# Table of Contents

## I. Athletic Training Program Overview

- A. Accreditation 5
- B. Athletic Training Program Mission Statement: 5
- C. Athletic Training Program Goals: 5
- D. Athletic Training Program Learning Outcomes: 5
- E. People you should know 6

## II. National Athletic Trainers’ Association (NATA) Code of Ethics 7

## III. BOC Standards of Professional Practice 8

- I. Practice Standards 9
- II. Code of Professional Responsibility 10

## IV. The Athletic Training Student 12

- A. Athletic Training Student Characteristics 12
- B. Athletic Training Student Responsibilities 12
- C. Athletic Training Room Duties 14

## V. Athletic Training Program Academic Requirements 15

- A. Admission Requirements Specific to AT Program 15
- B. Retention Requirements Specific to AT Program 16
- E. AT Program Curriculum Requirements 17
- F. AT Program Course Sequence Sheet 18

## VI. Clinical Education Requirements 19

- A. Purpose 19
- B. Placements 19
- C. Clinical Sites and Contacts 19
- D. Transportation policy 19
- E. Travel policy 19
- F. Remuneration for Services 20
- G. Clinical Requirements during preseason and/or breaks 20
- H. Season Off Policy 20
- I. Gator/Golf Cart Usage Policy 20

---

Fall 2016
J. Inclement Weather Policy
K. Athletic Training Student-Athlete In Season Policy

VII. Athletic Training Program Specific Policies
A. Dress Code/Appropriate Attire
B. Additional Financial Costs
C. First Aid & CPR/AED Requirements
D. Liability Insurance
E. Drug and Alcohol Policy:
F. Student-Athlete Policy
G. Outside Employment
H. Professionalism
I. Confidentiality
J. Professional Relationships Policy
K. BOC Exam Eligibility

VIII. Athletic Training Program Code of Conduct and Disciplinary Procedures
A. Athletic Training Student Conduct
B. Disciplinary Procedures
C. Appeal Policy
D. AT Program Grievance Policy

IX. Other Policies Related to AT PROGRAM
A. Health Insurance Portability and Accountability Act (HIPAA)
B. Bloodborne Pathogens Policy
C. Communicable Disease Policy
D. Colonial States Athletic Conference (CSAC) Lightning Policy

X. Athletic Training Student Organization
XI. In Service Training/Educational Opportunities
XII. Professional Organizations
A. National Athletic Trainers’ Association
B. Eastern Athletic Trainers’ Association
C. Pennsylvania Athletic Trainer’s Association
D. American College of Sports Medicine
E. National Academy of Sports Medicine
F. National Strength and Conditioning Association

Fall 2016
XIII. APPENDICES

Appendix A - Clinical Education Terminology  38
Appendix B: AT Program Application  39
Appendix C: Academic Progress Form  43
Appendix C: Clinical Course Competencies  47
Appendix D: Instructions for Using ATrack  49
Appendix E: Signature Forms  64
AT PROGRAM Student Handbook Acknowledgement  66
Technical Standards for Admission  66
Technical Standards Certification Form  67
Student Athlete Acknowledgement Form  69
Student Athlete In-Season Policy Form  71
Athletic Training Student Communicable Disease Policy  71
Athletic Training Student Code of Conduct  74
Athletic Training Student Confidentiality Statement  75
Immaculata University Travel Agreement  76
AT PROGRAM Student Payment for Services  77
I. Athletic Training Program Overview

A. Accreditation
The Bachelor of Science in Athletic Training Program at Immaculata University is accredited by the Commission on Accreditation of Athletic Training Education (CAATE), 6835 Austin Center Blvd, Suite 250, Austin, TX 78731-3101. Initial accreditation was awarded in June 2014. The next comprehensive review is scheduled to occur during the 2019-2020 accreditation year (Self-Study due July 1, 2019).

B. Athletic Training Program Mission Statement:
The mission of the Athletic Training major at Immaculata University is to provide a comprehensive learning experience within the discipline of athletic training that integrates scientific inquiry, theoretical knowledge, and clinical practice. Grounded in the mission of Immaculata University, students will receive an education rooted in Christian core values, academic rigor and ethical integrity.

C. Athletic Training Program Goals:
The goals of the Athletic Training major are to:
1. Provide students with the knowledge, skills, and clinical integration proficiencies essential for Board of Certification eligibility
2. Prepare students for meaningful careers in athletic training and various healthcare settings
3. Prepare students for the diverse and changing world of healthcare
4. Encourage a lifelong commitment to learning and professional excellence.

Athletic Training Program Learning Outcomes:
Upon completion of the athletic training curriculum students will be able to:
1. Demonstrate evidence-based knowledge of athletic training practices and show proficiency in the eight areas of athletic training competency.
2. Demonstrate knowledge and practical skills in injury prevention and risk management of athletic injuries and illness.
3. Recognize and identify signs and symptoms and perform appropriate evaluation techniques in order to make appropriate diagnosis of athletic injuries and illness.
4. Demonstrate critical decision making and problem solving skills that are essential in the management of athletic injuries and illnesses.
5. Design, implement, and assess treatment and rehabilitation protocols and reconditioning programs.
6. Demonstrate critical decision making and problem solving skills that are essential to athletic training facilities and health care administration.
7. Demonstrate understanding of the importance of ethical decision-making within the scope of professional practice.
8. Exhibit personal leadership skills essential for success in the athletic training.
9. Integrate technology into professional practice.
10. Demonstrate effective written and oral communication skills in academic and professional activities.
11. Apply and synthesize athletic training knowledge to current issues in the variety of athletic training settings.
12. Demonstrate understanding of the importance of involvement within the National Athletic Trainers’ Association as a student and a professional through an appreciation of lifelong learning.

D. People you should know

Full-Time Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly A. Stalker, Ed.D., ATC</td>
<td>AT – Program Director</td>
</tr>
<tr>
<td>Michele Monaco, DSc., ATC</td>
<td>AT – Coordinator of Clinical Education</td>
</tr>
<tr>
<td>Barbara Gallagher, M.Ed.</td>
<td>Exercise Science</td>
</tr>
<tr>
<td>Laurie DiRosa, Ed.D.</td>
<td>Exercise Science</td>
</tr>
</tbody>
</table>

Part-Time Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn Schramm, ATC</td>
<td>Adjunct Instructor</td>
</tr>
<tr>
<td>Dan Holman, ATC</td>
<td>Adjunct Instructor</td>
</tr>
</tbody>
</table>

Immaculata University - On Campus Preceptors

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Waer</td>
<td>Head Athletic Trainer</td>
</tr>
<tr>
<td>Jenna Charles</td>
<td>Assistant Athletic Trainer</td>
</tr>
<tr>
<td>Sara Miraglia</td>
<td>Assistant Athletic Trainer</td>
</tr>
</tbody>
</table>

Medical Director & Associated Physicians

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Kevin Walsh</td>
<td>AT Program Medical Director</td>
</tr>
<tr>
<td>Dr. John Kelly</td>
<td>Advisory Board Medical Associate</td>
</tr>
<tr>
<td>Dr. Chris Mehallo</td>
<td>Immaculata University Team Physician</td>
</tr>
</tbody>
</table>

Approved Sites & Head Preceptor

<table>
<thead>
<tr>
<th>School</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academy of Notre Dame</td>
<td>Karen Fox</td>
</tr>
<tr>
<td>Bishop Shanahan</td>
<td>TBD (Kinetic PT)</td>
</tr>
<tr>
<td>Downingtown East High School</td>
<td>Mike Casey</td>
</tr>
<tr>
<td>Episcopal Academy</td>
<td>Cathy Holt</td>
</tr>
<tr>
<td>Great Valley High School</td>
<td>Keith Johnson</td>
</tr>
<tr>
<td>Kinetic Physical Therapy</td>
<td>Angelo Labrinakos</td>
</tr>
<tr>
<td>Phoenixville High School</td>
<td>Mark Agatone</td>
</tr>
<tr>
<td>Spring-Ford High School</td>
<td>Dan Holman</td>
</tr>
<tr>
<td>Strathaven High School</td>
<td>Jason Luty</td>
</tr>
<tr>
<td>Swarthmore College</td>
<td>Marie Mancini</td>
</tr>
<tr>
<td>Widener University</td>
<td>AJ Duffy</td>
</tr>
<tr>
<td>YSC Sports Academy</td>
<td>Kaiti Jones</td>
</tr>
</tbody>
</table>

Fall 2016
II. National Athletic Trainers’ Association (NATA) Code of Ethics
(Updated June 2016)

Preamble
The National Athletic Trainers’ Association Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. It is intended to establish and maintain high standards and professionalism for the athletic training profession. The principles do not cover every situation encountered by the practicing athletic trainer, but are representative of the spirit with which athletic trainers should make decision. The principles are written generally; the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. When a conflict exists between the Code and the law, the law prevails.

1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others
1.1 Members shall render quality patient care regardless of the patient’s race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.
1.2 Member’s duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.
1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient’s care without a release unless required by law.

2.1 Members shall comply with applicable local, state, and federal laws and any state athletic training practice acts.
2.2 Members shall understand and uphold all NATA Standards and the Code of Ethics.
2.3 Members shall refrain from, and report illegal or unethical practices related to athletic training.
2.4 Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.
2.5 Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.
2.6 Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee of Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.

3.6 Members who are researchers or educators must maintain and promote ethical conduct in research and educational activities.

4: Members Shall NOT Engage in Conduct that Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient’s Health and Well-Being.

4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.

4.2 All NATA members, whether current or past, shall not use the NATA logo in the endorsement of products or services, or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.

4.3 Members shall not place financial gain above the patient welfare and shall not participate in any arrangement that exploits the patient.

4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

4.5 Members shall not provide or publish false or misleading information, photography, or any other communications in any media format, including on any social media platform, related to athletic training that negatively reflects the profession, other members of the NATA, NATA officers, and the NATA office.

III. BOC Standards of Professional Practice
Implemented January 1, 2006

Introduction
The mission of the Board of Certification Inc. (BOC) is to provide exceptional credentialing programs for healthcare professionals. The BOC has been responsible for the certification of Athletic Trainers since 1969. Upon its inception, the BOC was a division of the professional membership organization the National Athletic Trainers’ Association. However, in 1989, the BOC became an independent non-profit corporation.

