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

11. Outcome Measurement

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

12. Safety & Risk Management

What is Required
- Emergency procedures
- Incident reporting
- Participant screening

SECTION VI: RECOMMENDED RESOURCES

13. 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
- Mariann Murphy, MFA Vice President: mariann.murphy@medicalfitness.org