions look like
- How to document compliance efficiently
- How to continuously improve programs after accreditation

### How the Accreditation Is Evaluated

Examiners assess programs across **program design, staffing, education, operations, safety, and outcomes**, using standardized scoring (1–5). Programs are expected to demonstrate:

- Evidence-based design
- Clinical and allied health integration
- Staff competency and training
- Participant safety and accessibility
- Measurable outcomes and continuous improvement

## SECTION I: STAFF & BRAIN TRAINER COMPETENCIES

### 1. Education & Qualifications

#### What is Required

- Relevant degrees or certifications (e.g., exercise science, health coaching, rehabilitation, neuroscience-informed training)
- Documented continuing education related to brain health

#### Example

- Staff CVs showing degrees/certifications
- Annual CE logs (courses, conferences, webinars)
- Internal onboarding curriculum focused on brain health

### 2. Professionalism

#### What is Required

- Ethical standards, confidentiality, scope of practice clarity
- Reliability and consistency in program delivery

#### Example

- Code of ethics
- HIPAA or privacy training documentation
- Attendance and punctuality tracking

### 3. Comprehension of Science

#### What is Required

- Understanding of neuroscience and exercise science principles
- Ability to apply science to programming decisions

#### Example

- Written or verbal rationale linking programming to research

#### Template

- Science-to-Practice Program Rationale Sheet

#### **4. Technology Competency**

##### **What is Required**

- Proficiency in neuromotor exercise/dual-task training/exergaming approaches or assessment platforms
- Ability to troubleshoot common issues and modifications associated with special populations and technology

##### **Example**

- Equipment SOPs
- Technology onboarding materials

## **SECTION II: PROGRAMMING & SERVICE DELIVERY**

### **5. Programming**

#### **What is Required**

- Variety of brain health focused programs
- Evidence-based design
- Client engagement and progression
- Outcome tracking

#### **Example**

- Class Schedules or Menu of Service Offerings
- Models of specificity and/or progression (classes for Parkinson's, progression of classes for levels of cognitive or physical impairment)
- Pre/post measures of cognition, balance, or satisfaction/adherence

### **6. Equipment**

#### **What is Required**

- Equipment appropriate for varied cognitive and physical abilities
- Safety, maintenance, and innovation

#### **Example**

- Equipment list
- Any media utilizing equipment
- Maintenance/safety considerations

## **SECTION III: BUSINESS MODEL & OPERATIONS**

### **7. Business Model**

#### **What is Required**

- Demonstration of Revenue model
- Cost management
- Scalability
- Client retention strategies

#### **Example**

- Membership or package models
- Referral pipelines
- Retention metrics (attendance, renewals)
- KPI Documents

### **8. Collaboration with Allied Health**

#### **What is Required**

- Meaningful partnerships with healthcare professionals
- Integrated communication and referral processes

#### **Strong Example**

- Collaborations/partnerships with allied health providers
- Referral/Case coordination resources
- Joint education, marketing or programs

## **SECTION IV: EDUCATION & CONTINUOUS IMPROVEMENT**

### **9. Education (Clients & Staff)**

#### **What is Required**

- Ongoing client education
- Staff development
- Education in the community

### **Example**

- Brain health workshops, webinars, or events
- Educational print materials, website content, etc.
- Staff CEU/CEC plan, ongoing education

## **10. Staffing & Space**

### **What is Required**

- Qualified staff with appropriate ratios
- Safe, accessible, welcoming environments

### **Example**

- Staff-to-client ratio plan
- ADA-accessible layouts
- Safety and cleanliness protocols

## **SECTION V: OUTCOMES, SAFETY & QUALITY ASSURANCE**

### **Outcome Measurement**

#### **Recommended Metrics**

- Attendance and adherence
- Cognitive or physical screening tools
- Participant satisfaction/adherence or similar
- Goal attainment scaling

### **Safety & Risk Management**

#### **What is Required**

- Emergency procedures
- Incident reporting
- Participant screening

## **SECTION VI: RECOMMENDED RESOURCES**

### **Evidence & Best Practice Sources**

- Peer-reviewed journals (neuroscience, aging, rehabilitation)
- MFA education resources
- Clinical exercise and brain health guidelines

### **Questions or Concerns?**

Please contact us via email:

- David Flench, MFA President & CEO: [david.flench@medicalfitness.org](mailto:david.flench@medicalfitness.org)
- Mariann Murphy, MFA Vice President: [mariann.murphy@medicalfitness.org](mailto:mariann.murphy@medicalfitness.org)