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as “Athletic Trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.
The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The *BOC Standards of Professional Practice* consists of two sections:

I. Practice Standards
   II. Code of Professional Responsibility

### I. Practice Standards

**Preamble**
The Practice Standards (Standards) establish essential practice expectations for all Athletic Trainers. Compliance with the Standards is mandatory.

The Standards are intended to:
- assist the public in understanding what to expect from an Athletic Trainer
- assist the Athletic Trainer in evaluating the quality of patient care
- assist the Athletic Trainer in understanding the duties and obligations imposed by virtue of holding the ATC® credential

The Standards are NOT intended to:
- prescribe services
- provide step-by-step procedures
- ensure specific patient outcomes

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.

**Standard 1: Direction**
The Athletic Trainer renders service or treatment under the direction of a physician.

**Standard 2: Prevention**
The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

**Standard 3: Immediate Care**
The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

**Standard 4: Clinical Evaluation and Diagnosis**
Prior to treatment, the Athletic Trainer assesses the patient’s level of function. The patient’s input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

**Standard 5: Treatment, Rehabilitation and Reconditioning**
In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/or reconditioning strategies. Treatment program objectives include long and short term goals and an appraisal of those which the patient can realistically be expected to achieve from the
program. Assessment measures to determine effectiveness of the program are incorporated into the program.

**Standard 6: Program Discontinuation**
The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient’s status.

**Standard 7: Organization and Administration**
All services are documented in writing by the Athletic Trainer and are part of the patient’s permanent records. The Athletic Trainer accepts responsibility for recording details of the patient’s health status.

**II. Code of Professional Responsibility**

**Preamble**
The Code of Professional Responsibility (Code) mandates that BOC credential holders and applicants act in a professionally responsible manner in all athletic training services and activities. The BOC requires all Athletic Trainers and applicants to comply with the Code. The BOC may discipline, revoke or take other action with regard to the application or certification of an individual that does not adhere to the Code. The Professional Practice and Discipline Guidelines and Procedures may be accessed via the BOC website, www.bocatc.org

**Code 1: Patient Responsibility**
The Athletic Trainer or applicant:
1.1 Renders quality patient care regardless of the patient’s race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law
1.2 Protects the patient from harm, acts always in the patient’s best interests and is an advocate for the patient’s welfare
1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice
1.4 Maintains the confidentiality of patient information in accordance with applicable law
1.5 Communicates clearly and truthfully with patients and other persons involved in the patient’s program, including, but not limited to, appropriate discussion of assessment results, program plans and progress
1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain
1.7 Exercises reasonable care, skill and judgment in all professional work

**Code 2: Competency**
The Athletic Trainer or applicant:
2.1 Engages in lifelong, professional and continuing educational activities
2.2 Participates in continuous quality improvement activities
2.3 Complies with the most current BOC recertification policies and requirements

**Code 3: Professional Responsibility**
The Athletic Trainer or applicant:
3.1 Practices in accordance with the most current BOC Practice Standards
3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training
3.3 Collaborates and cooperates with other healthcare providers involved in a patient’s care
3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient’s care
3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education
3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education
3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful
3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials
3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public
3.10 Complies with all confidentiality and disclosure requirements of the BOC
3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity
3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion
3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

**Code 4: Research**
The Athletic Trainer or applicant who engages in research:
4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions
4.2 Protects the rights and well being of research subjects
4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

**Code 5: Social Responsibility**
The Athletic Trainer or applicant:
5.1 Uses professional skills and knowledge to positively impact the community

**Code 6: Business Practices**
The Athletic Trainer or applicant:
6.1 Refrains from deceptive or fraudulent business practices
6.2 Maintains adequate and customary professional liability insurance
IV. The Athletic Training Student

A. Athletic Training Student Characteristics
This is a non-exhaustive list of the personal characteristics necessary for success as an athletic training student and entry-level athletic trainer.

1. Trustworthy and Dependable
2. Honest and Ethical
3. Adaptable
4. Effective communicator
5. Leader
6. Decisive
7. Consistent
8. High Energy
9. Interest in sports
10. Positive attitude


B. Athletic Training Student Professional Behaviors
The Athletic Training Program strives to develop professional behaviors in each athletic training student. As a part of our evaluation process, these behaviors will be evaluated by a preceptor at the end of each clinical experience. The professional behaviors expected of athletic training students are as follows:

1. Demonstrates a professional attitude
2. Demonstrates punctuality and promptness
3. Dresses professionally and maintains professional personal appearance
4. Demonstrates reliability and dependability
5. Demonstrates organizational skills and manages time efficiently
6. Demonstrates the ability to adapt well to changes
7. Demonstrates emotional maturity
8. Maintains professional rapport/relationship with others
9. Communicates regularly with preceptor
10. Reflects upon constructive feedback and modifies behavior as needed
11. Demonstrates self-initiative
12. Seeks preceptor assistance in proficiency development in a timely fashion
13. Expresses thoughts effectively and concisely in verbal and written form
14. Uses appropriate medical terminology
15. Demonstrates the ability to understand and follow direction
16. Maintains patient confidentiality
17. Demonstrates ability to work as a team in diverse settings
18. Demonstrates the core values of the profession and institution including; honesty, integrity, compassion, service, teamwork and empathy
19. Understand the ethical and legal parameters within the scope of practice for athletic trainers
20. Demonstrates ability to formulate appropriate questions and seeks out potential answers
21. Demonstrates confidence in abilities
22. Demonstrates overall motivation to learn

C. Athletic Training Student Responsibilities

1. Attend all practices and games unless excused by the clinical education coordinator and/or the preceptor.
2. Communicate regularly with your preceptor.
3. Follow the athletic training student dress code during all practices and contests.
4. Arrive promptly to your clinical site at the time assigned and stay at your clinical site until excused by your preceptor.
5. Assist the preceptor with preparation for, observation during, and clean-up following practices, rehabilitations, and athletic competitions.
6. Assist in administering treatment and rehabilitation as trained.
7. Assist in the maintenance of student athlete files.
8. Maintain daily records of treatments and rehabilitation.
9. Assist in the prevention of athletic injuries and hazardous situations to the attention of the athlete, coach, and/or preceptor.
10. Complete daily athletic training room duties and other duties as assigned by the preceptor.
11. Practice clinical proficiencies during down time in the athletic training room.
12. Maintain confidentiality of athletes and medical conditions.
13. Uphold all NCAA and CSAC rules and regulations.
14. Follow all rules set by your clinical education site.
15. Adhere to policies and procedures outlined in the athletic training student handbook.
16. Represent Immaculata University’s athletic training program in a positive manner.
D. Athletic Training Room Duties

1. Keep the athletic training room clean at all times.
   a. Wipe down tables and equipment between student athletes.
   b. Return equipment to appropriate location when finished.
   c. Sweep debris off the floor.
   d. Empty trash cans when full.
   e. Clean sink area following usage.
2. Assist athletes immediately when they come into the athletic training room.
   a. Perform wound care as trained.
   b. Inform the preceptor of athlete needs.
3. Maintain athletic injury reports, treatment logs and rehabilitation protocols.
4. Keep taping area and kits stocked and cleaned.
5. Notify the athletic trainer when the supplies are low.
6. Report all mechanical problems with equipment.
7. Make heel and lace pads.
8. Maintain water level in the hydrocollators.
9. While at practice:
   a. Keep water bottles off the ground
   b. Face the field or court at all times.
   c. If multiple athletic training students are at practice, avoid congregating as a group.
   d. Assist with wound care.
   e. Activate and/or perform your role in the emergency action plan when necessary.
10. Clean coolers and whirlpools daily.
11. Make sure everything is cleaned and put away before leaving.
12. Perform all duties as listed at the clinical site or assigned by the preceptor.

These are just a few of the daily duties that allow for the athletic training facility to run smoothly. These duties are essential for the student athlete to complete in order to assist the athletic trainer with effective management of the facility and allow for more clinical education experiences. Please be familiar with the duties at each facility in which you are assigned.

Each clinical education site will have their own policies & procedures for you to follow, in addition to assigning daily tasks that need to be completed. It is the students’ responsibility to know their required tasks and perform them without the prompting of the preceptor. Preceptors communicate with the Coordinator of Clinical Education on a regular basis and will report if these duties are not being completed successfully. This will result in a disciplinary warning for a first offense and subsequent disciplinary actions for further offenses.
V. AT PROGRAM Academic Requirements

A. Admission Requirements Specific to Athletic Training Major

All students interested in majoring in Athletic Training will be accepted into the Pre-Professional phase of the major. All students who wish to enter the Professional phase in Athletic Training must complete a formal application process. Applications will be reviewed at the completion of each semester. All applicants (freshmen, transfers, and upperclassmen) must meet the following requirements:

- Minimum of 30 college credits
- Minimum cumulative GPA of 2.7 or above
- Achieve a “C” or better in the following courses:
  - BIOL 209 Human Anatomy and Physiology I
  - BIOL 210 Human Anatomy and Physiology II
  - ATEP 201 Foundations in Athletic Training

In addition, applicants will submit the following information to the Program Director to complete the application process:

- Athletic Training Program Application
- Personal Essay answering the prompt provided by the Athletic Training Program
- Letters of Recommendation from two of the following individuals:
  - High school or college faculty member
  - High school or college athletic director or coach
  - Certified Athletic Trainer
  - Supervisor of a previous volunteer experience in the health care field

Students meeting the requirements for eligibility will complete an interview process. Admission to the professional phase of the Athletic Training major will be based on academic qualifications and application materials. A limited number of students will be accepted to the professional phase of the Athletic Training major. Students will receive notification of the admissions committee decision approximately two weeks after final grade submission. Students that are not accepted into the athletic training program will be advised to meet with the program director to discuss continuing their studies in one of the tracks of the Exercise Science major, particularly Sport Management or Movement Science. Students have the opportunity to appeal the committee’s decision. Please see Section VC of the AT Program Student Handbook (p. 15) for information on the appeal process.

Additionally, professional phase students will only be able to participate in the clinical portion of the curriculum once the following items are submitted:

- Current physical examination and immunizations on record (including TB test results)
- Current certification in CPR/AED for the Professional Rescuer & Standard First Aid
- Annual communicable disease and blood borne pathogen training
- Signed statement of technical standards specified by the profession
- Child abuse clearance
- FBI and/or Pennsylvania State Police criminal background check
- Drug screening
B. Retention Requirements Specific to Athletic Training Major
Students admitted into the Athletic Training Program will be required to maintain all of the additional requirements listed in C.10 Admission Requirements. In addition, students must maintain a cumulative GPA of 2.75 and achieve a “C” or above in all required coursework required by the athletic training major (ATEP 201, 202, 210, 301, 302, 303, 304, 305, 306, 310, 311, 401, 403, 410, 411; BIOL 209/210; EXS 201, 302, 303, 304, 305; FNU 208, 317; and PSY 101, 208, 250 or 357). Any students falling below these guidelines will be placed on probation pending successful recompletion of the course with a “C” or above. If requirements are not met during the next semester that the course is offered, the student will be excused from the program. Note: students that receive below a “C” in any clinical education course will be dismissed from the athletic training program without the opportunity to retake the clinical education course.

C. Athletic Training Non-admittance, Probation and Dismissal Appeal
Athletic training program non-admittance, academic probation and dismissal letters will be sent to the student approximately 2 weeks following grade submission. Students must submit a written statement of appeal to the Program Director by the date stated on the letter, which will be approximately two weeks following the date the letter was sent. This letter should include a detailed rationale as to why the student is appealing the decision. A committee consisting of the Program Director, Clinical Education Coordinator, and an appointed faculty member/administrator will meet to review the appeal. Students will be notified of the committee’s decision in writing within three (3) weeks of receipt of the appeal. Students not admitted to or dismissed from the program will be counseled for other university major and career options. If students would like to pursue the issue further they will be advised to follow the University’s Grievance Policy.

D. Transfer Students
Internal and external transfer student credits will be assessed on an individual basis. The number and type of courses the student has successfully completed will dictate the amount of time that it will take the student to complete the athletic training major. Since the professional phase of the program is sequenced over three years (six academic semesters), it is likely that students will be required to spend three years completing the curriculum. Students that are entering without courses in Anatomy and Physiology will take longer. Students transferring from another athletic training curriculum may be able to complete the program in less than three years depending on the courses transferred.

E. Incomplete Grades
In special situations, a student may be provided with the opportunity to receive an incomplete, “I”, in a clinical education course. An “I” is most frequently required in situations in which a student takes a season off from clinical education experiences (see Section VI for Season Off Policy). Based on the discretion of the clinical course instructor and the Clinical Education Coordinator, a student that is otherwise successfully completing the clinical education course, but has not completed the required number of hours at the time of grade submission, will be given an “I” for the course. In accordance with Immaculata University policy, students must complete all required work for the course within the first three weeks of the next semester. Therefore, students receiving an “I” in the fall semester, must complete their requirements over the winter break. Students receiving an “I” in the spring semester must complete their requirements in the summer or fall preseason.
F. AT PROGRAM Curriculum Requirements

Liberal Arts Core: Professional Studies
Theology (6)
Philosophy (6)
Composition I & II (6)
Foreign Languages (6)
FYE (1)
Exercise Science (3) – EXS 201
Physical Education (2 contact hours)
Natural Lab Science (4) – BIOL 209
Mathematics (3)
Social Sciences (3) – PSY 101
History Elective (3)
Humanities Elective (3)

TOTAL 44 credits

Athletic Training Major Requirements

Athletic Training Education 29 credits
(ATEP 201, 202, 301, 302, 303, 304, 305, 306, 401, 403)
Athletic Training Clinicals (ATEP 210, 310, 311, 410, 411) 14 credits
Exercise Science (EXS 302, 303, 304, 305) 12 credits
Laboratory Sciences (BIOL 210, CHEM/PHY/BIOL) 8 credits
Nutrition (FNU 208, 317) 6 credits
Social Sciences (PSY 250/357 and PSY 208) 6 credits
TOTAL 75 credits

Free Electives 9 credits

TOTAL 128 credits
<table>
<thead>
<tr>
<th>Freshman Year - First Semester</th>
<th>Freshman Year – Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EXS 201: Intro to Exercise Science &amp; Fitness (3)</td>
<td>☐ ATEP 201: Foundations in Athletic Training (3)</td>
</tr>
<tr>
<td>☐ ENG 106: Composition I (3)</td>
<td>☐ ENG 107: Composition II (3)</td>
</tr>
<tr>
<td>☐ BIOL 209: Human Anatomy and Physiology I (4)</td>
<td>☐ BIOL 210: Human Anatomy &amp; Physiology II (4)</td>
</tr>
<tr>
<td>☐ Foreign Language (3)</td>
<td>☐ Foreign Language (3)</td>
</tr>
<tr>
<td>☐ MATH (3)</td>
<td>☐ History Elective (3)</td>
</tr>
<tr>
<td>☐ FYE (1)</td>
<td>☐ PED elective</td>
</tr>
<tr>
<td>17 cr.</td>
<td>16 cr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sophomore Year - First Semester</th>
<th>Sophomore Year – Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ATEP 202: Fundamental Skills in AT (2)</td>
<td>☐ CHEM 100: Fundamental Chemistry (4)</td>
</tr>
<tr>
<td>☐ ATEP 301: Lower Extremity Evaluation (3)</td>
<td>☐ ATEP 302: Upper Extremity Evaluation (3)</td>
</tr>
<tr>
<td>☐ EXS 302: Kinesiology (3)</td>
<td>☐ EXS 303: Exercise and Sport Physiology (3)</td>
</tr>
<tr>
<td>☐ PSY 101: Foundations in Psychology (3)</td>
<td>☐ FNU 208: Normal Nutrition (3)</td>
</tr>
<tr>
<td>☐ Theology Elective (3)</td>
<td>☐ Philosophy Elective (3)</td>
</tr>
<tr>
<td>☐ Elective (3)</td>
<td>☐ ATEP 210: Clinical I (2)</td>
</tr>
<tr>
<td>17 cr.</td>
<td>18 cr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Junior Year – First Semester</th>
<th>Junior Year – Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Philosophy Elective (3)</td>
<td>☐ PSY 208: Statistics (3)</td>
</tr>
<tr>
<td>☐ ATEP 303: Therapeutic Exercise (3)</td>
<td>☐ ATEP 304: Therapeutic Modalities (3)</td>
</tr>
<tr>
<td>☐ ATEP 310: Clinical II (3)</td>
<td>☐ ATEP 311: Clinical III (3)</td>
</tr>
<tr>
<td>☐ EXS 305: Biomechanics (3)</td>
<td>☐ Elective (3)</td>
</tr>
<tr>
<td>☐ PSY 357: Exercise and Sport Psychology (3) or ☐ FNU 317: Sports Nutrition (3)</td>
<td>☐ PSY 250: Health Psychology (3)</td>
</tr>
<tr>
<td>15 cr.</td>
<td>15 cr.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Senior Year – First Semester</th>
<th>Senior Year – Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ATEP 305: Athletic Training Administration (3)</td>
<td>☐ ATEP 403: Athletic Training Seminar (3)</td>
</tr>
<tr>
<td>☐ ATEP 401: Introduction to Research (3)</td>
<td>☐ ATEP 411: Clinical V (3)</td>
</tr>
<tr>
<td>☐ ATEP 410: Clinical IV (3)</td>
<td>☐ Humanities Elective (3)</td>
</tr>
<tr>
<td>☐ EXS 304: Exercise Assessment &amp; Program (3)</td>
<td>☐ Theology Elective (3)</td>
</tr>
<tr>
<td>☐ ATEP 306: Pathology &amp; Pharmacology in AT (3)</td>
<td>☐ Elective (3)</td>
</tr>
<tr>
<td>15 cr.</td>
<td>15 cr.</td>
</tr>
</tbody>
</table>

TOTAL CREDITS 128cr.
VI. Clinical Education Requirements

A. Purpose
The purpose of clinical education experiences are to provide students with the opportunity to work under the supervision of preceptors (athletic trainers, physicians, etc.) while gaining crucial, real life experiences in athletic training. Through these experiences students will integrate cognitive and psychomotor skills by applying classroom theory to clinical experiences.

B. Placements
Students are required to complete a total of five clinical education experiences. Students will be assigned by the clinical education coordinator to a variety of athletic training and health care settings while completing a minimum of 800 hours over the five experiences. Students will be assigned to at least one clinical experience with each of the following: individual and team sports, experiences with teams of the opposite sex, sports using protective equipment, and non-sport populations and conditions other than orthopedics.

C. Clinical Sites and Contacts
Sites and preceptors vary each year. Please see Section I: People You Should Know for updated information. The clinical education coordinator has a complete listing of all sites and contacts.

D. Transportation policy
Students are required to obtain their own transportation to and from assigned clinical sites. Students will not be reimbursed for mileage or gas. Attempts will be made to keep clinical sites within the local region, but due to the availability of locations and the number of athletic training students some students will be expected to travel a distance to their clinical site. In addition, some of the more “prestigious” assignments may be located outside of the local region. If you believe that transportation will be a concern for you, please contact the clinical education coordinator prior to assignment of the clinical experience. Sites might be available via public transportation. For the ideal clinical experience, the student must provide his or her own personal means of transportation.

D.1. CARPOOL POLICY. If students are not able to secure their own transportation or multiple students are assigned to the same clinical education site, carpooling may occur. In these situations, students are responsible for coordinating their schedules and providing reimbursement for travel expenses including gas, parking, and/or tolls.

E. Travel policy
Athletic training students may only travel to away contests if their supervising preceptor is also traveling to the event. Athletic training students may not volunteer for unsupervised travel in the role as a “first responder” and “first aider”. All athletic training students must provide care under the direct supervision of their preceptor and this individual must be present to intervene if necessary. Any unsupervised student travel is in direct non-compliance of the “2008 Standards for the Accreditation of Entry-Level Athletic Training
Programs”. If you wish to travel to an away contest without a preceptor you will attend the event as a spectator. You will be responsible for your own transportation and you must sit in the stands as a spectator. **Please complete the Travel Agreement at the end of this manual**

F. Remuneration for Services
Athletic training students are not to be paid for any services rendered in the context of their clinical education experiences. It is permissible to be employed by Immaculata University as a work-study student but any hours completed as a work-study student cannot be counted towards the required hours for clinical education, even if working directly with a preceptor. If a student is found responsible for accepting payment for clinical education services, they will be held responsible through the athletic training program conduct system.

G. Clinical Requirements during preseason and/or breaks
The athletic training student will be required to participate in pre-season, winter season and post-season clinical experiences. The University will provide housing for the athletic training student as it would a University athlete or student leader. Each clinical site has a particular schedule that will be coordinated with the Clinical Education Coordinator. ATS are expected to participate in the clinical prior to the season in the fall (pre-season) during the winter break (winter season) and post season experiences pending on the status of the ATS and teams. Please see the Clinical Education Coordinator for details concerning clinical assignments.

H. Season Off Policy
The format of clinical education experiences is based on three seasons of athletic participation. Students in the professional phase of the program are afforded the opportunity to take a season off from clinical education experiences. If athletic training students plan to participate in intercollegiate athletics, they must take off during their traditional season. Students may request a season off for other reasons besides athletics. If students take a season off and plan to continue to progress in the curriculum, they will be assigned to a clinical education site for the portion of the semester in which they are not “taking off”. They are still responsible for the completion of the associated clinical education course and associated competencies. The shortened amount of time may require the students to take an Incomplete for the semester. Please see the In Season Athlete Policy below and Incomplete Policy in Section V of the handbook for more information.

I. Gator/Golf Cart Usage Policy
In most clinical sites, athletic training students will not be allowed to drive the gator or golf cart due to the legal liability involved. Please check with your clinical education coordinator regarding the policies at each specific facility. The use of athletic training transportation is a privilege not a right. Do not abuse your privileges because they can and will be revoked.

J. Inclement Weather Policy
If Immaculata University cancels on campus classes all clinical education experiences are also cancelled. If the university has not cancelled classes, but travel hazardous travel conditions exist for specific clinical sites, the student should evaluate the weather/travel situation with their preceptor and the clinical education coordinator. Decisions to cancel
clinical experiences for the day will be made on a case-by-case basis.

If Immaculata University classes are cancelled due to weather conditions, the announcement will be made on KYW (1060am) and Philadelphia new stations. Weather related closings are also noted on the University webpage at [www.immaculata.edu](http://www.immaculata.edu) and through MyIU. It is recommended that students subscribe to “e2Campus” announcements for information set directly to your email and cell phone.

Please make arrangements with your preceptor to determine the appropriate method for communication if activities are cancelled at your clinical education site.

**K. Athletic Training Student-Athlete In Season Policy**

The purpose of Athletic Training clinical education experiences are to provide students with the opportunity to work under the supervision of preceptors (athletic trainers, physicians, etc.) while gaining crucial, real life experiences in athletic training. Students are required to complete a total of five clinical education experiences, equaling a minimum of 800 hours.

It is understood that many athletic training students participate in intercollegiate athletics. Due to the demand of both the athletic training curriculum and participation in intercollegiate athletics policies have been developed to help students succeed in both areas of their collegiate experience.

The following guidelines have been established to help the student fulfill the requirements of both the Athletic Training Program and their sport:

1. Athletic training students will be permitted to participate in intercollegiate athletics.
2. Athletic training students must limit their participation to **ONE** intercollegiate athletic team.
3. Participation in intercollegiate athletics is limited to the traditional season only. Students may not participate in the non-traditional season if it will conflict with academic requirements.
4. Athletic training students who participate in intercollegiate athletics must realize that there may be times when academics will have to take the place of athletics and the student will be held responsible for fulfilling these requirements.
5. Athletic training students enrolled in a clinical education course during their season of intercollegiate participation are responsible for completing all didactic requirements for the course. If all didactic components are complete, but the student has not completed the required hours, they may be eligible to receive an incomplete, “I”, for the course. (See Incomplete Grades Policy in the Student Handbook)
6. Athletic training students participating in intercollegiate athletics have the option to take a “season off” from clinical education during their traditional athletic season. These plans must be discussed with the clinical education coordinator. Students taking a “season off” while enrolled in a clinical education course must realize that they will still be required to complete the didactic components of the course and will receive an
incomplete “I” in the course until all required hours are completed. (See Season Off Policy in the Student Handbook)

7. Athletic training students participating in intercollegiate athletics must realize that in order to complete the required clinical education hours they may be required to either complete a rotation during a winter or summer break or in an additional semester depending on the semesters in question.

8. Athletic training students that are “in season” will be assigned to a limited number of clinical education hours in the Immaculata University Athletic Training Facility. These hours will be coordinated with the appropriate Immaculata University preceptor, but should occur during the afternoon rehabilitation and treatment hours prior to start of practices and games. This will provide the athletic training student with the opportunity to remain hands on during their athletic season, which will allow them to continue to practice their skills and complete the required proficiencies.

Completion of clinical hours while “in season” at Immaculata

Unless students have a complete “season off” as approved by the Program Director and Clinical Education Coordinator, athletic training students participating in intercollegiate athletics will be expected to complete a limited number of hours in the Immaculata University Athletic Training Facility. The following guidelines have been set to facilitate this process:

1. Schedules will be coordinated with the Immaculata University preceptor.
2. Students are required to assist in the facility a minimum of two (2) days per week.
3. Students are expected to schedule these hours around their academic and athletic schedules and should be scheduled during the afternoon rehabilitation/treatment hours.
4. Students are required to complete all didactic coursework associated with the clinical education course. This includes all assignments and proficiencies.
5. Students are required to submit goals sheets and make progress towards proficiencies on a weekly basis.
6. All methods of evaluation (mid/final evaluation, evaluation of clinical site/preceptor) are expected to be completed as required.

Clinical Education Rotations (based on “season off”)

Fall Sports – Winter & Spring rotation
Winter Sports – Fall & Spring rotation
Spring Sports – Fall & Winter rotation

*exact starting and ending dates will be set by the clinical education coordinator
VII. Athletic Training Program Specific Policies

A. Dress Code/Appropriate Attire
Athletic training students are expected to represent Immaculata University and the Athletic Training Program in a positive manner through both their behaviors and personal appearance. Students must adhere to the dress code at all clinical sites. If in doubt, ask your preceptor

1. Daily Dress Code
   a) Khaki/tan or gray/black pants or shorts
      1. No Jeans!
      2. Shorts must be longer than the fingertips!
   b) IU Athletic Training polo shirt, t-shirt, or sweatshirt or plain, school colored collared or polo shirt
      1. Must wear the polo shirt for general medical and rehabilitation rotations
      2. Shirts must be tucked in at all times!
2. Game Day Dress Code
   a) Khaki/tan or gray/black pants or shorts
   b) IU Athletic Training or school assigned polo shirt
   c) Dress clothes are acceptable for most indoor sports
3. Inclement Weather Dress Code
   a) Immaculata University or plain colored jacket, fleece or pull-over.
   b) Black or blue wind pants
4. General Guidelines
   a) Footwear must be appropriate to the clinical setting. Dress shoes or sneakers are required. Sandals, flip-flops, clogs, crocs, and high heels are not permitted.
   b) Hats are not permitted in the athletic training facility or clinic. Immaculata University hats/visors or those without a logo may be worn outside but must be worn appropriately.
   c) Hair must be pulled back or kept out of the face to prevent interference in patient care. Facial Hair is permitted as long as it is kept neatly groomed.
   d) Fingernails are encouraged to be kept short and trimmed to prevent interference in patient care.
   e) Minimal amounts of jewelry may be worn, but should not interfere with the ability to provide treatments and care. (no long earring, dangling necklaces, bulky rings, or lip piercings, etc.)
   f) Tattoos should be covered up to the best of your ability. Offensive body markings must be fully covered. Final decisions of appropriate tattoo coverage is up to the discretion of the specific clinical education site.

B. Additional Financial Costs
In addition to the cost of tuition and course related fees, students must be aware that there are other fees associated with enrollment in the Athletic Training Program at Immaculata University. Some of these fees may include the following items:

- Copy of current physical examination and immunization records
  - including TB test results
- Annual certification in CPR/AED for the Health Care Provider & Standard First Aid
• Annual communicable disease and blood borne pathogen training
• Other possible requirements dependent on clinical assignments
  o Child abuse clearance
  o FBI and/or Pennsylvania State Police criminal background check
  o Drug screening
• Liability insurance
• Athletic Training Program Clothing/attire
• Travel to clinical sites (gas, parking, etc.)
• NATA membership and/or ATRACK fees

C. First Aid & CPR/AED Requirements
Athletic Training Students will be responsible for basic first aid under the supervision of their preceptor. Therefore, students must maintain current certifications in First Aid and CPR/AED for the Health Care Provider. The athletic training program will offer initial certification as a component of the ATEP 201 Foundations in Athletic Training course. In addition, the athletic training program will offer recertification opportunities prior to the start of each fall semester. It is the responsibility of the athletic training student to attend initial and recertification training, successfully complete the certification courses, maintain certification at all times and keep record of their certifications.

D. Liability Insurance
Athletic Training Students are required to carry professional liability insurance during their clinical experiences. Students may obtain the liability insurance from a few different sources. HPSO is an excellent company with reasonable annual rates ($35-40) for students. A copy of the insurance policy must be submitted to the Clinical Education Coordinator prior to the start of the clinical education experience.

E. Drug and Alcohol Policy:
If an athletic training student reports for a clinical education experience under the influence of alcohol or illegal drugs or partakes in their use while at a clinical assignment they will be subject to immediate suspension from the athletic training program. Students may also face campus disciplinary procedures and/or legal consequences.

F. Student-Athlete Policy
It is common for Athletic Training Students to be involved in numerous extracurricular activities on campus, including intercollegiate athletics. Student-athletes may apply to, enroll in, and progress through the athletic training curriculum; however, they will be restricted to participation in one intercollegiate sport at Immaculata University. Clinical education experiences typically occur during the afternoon and evening hours and weekends, which are typically when a student-athlete is involved in their sport. Due to the time requirements for participation in an intercollegiate sport and the extensive requirements of clinical education experiences, student-athletes may not be able to complete clinical education requirements during the semester of their athletic participation. Please see the Season Off Policy and Student-Athlete In Season Policy in Section VI. If the student-athlete is unable to complete the clinical education requirements during the traditional semester they may be required to complete the clinical assignment over the
summer, during a winter break, or during a fifth year of study. Every effort will be made by the clinical education coordinator to work with the student-athlete’s schedule; however, it must be understood that academic requirements are of highest priority. In some cases (BOC requirements or programmatic necessity) the student-athlete may be asked to withdraw from participation in their sport. Student-athletes must remember that athletic training program requirements are a priority during their “non-traditional” athletic seasons and they may not be able to participate in their “non-traditional” season because of athletic training commitments.

**Please refer to the end of the manual for the Student Athlete Acknowledgement Form. Complete and return this form to the Program Director.

G. Outside Employment
The rising costs of tuition, room and board, books, and other expenses are a concern for athletic training students. It is strongly recommended that you apply for as much financial aid as possible and/or obtain a work study position on campus. It is not recommended that athletic training students obtain employment outside of the university because it may interfere with academic requirements and clinical education experiences. Unfortunately when trying to balance academics, athletic training responsibilities, employment and extracurricular obligations something usually suffers. If you have a financial concern, please discuss your options with the Athletic Training Program Director or a counselor in Financial Aid.

H. Professionalism
As an Immaculata University athletic training student you will be expected to conduct yourself professionally at all times. Your appearance, conduct, and actions must represent the values and ideals of Immaculata University and the Athletic Training Program. Please conduct yourself as an athletic training professional when working with preceptors, physicians, coaches, athletes, parents, and administrators.

I. Confidentiality
Due to your role in the healthcare system, you will be exposed to personal information of your athletes and patients. Please remember that all the information you obtain through your clinical experiences is confidential. At no time should any information obtained be shared or repeated. Please review all HIPAA and FERPA guidelines as stated later in the manual.

J. Social Media Policy
It is acknowledged that students will use social media for personal reasons. The following guidelines should be followed when using social media:

1. No offensive or inappropriate pictures should be posted. Examples of offensive or inappropriate pictures include, but are not limited to, alcohol, illegal drugs, and sexual innuendos.
2. No offensive or inappropriate comments should be posted. Examples of offensive or inappropriate comments include, but are not limited to, references to drunkenness, illegal drugs, acts punishable by law, and foul language (curse words).
3. No reference to being an athletic training student at Immaculata University should be posted.
4. No information related to the health or playing status of any athlete or patient from Immaculata University or clinical sites utilized by the Athletic Training Program should be posted.

K. Professional Relationships Policy
Athletic Training students are often placed in unusual and sometimes uncomfortable situations due to the relationships formed during their educational process. It is important that athletic training students maintain a professional demeanor during their clinical education experiences. All relationships must remain professional and should never become personal. Disciplinary action will be taken if professional relationships are broken. Below are guidelines regarding your interaction different individuals you will encounter throughout your experiences. If you have any questions regarding your relationships with any of the following individuals, please contact the clinical education coordinator or program director.

Certified athletic trainers and preceptors:
Preceptors are immediate supervisors of athletic training students (ATS) and the athletic training student is responsible to the preceptor at all times. The preceptors were once students and have been through the same or similar process. The preceptor is part of the educational process and the athletic training student should be learning from the preceptor. The ATS should feel comfortable asking questions and discussing issues with the preceptor. The ATS should never question the decision of the preceptor in front of a coach or athlete. Please ask the preceptor about the decision, but in a private location.

Team physician and other health professionals:
Health care professionals are wonderful resources of information and often provide a different perspective to athlete health care. A great amount of information can be learned observing health care professionals and listening to their explanations of injuries. The ATS should assist in any way necessary, but should not be in the way of the health care professional. It is appropriate to ask questions, but at the appropriate times. Do not interrupt a physician when talking with a patient and do not question the physician while in the presence of a patient.

Athletic training students:
The ATS works as part of the health care team which includes other athletic training students. These students may be from Immaculata or from other institutions. At no time should an ATS call out, criticize, or question another ATS, especially in front of a coach or athlete. At all times athletic training students must put aside their differences and work together as a team. Gossip will not be tolerated and personal conversations should be kept to a minimum.

Coaches:
A professional relationship with the coach is essential for smooth operation of an athletic training facility. The ATS must know that their role is to observe practice or games, respond to emergencies, and treat athletic injuries as necessary. The ATS should not interfere with practice or distract the athletes in any way. If you have a question about a coach’s training decision or participation of an athlete immediately bring it to the attention of the preceptor and do not confront the coach. In addition, the ATS needs to effectively
communicate with the coach (under the direction of the preceptor) information regarding athlete injuries, rehabilitation, practice restrictions, and return to play guidelines. When working cooperatively with the coach, they will gain confidence in your knowledge and abilities with their athletes and therefore continue to work effectively with the entire athletic training staff.

Athletes:
As an ATS you must always maintain a professional working relationship with athletes. Many of the athletes will be your peers or student-athletes of a similar age group. At a small institution it is impossible to remove yourself from activities with student-athletes but you must remember that how an athlete perceives you in a social situation may affect their confidence in or respect for you in the athletic training facility. Flirtation with athletes and favoritism will not be tolerated. If your relationship with an athlete affects your responsibilities as an ATS, you may be dismissed from the clinical assignment.

General student body/general public:
At times an ATS will be asked about the health or injury status of an athlete. This information is confidential and should not be shared with anyone other than those directly involved in the medical care of the athlete (team physician, preceptor, etc.). In addition, peers and family members may approach you for medical advice. It is acceptable to provide first aid and emergency care if needed in a particular situation or recommend that someone see a physician or proceed to an emergency room. Outside of your clinical assignments, you are not to provide care as an ATS. Please refrain from evaluating or diagnosing injuries and/or providing care.

Media:
As stated above, at no time should you discuss the status of an injured athlete, especially with the media. Medical information is confidential and protected under federal guidelines. Please refer all questions to the medical or athletic staff. If information will be released to the media, it will be done by a professional staff member. If a student is found accountable for releasing medical information, they will be subject to disciplinary action.

L. BOC Exam Eligibility
The BOC exam is the gateway to becoming an Athletic Trainer. Students/graduates must successfully pass this exam in order to gain employment as an athletic trainer. Students are eligible to take the BOC exam upon graduation or while enrolled in their final semester of the AT curriculum.

Successful completion of the BOC exam demonstrates entry-level knowledge into the profession. Due to the intensity of the examination, cost of the exam, and limited window in which to take the exam, Immaculata University has established specific criteria for students to complete before registering and obtaining program director verification. Students/graduates must meet the following criteria before registering for the examination:
- Approval of study calendar by the Program Director or Coordinator of Clinical Education
• Individual meeting with the PD or CCE to discuss timelines and study goals
• >80% on the Immaculata University practice exam from ATEP 410
• Successful completion of all proficiencies as listed on ATrack
• >75% on the BOC practice exam (test mode)

Exam Registration Steps:
1. Register for BOC Central
2. Complete exam application (AT101)
3. Program Director approval
4. Finish exam application (AT102) – need to wait for approval to complete
5. Register for the exam (AT103)
6. Pay exam fee ($300)
7. Schedule exam date and time

Please see the BOC website for detailed information. [www.bocact.org](http://www.bocact.org)
VIII. Athletic Training Program Code of Conduct and Disciplinary Procedures

A. Athletic Training Student Conduct
The athletic training student is expected to present him/herself in a professional manner at all times. This includes following the core values of Immaculata University, the Code of Ethics of the National Athletic Trainers’ Association, the BOC Standards of Practice and all guidelines set within this manual.

B. Disciplinary Procedures
1st offense – verbal warning and official documentation in the student file
2nd offense – probation from the Athletic Training Program
3rd offense – suspension from the Athletic Training Program
4th offense – dismissal from the Athletic Training Program

Probation – students placed on probation will remain in their clinical assignment but will be under close supervision from the preceptor and clinical education coordinator. Any additional offense (of any type) while on probation will result in immediate suspension. The length of probation will be determined by the program director and clinical education coordinator.

Suspension – when a student is placed on suspension, they will be removed from their clinical assignment and may be subject to lowering of their course grade or a failure for the clinical course. While on suspension, the ATS is expected to meet all other educational requirements associated with the program and all policies and procedures as stated in this manual. The length of suspension will be determined by the program director and clinical education coordinator.

Dismissal – if an athletic training student is dismissed from the program, they will be required to meet with the program director and director of academic advisement to discuss other options for continuing their academic studies. Students may appeal the dismissal in writing prior to the beginning of the next semester. The appeal will be evaluated following the procedures listed below.

C. Appeal Policy
Students must submit a written statement of dismissal appeal, including a rationale to justify the appeal, by the date stated on the letter from the Program Director which will be approximately two weeks following the date the letter was sent. This letter should be sent to the Athletic Training Program Director. A committee consisting of the Program Director, Clinical Education Coordinator, and an appointed faculty member will meet to review the appeal. Students will be notified of the committee’s decision in writing within three weeks of receipt of the appeal. If students would like to pursue the issue further they will be advised to follow the University’s Grievance Policy.

D. Athletic Training Program Grievance Policy
If an ATS has a concern with a decision made or action performed within the athletic training program, they should first discuss their concern with the individual of concern (faculty member,
preceptor, etc.). If the issue is not resolved, the ATS should bring the concern to the Athletic Training Program Director. All attempts will be made to resolve the situation with the Program Director as a mediator. If situation cannot be resolved or involves the Program Director, the department chair and/or the Dean of the College of Undergraduate Studies will become involved.

IX. Other Policies Related to AT PROGRAM

A. Health Insurance Portability and Accountability Act (HIPAA)

The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

(http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html)

B. Bloodborne Pathogens Policy

Immaculata University Athletic Training Program is committed to providing a safe learning and clinical education experience for all of our athletic training students. Immaculata University and all other clinical sites are required to follow bloodborne pathogen standards and provide the ATS will all of the appropriate materials to protect their health and safety during the clinical experience. The following procedures should be followed during all classes and clinical education experiences:

1. Gloves and other personal protective devices must be worn at all times when in contact with body fluids, including blood.
2. Soiled supplies and disposable sharps must be disposed of in red biohazard waste bags and/or sharps containers.
3. If bleeding occurs outside of the athletic training facility, all soiled items must be contained in a plastic bag and disposed of as soon as possible in the appropriate biohazard container.

4. All blood spills must be cleaned following the appropriate procedures.

5. Report any exposure to body fluids to your preceptor and clinical coordinator/program director as soon as possible.
   a) Follow all guidelines for reporting exposure as outlined by the site.
   b) It is highly recommended that the ATS seek out medical guidance and be tested for any blood borne pathogens.
   c) Note that students are responsible for all fees associated with the doctor’s visit and laboratory testing.

In addition, all Athletic Training Students will undergo Blood Borne Pathogen training during the ATEP 201 course and then annually prior to the start of the spring semester. Students must successfully complete the quiz following the training and sign the appropriate documentation.

C. Communicable Disease Policy

Prior to starting clinical education experiences, students must have updated immunization records on file which include: Hepatitis B, meningitis, MMR, polio, varicella, tetanus, diphtheria, and tuberculosis testing via 2-step PPD. The ATS is responsible for keeping all immunizations up to date.

Communicable Diseases (as cited by the Center for Disease Control) include, but are not limited to bloodborne pathogens, conjunctivitis, diarrheal diseases, diphtheria, hepatitis, herpes simplex, measles, meningococcal infections, mumps, pertussis, rubella, scabies, streptococcal infection, varicella, and viral respiratory infections. Communicable diseases are transmitted through physical contact, air (cough, sneeze, etc.), ingestion or injection and through animals.

To prevent transmission of communicable diseases athletic training students must follow proper hand washing techniques and practice good hygiene. The ATS must follow Universal Precautions and should not participate in patient care if exhibiting symptoms of a communicable disease.

If a student is suspected of having a communicable disease they must report to the Immaculata University health center for evaluation and care. The ATS must notify the AT Program Director and/or the Clinical education coordinator and will be relieved from their clinical assignments until cleared by a physician to return. Appropriate medical documentation is necessary before returning to your clinical assignment. The clinical education coordinator will communicate with the preceptor regarding your absence.

For more information related to all of the policies listed above please refer to the Immaculata University Athletic Training Risk Management Plan and Volume II of the Immaculata University Policy Manual (Section 2.2)
D. Colonial States Athletic Conference (CSAC) Lightning Policy

Lightning is a dangerous phenomenon. Athletic teams that practice and compete outdoors are at risk when the weather is inclement. The Athletic Training staff has developed a lightning safety policy to minimize the risk of injury from a lightning strike to Neumann University student-athletes, coaches, support staff and fans. To monitor lightning the Athletic Training staff will utilize both the Flash-to-Bang Method and a SkyScan Lightning/Storm Detector. Our policy is in accordance with the Current NCAA Sports Medicine Handbook and the National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation (2000) regarding lightning safety. The NATA Position Statement: Lightning Safety for Athletics and Recreation indicates six components of a lightning safety policy: Chain of Command, Identification of a Weather Watcher, a Weather Monitor, Definition and listing of safe structures and/locations for evacuation, clear criteria for event suspension and resumption, and obligation to warn. The following plan satisfies all of the recommended provisions.

GENERAL POLICY: A member of the Athletic Training Staff will watch and monitor the weather and make the decision to notify the head coach or officials of dangerous situations and recommend the suspension of activity in the event of lightning. Exceptions will be made for any activity where an Athletic Training staff member is not in attendance, whereby the supervising coach will have the ability to suspend activity. The decision to suspend activity will be based on:

- Three subsequent readings on the SkyScan Lightning/Storm Detector within the 20 mile range regardless of the presence of visible lightning within a span of fifteen minutes. (This device is portable and will be in the possession of the athletic training staff member or supervising coach.) and/or

- Utilization of the Flash-to-Bang Method (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) Current NCAA Sports Medicine Handbook. If it reveals lightning to be within 6 miles (a 30 second count between the flash of lightning and the bang of thunder) activity is to be suspended and everyone should seek shelter immediately.

- Words to live by, “if you see it (lightning) flee it, if you hear it (thunder), clear it.” (NATA. 2000)

PRIOR TO COMPETITION: A member of the Athletic Training staff and/or Athletic Director will greet the officials, explain that we have a means to monitor the lightning, and offer to notify the officials during the game if there is imminent danger from the lightning. The Athletic Director and/or Game day manager and/or Athletic Trainer and game officials will then decide whether to discontinue play.

ANNOUNCEMENT OF SUSPENSION OF ACTIVITY: Once it is determined that there is danger of a lightning strike, the Athletic Training staff member will notify the head coach and/or
official and subsequently immediately remove all athletes, coaches, and support staff from the playing field or practice area/facility.

**EVACUATION OF THE PLAYING FIELD:** Immediately following the announcement of suspension of activity all athletes, coaches, officials and support personnel are to evacuate to the nearest enclosed grounded structure.

**OUTDOOR INSTRUCTIONS:** If no safe structure or location is within a reasonable distance, find a thick grove of small trees surrounded by taller trees, a dry ditch without water, or seek a flat area (do not chose an open area where you will be the highest object). When there, crouch down wrapping your arms around your knees and lower your head to minimize contact with the ground and wait for the storm to pass. (*Current NCAA Sports Medicine Handbook*)

**REMEMBER:** an automobile, golf cart, or open shelter are not ideal shelters, but will offer you some protection from a lightning strike. Do not touch any metal structures directly after a lightning strike.

**RESUMPTION OF ACTIVITY:** During practice, activity may resume under the following conditions. This decision will be based on:

- Thirty minutes AFTER the last lightning strike within a 20 mile range on the SkyScan Lightning Detector.
- Thirty minutes AFTER the last lightning strike within a 6-mile range using the Flash-To-Bang method. During a game situation the activity will resume once the Athletic Director, Athletic Training staff member and officials have conferred and the above criteria have been met.

**OTHER LIGHTNING SAFETY TIPS:** (*Current NCAA Sports Medicine Handbook*)

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats)
2. Avoid single or tall trees, tall objects and standing in a group.
3. If there is no other shelter you may seek refuge in a hardtop vehicle. It is not the rubber tires that protect from lightning; it is the hard top metal roof that dissipates the lightning around the vehicle.
4. The existence of blue skies and/or absence of rain are not protection from lightning. Lightning can strike 10 miles from the rain shaft. DO NOT LIE FLAT ON THE GROUND.
5. Avoid using a land line telephone. Cell phones are a safe alternative if in a safe structure.
6. Avoid standing water and open fields
7. If in a forest, seek shelter in a low area under a thick grove of small trees.
8. **If you feel your skin tingling immediately crouch and grab your legs and tuck your head as described above to minimize your body’s surface area.**
9. Persons who have been struck by lightning do not carry an electrical charge. Therefore, enact the
10. EMS system and provide emergency care. CPR is what is most often required. If possible, move the victim to a safe location.

Fall 2016
23. For additional information refer to the National Lightning Safety Institute at www.lightningsafety.com

**DIRECTIONS FOR USING THE SKYSCAN LIGHTNING DETECTOR.**

1. Prior to practice or competition, monitor weather forecast via the Internet or by calling local agencies for up to date information.
2. Check for any National Weather Service-issued thunderstorm “watches” and “warnings”.
3. Monitor the weather for the following: sudden decrease in temperature, increase in air movement, sudden increase in humidity, visible dark clouds (though these do not have to be present for a lightning strike to occur)
4. Communicate with officials and/or head coach prior to activity about potential for bad weather and our monitoring system.
5. Locate the SkyScan Lightning/Storm Detector in an area removed from other electronic devices or machinery, which could cause a false triggering.
6. The SkyScan Lightning/Storm Detector is designed to work in a vertical position.
7. Turn the unit on, by depressing the on/off switch
8. Allow the unit to perform a self-check and make sure all lights are working correctly.
9. If you are using the AC Adapter, depress the “Battery Save” button twice to extend the life of the back up batteries.
10. Press the tone button to activate the warning tone. (This must be done every time the lightning detector is turned on.)
11. Set the range of detection by depressing the “Range Select” button until the 8-20 mile light is illuminated.
12. Each time the SkyScan detects a lightning stroke it emits an audible warning tone for 1 second (it is not very loud so if there is ANY chance of bad weather you must have the SkyScan out where you can see and hear it).
13. Following the beep the lightning Range Indicator column will light up for approximately 3 seconds. The single indicator corresponding to the range of the detected stroke will blink for approximately 25 seconds.
14. Activity will be suspended when:
   A. The SkyScan registers 3 consecutive lightning strikes within the 20 mile range (0-3, 3-8, 8-20).
   B. The Flash/Bang Method reveals lightning within a 6 mile range (30 second or less count between the flash of lightning and the bang of thunder)
15. Once you have determined that there is imminent danger of a lightning strike, communicate to the head coach and/or head official.
16. Evacuate the field and stands to an enclosed-grounded building. REMEMBER, a golf cart, automobile, or open shelter does not provide protection from a lightning strike. If there is no available shelter IE, cross-country, each individual should see an area that is flat and in the open.
17. Crouch down wrapping your arms around your knees and remain in that position until the danger of lightning has passed.
18. Activity may be resumed only IF the danger of a lightning strike is no longer present. This decision to resume activity is to be made by a member of the Athletic Training Staff, Athletic Director of Head Official.
19. The SkyScan can also detect severe weather conditions (high winds, tornadoes, etc) that may pose a threat to human life. The severe weather audible warning lasts for 15 seconds and the corresponding indicator on the unit lights up.

**FLASH-to-BANG Lightning Detection Method**

This method of lightning detection should be used in conjunction with the SkyScan.

1. Prior to practice or competition, monitor weather forecast to include calling local agencies for up to date information.
2. Watch for the flash of lightning.
3. Begin to count (one one thousand, two one thousand, . . .).
4. Stop counting when you hear the bang of thunder.
5. Take this number and divide by 5. This will give you an approximation of how far away the lightning is (5 seconds = 1 mile). EXAMPLE: You see a flash of lightning and you begin to count. You reach 45 before you hear the bang of thunder. 45 ÷ 5 = 9. The lightning would be approximately 9 miles away. Using this method you would suspend activity with lightning at or within 6 miles.
6. Activity is resumed with the permission of a member of the Athletic Training Staff 30 minutes after the last lightning detected at or within 6 miles.

-Adapted from the Colonial States Athletic Conference.

**X. Athletic Training Student Organization**

The Athletic Training Student Organization (ATSO) is a student run organization that is registered with the Office of Student Development and Engagement. The organization provides opportunities for athletic training students to obtain leadership positions, participate in community service opportunities, and socialize among peers with similar career interests. All athletic training majors are encouraged to be active participants in this organization.

**XI. In Service Training/Educational Opportunities**

Throughout each semester, the Athletic Training Program will conduct in-service training and educational sessions. Many of these events are considered to be a part of your clinical education experience and are reflected in your course syllabi. Therefore, it is required that all athletic training students attend all scheduled events. The in-service trainings will include required sessions in blood borne pathogens, First Aid, CPR/AED, spinal injury management, etc. Educational opportunities will include guest speakers from the medical community that will discuss the latest topics related to the profession of athletic training. If a student has a particular topic in which they would like presented, they should discuss their interest with the Program Director or Clinical Education Coordinator. If a student is unable to attend an in-service training or educational event, he/she must notify the Program Director or Clinical Education Coordinator prior to the scheduled event. If it is determined that the student has a reasonable excuse for missing the event, accommodations for a comparable make-up session will be made.
XII. Professional Organizations

Membership in professional organizations provides an opportunity for students to become involved in the profession prior to certification. Athletic training students are highly encouraged to become active in the state, regional and national organizations. Membership in the organization allows you to attend annual conferences, apply for scholarships and network with peers and professionals in the field. It will be required that all students become members of the NATA prior to the start of their senior year, but students are encouraged to become involved earlier in the curriculum.

A. National Athletic Trainers’ Association
www.nata.org

The National Athletic Trainers’ Association (NATA) is the professional membership association for certified athletic trainers and others who support the athletic training profession. Founded in 1950, the NATA has grown to more than 30,000 members worldwide today. The majority of certified athletic trainers choose to be members of the NATA – to support their profession, and to receive a broad array of membership benefits.

B. Eastern Athletic Trainers’ Association
www.goeata.org

The Eastern Athletic Trainers’ Association was first formed in January 1949 when a few athletic trainers in the northeast decided to gather and share information. Today, the EATA encompasses all members of the National Athletic Trainers’ Association who reside in either District I or District II. The EATA holds an annual meeting and provides scholarships and research opportunities for students and certified athletic trainers who are members.

C. Pennsylvania Athletic Trainer’s Association
www.gopats.org

The Pennsylvania Athletic Trainers' Society is a progressive organization of health care professionals who work under the direction of a licensed physician. Certified Athletic Trainers working in the Commonwealth protect and enhance the health and welfare of our clients through prevention, recognition, management, and rehabilitation of injuries. Further, the society's vision is to continue to promote our profession and to serve the needs of the membership.

The mission of the Pennsylvania Athletic Trainers' Society is to:

<table>
<thead>
<tr>
<th>P</th>
<th>Promote the profession of athletic training through public awareness and education.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Advocate the certified athletic trainer as a recognized health care provider for the physically active in the Commonwealth through legislative and credentialing efforts.</td>
</tr>
<tr>
<td>T</td>
<td>Transact business on behalf of the Society's membership in a prudent, effective, and collaborative manner.</td>
</tr>
<tr>
<td>S</td>
<td>Serve the membership by providing a gateway to educational, research, scholarship, and networking opportunities.</td>
</tr>
</tbody>
</table>
D. American College of Sports Medicine

www.acsm.org

The American College of Sports Medicine puts into practice its strategic efforts to advancing the health care of all. As the largest sports medicine and exercise science organization in the world, ACSM has more than 20,000 International, National, and Regional Chapter members. The ACSM promotes and integrates scientific research, education, and practical applications of sports medicine and exercise science to maintain and enhance physical performance, fitness, health, and quality of life.

E. National Academy of Sports Medicine

www.nasm.org

The National Academy of Sports Medicine (NASM) is the global leader in developing evidence-based health and fitness solutions designed to optimize an individual’s physical performance goals. For more than 20 years, NASM has employed its vast knowledge and scientific research findings in the health and fitness industry to develop innovative certification, education and training programs and tools. The objective of the organization’s industry-leading programs is to transform and empower people to live healthy and more active lives.

F. National Strength and Conditioning Association

www.ncsa-lift.org

The National Strength and Conditioning Association (NSCA) is an international nonprofit educational association founded in 1978. Evolving from a membership of 76, the association now serves nearly 30,000 members in 52 countries. Drawing upon its vast network of members, the NSCA develops and presents the most advanced information regarding strength training and conditioning practices, injury prevention, and research findings. Unlike any other organization, the NSCA brings together a diverse group of professionals from the sport science, athletic, allied health, and fitness industries. These individuals are all in pursuit of achieving a common goal—the utilization of proper strength training and conditioning to improve athletic performance and fitness. Central to its mission, the NSCA provides a bridge between the scientist in the laboratory and the practitioner in the field. By working to find practical applications for new research findings in the strength and conditioning field, the association fosters the development of strength training and conditioning as a discipline and as a profession.
XIII. APPENDICES
Appendix A - Clinical Education Terminology

Academic plan: The document that encompasses all aspects of the student’s classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan.

Academic year: Two academic semesters or three academic quarters.

Affiliation agreement: formal, written document signed by administrative personnel, who have the authority to act on behalf of the or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

Appropriate administrative authority: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

Assessment plan: See Comprehensive Assessment Plan

Clinical education: The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

Clinical site: A physical area where clinical education occurs.

Communicable disease: A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

Comprehensive Assessment Plan: The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

Course/coursework: Courses involve classroom (didactic), laboratory, and clinical learning experience.

Curricular Plan: See Academic Plan

Degree: The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

Direct patient care: The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

Distant learning site: Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other locations. Instruction may be via the internet, telecommunication, video link, or other electronic media.
Distance education does not include clinical education or the participation in clinical experiences.


**Faculty:** An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

**Fees:** Institutional charges incurred by the student other than tuition and excluding room and board.

**Goals:** The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

**Health Care Professional:** Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Occupational Therapist, Optometrist, Orthotist, Paramedic, Pharmacist, Physical Therapist, Physician Assistant, Physician (MD/DO), Podiatrist, Prosthetist, Psychologist, Registered Nurse, of Social Worker. These individuals must hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

**Higher education accrediting agency:** An organization that evaluates post-secondary educational institutions.

**Infectious disease:** A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

**Laboratory:** A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

**Major:** The designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g., catalog, web pages) must list athletic training as a major.

**Medical director:** The physician who serves as a resource regarding the program’s medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

**Memorandum of understanding (MOU):** Similar to an affiliation agreement, but tends not to include legally binding language or intent.
**Monetary remuneration:** Direct cash payment received by students for athletic training services and/or time (e.g., hourly wage, work study).

**Objectives:** Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

**Official publication:** An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

**Outcome (program):** The quantification of the program’s ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as “met,” “partially met,” or “not met.”

**Outcome assessment instruments:** A collection of documents used to measure the program’s progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

**Physician:** A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

**Preprofessional student:** A student who is not formally admitted into the program. Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training.

**Preceptor:** A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.

**Professional development:** Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.

**Program Director:** The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

**Release time (reassigned work load):** A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

**Retention:** Matriculating through the AT program culminating in graduation.

**Retention rate:** A time-based measure of the number of students who are enrolled at the state of the period being student (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start * 100.
Secondary selective admissions process: A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

Similar academic institution (Syn: Peer institution): Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

Sponsoring institution: The college or university that offers the academic program and awards the degree associated with the athletic training program.

Stakeholder: Those who are affected by the program’s outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

Team physician: The physician (MD or DO) responsible for the provision of health care services for the student athlete. The team physician may also be the medical director; however, this is not required by the Standards.

Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.
Appendix B: Athletic Training Program Application
IMMACULATA UNIVERSITY
Athletic Training Program
Application for Professional Phase Admission

Name:______________________________  Student ID#:___________________

Address:_______________________________________

Email: _________________________________________

Cell Phone:____________________________________

Pre-Professional Requirements:

<table>
<thead>
<tr>
<th>Required Course</th>
<th>Semester Taken</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 209 Human Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 210 Human Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATEP 201 Foundations in Athletic Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Number of Credits:__________  Current Cumulative GPA:__________

NOTE: You must have a minimum of 30 credits, a GPA of 2.7 or above, and a ‘C’ or above in all courses listed above to be admitted into the Athletic Training Education Program.

Additional Application Information:

1. Do you expect to make athletic training your primary career choice? Yes _____ No _____

2. Have you been an athletic training student prior to Immaculata? Yes _____ No_____  
   Number of years:  _____  Location:______________________________________

3. Have you volunteered in the athletic training room at Immaculata? Yes_____ No_____  
   Number of hours:  _____

4. Have you volunteered in an athletic training room off campus? Yes_____ No_____  
   Number of hours:  _____  Location:______________________________________

5. Do you plan to play a sport at Immaculata? Yes_____ No_____  
   Sport(s):  __________________________

6. Are you CPR/AED certified? Yes _____ No _____

7. Are you certified in First Aid? Yes _____ No _____
Letters of Recommendation: (Please use the attached forms)

Please submit recommendation forms from two (2) of the following individuals:
  o High school or college faculty member
  o High school or college athletic director or coach
  o Certified Athletic Trainer
  o Supervisor of a previous volunteer experience in the health care field

Please indicate the names and titles of the two individuals that will be completing recommendations.

Name:___________________________  Title:_________________________

Name:___________________________  Title:_________________________

Essay:

Please use an additional piece of paper to answer the question “Why do you want to enter the field of Athletic Training?” Please be specific as to your personal career goals and why you believe you will be successful in athletic training. Please limit your response to two typewritten pages.

Additional Information that will be required prior to admission into the AT Program.
  • Current physical examination and immunization record
  • Documentation of current certification in CPR/AED for the Professional Rescuer
  • Documentation of current certification in Standard FirstAid
  • Documentation of Annual blood borne pathogen training
  • Signed technical standards specified by the profession
  • Signature pages from the Student Athletic Training Handbook

Additional Information what will be required upon acceptance into the AT Program.
  • Child abuse clearance
  • Pennsylvania State Police criminal background check
  • Drug screening
  • Liability insurance
  • NATA/ATrack Membership

Please submit all items to:
Kelly A. Stalker, M.Ed, ATC
Athletic Training Program
PO Box 632
Immaculata, PA 19345
Name of Student Applicant: _______________________________

Name of Recommender: _______________________________

Title: _______________________________________________

How long have you known the applicant? ________________

In what capacity have you known the applicant? ________________

The Athletic Training Program at Immaculata University is a rigorous academic and clinical program. It requires students to balance various academic, clinical, and extracurricular responsibilities. Students in the program will be required to demonstrate personal and professional attributes that are essential to success in athletic training. Please rate the applicant on the following characteristics.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Not Able to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to follow directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work independently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please explain why you believe this applicant would be a good addition to the Athletic Training Program at Immaculata University.

Please list any concerns you have regarding this student’s application to the Athletic Training Program at Immaculata University.

Please list any additional comments you may have.

Signature:_____________________________________ Date:_________________

Please return to: Immaculata University
Athletic Training Program
PO Box 632
Immaculata, PA 19345

Fall 2016
Appendix C: Academic Progress Form
IMMACULATA UNIVERSITY
Athletic Training Program
Academic Progress Form

Name: ________________________________  Student ID: __________________

Application Information
- C or above in BIOL 209 – Anatomy & Physiology I
- C or above in BIOL 210 – Anatomy & Physiology II
- C or above in ATEP 201 – Foundations in AT
- Overall GPA of 2.7 or higher
- Minimum of 30 credits
- Completion of application packet
- Interview with AT program committee
- Acceptance into professional phase of AT major

Year 2 – Semester 1
- ATEP 202: Fundamentals in Athletic Training
- ATEP 301 – Lower Extremity Evaluation
- EXS 302 – Kinesiology
- PSY 101 – Foundations in Psychology
- Completion of CPR/AED & First Aid Certifications
- Completion of pre-clinical components
- Overall GPA of 2.75 or higher

Year 2 – Semester 2
- ATEP 302 – Upper Extremity Evaluation
- Natural Science (w/ lab)
- FNU 208 – Normal Nutrition
- Completion of Clinical I
- Completion of all clinical proficiencies
- Overall GPA of 2.75 or higher

Year 3 – Semester 1
- ATEP 303 – Therapeutic Exercise
- EXS 304 – Exercise Assessment
- PSY 357 – Sport Psychology
- Completion of Clinical II
- Completion of all clinical proficiencies
- Overall GPA of 2.75 or higher

Year 3 – Semester 2
- ATEP 304 – Therapeutic Modalities
- FNU 317 – Sport Nutrition
- Completion of Clinical III
- Completion of all clinical proficiencies
- Overall GPA of 2.75 of higher

Student has satisfactorily completed all application requirements and has been accepted into the AT PROGRAM.

AT PD  Date

Student has satisfactorily completed this semester.

AT Advisor  Date

Student has satisfactorily completed this semester.

AT Advisor  Date

Student has satisfactorily completed this semester.

AT Advisor  Date

Student has satisfactorily completed this semester.

AT Advisor  Date

Student has satisfactorily completed this semester.

AT Advisor  Date

Fall 2016
### Year 4 – Semester 1
- ATEP 305 – Athletic Training Administration
- ATEP 306 – Pathology & Pharmacology
- ATEP 401 – Introduction to Research
- EXS 305 – Biomechanics
- Completion of Clinical IV
- Completion of all clinical proficiencies
- Overall GPA of 2.75 of higher

### Year 4 – Semester 2
- ATEP 403 – Athletic Training Seminar
- EXS 303 – Exercise & Sport Physiology
- Completion of Clinical V
- Completion of all clinical proficiencies
- Overall GPA of 2.75 of higher

### Clinical Experiences
- Equipment Intensive Experience
- Upper Extremity Experience
- Lower Extremity Experience
- General Medical Experience
- Rehabilitation Experience

### Notes:
Student has satisfactorily completed this semester.

<table>
<thead>
<tr>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______</td>
</tr>
<tr>
<td>_________________________</td>
<td>______</td>
</tr>
<tr>
<td>_________________________</td>
<td>______</td>
</tr>
<tr>
<td>_________________________</td>
<td>______</td>
</tr>
<tr>
<td>_________________________</td>
<td>______</td>
</tr>
</tbody>
</table>

AT Advisor Date

- Student has satisfactorily completed this semester.
Appendix C: Clinical Course Competencies

Immaculata University
Athletic Training Education Competencies 5th Edition

ATEP 210 – Clinical I
This introductory athletic training clinical will be conducted on Immaculata University’s campus or for some individuals at an affiliated site. Students will be assigned to assist the preceptors with various sport assignments for a minimum of 100 hours. Focus of this clinical will be to understand the daily responsibilities of the certified athletic trainer and be introduced to the procedures for preventing, recognizing, evaluating, and treating athletic injuries and illnesses.

Proficiencies to be completed at clinical education site:

Clinical Integration Proficiency (CIP-2)
Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.

Related Competencies –
AC-37 Select and apply appropriate splinted material to stabilize an injured body area.
PHP-22 Fit standard protective equipment following manufacturers’ guidelines.
PHP-23 Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.
TI-16 Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.

Clinical Integration Proficiency (CIP-6)
Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).

Related Competencies –
AC-4 Demonstrate the ability to perform scene, primary, and secondary surveys.
AC-5 Obtain a medical history appropriate for the patient’s ability to respond.
AC-8 Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete’s injured body part.
AC-12 Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.
AC-13 Utilize an automated external defibrillator (AED) according to current accepted practice protocols.

AC-14 Perform one and two person CPR on an infant, child and adult

AC-15 Use a bag valve and pocket mask on a child and adult using supplemental oxygen

AC-16 Explain the indications, applications, and treatment parameters for supplemental oxygen administration for emergency situations.

AC-19 Explain the proper procedures for managing external hemorrhage (e.g., direct pressure, pressure points, tourniquets) and the rationale for use of each.

AC-20 Select and use the appropriate procedure for managing external hemorrhage.

AC-22 Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.

AC-26 Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury.

AC-31 Assist the patient in the use of a nebulizer treatment for an asthmatic attack.

AC-21 Determine when a metered-dosed inhaler is warranted based on patient’s condition.

AC-33 Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.

AC-36 Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:

AC-36a Sudden cardiac arrest
AC-36b Brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture
AC-36c Cervical, thoracic, and lumbar spine trauma
AC-36d Heat illness, including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia.
AC-36i Asthma attacks
AC-36j Systemic allergic reaction, including anaphylactic shock
AC-36k Epileptic and non-epileptic seizures
AC-36l Shock
AC-36m Hypothermia, frostbite
AC-36o Local allergic reaction

CE-16 Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.

AC-40 Determine the proper transportation technique based on the patient’s condition and findings of the immediate examination.

AC-41 Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.
AC-42  Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.

PHP-7  Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.

Proficiencies to be completed during the clinical education course (ATEP 210):

AC-2  Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.

AC-3  Describe the hospital trauma level system and its role in the transportation decision-making process.

AC-17  Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).

AC-18  Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.

AC-21  Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.

AC-27  Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.

AC-30  Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.

AC-35  Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when an injectable epinephrine use is warranted based on a patient’s condition.

AC-38  Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.

EBP-1  Define evidence-based practice as it relates to athletic training clinical practice.

EBP-2  Explain the role of evidence in the clinical decision-making process.

HA-10  Identify and explain the statutes that regulate the privacy and security of medical records.

HA-16  Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the practicing of athletic training.

HA-18  Describe the basic legal principles that apply to an athletic trainer’s responsibilities.

HA-21  Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.

HA-22  Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).

HA-23  Identify and explain the recommended or required component of a pre-participation examination based on appropriate authorities’ rules, guidelines, and/or recommendations.
Identify the necessary components to include in a pre-participation physical examination as recommended by contemporary guidelines (e.g., American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).

Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.

Explain the principles of the body’s thermoregulator mechanisms as they relate to heat gain and heat loss.

Explain the principles of environmental illness prevention programs to include acclimation and condition, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (e.g., sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).

Summarize current practice guidelines related to the physical activity during extreme weather conditions (e.g., heat, cold, lightning, wind).

Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to lightning strike.

Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.

Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.

Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.

Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.
ATEP 310 – Clinical II
This course will include both didactic and experiential learning. Students are assigned to a minimum of 150 hours working with a preceptor either on campus or an affiliated site. The didactic portion of the course will focus on student understanding of methods used to assess and treat upper and lower extremity injuries.

**Proficiencies to be completed at clinical education site:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC-34</td>
<td>Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.</td>
</tr>
<tr>
<td>CE-20</td>
<td>Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:</td>
</tr>
<tr>
<td>CE-20a</td>
<td>History taking</td>
</tr>
<tr>
<td>CE-20b</td>
<td>Inspection/observation</td>
</tr>
<tr>
<td>CE-20c</td>
<td>Palpation</td>
</tr>
<tr>
<td>CE-20d</td>
<td>Functional assessment</td>
</tr>
<tr>
<td>CE-20e</td>
<td>Selective tissue testing techniques/special tests</td>
</tr>
<tr>
<td>CE-20f</td>
<td>Neurological assessments (sensory, motor, reflexes, balance, cognitive, function)</td>
</tr>
<tr>
<td>CE-20g</td>
<td>Respiratory assessments (auscultation, percussion, respirations, peak-flow)</td>
</tr>
<tr>
<td>CE-20h</td>
<td>Circulatory assessments (pulse, blood pressure, auscultation)</td>
</tr>
<tr>
<td>CE-20i</td>
<td>Abdominal assessments (percussion, palpation, auscultation)</td>
</tr>
<tr>
<td>CE-20j</td>
<td>Other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)</td>
</tr>
<tr>
<td>CE-21</td>
<td>Assess and interpret findings from a physical examination that is based on the patient’s clinical presentation. This exam can include:</td>
</tr>
<tr>
<td>CE-21a</td>
<td>Assessment of posture, gait, and movement patterns</td>
</tr>
<tr>
<td>CE-21b</td>
<td>Palpation</td>
</tr>
<tr>
<td>CE-21c</td>
<td>Muscle function assessment</td>
</tr>
<tr>
<td>CE-21d</td>
<td>Assessment of quantify and quality of osteokinematic joint motion</td>
</tr>
<tr>
<td>CE-21e</td>
<td>Capsular and ligamentous stress testing</td>
</tr>
<tr>
<td>CE-21f</td>
<td>Joint play (arthrokinematics)</td>
</tr>
<tr>
<td>CE-21g</td>
<td>Selective tissue examination techniques/special tests</td>
</tr>
<tr>
<td>CE-21h</td>
<td>Neurological function (sensory, motor, reflexes, balance, cognition)</td>
</tr>
<tr>
<td>CE-21m</td>
<td>Ocular function (vision, ophthalmoscope)</td>
</tr>
<tr>
<td>PHP-3</td>
<td>Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.</td>
</tr>
<tr>
<td>PHP-5</td>
<td>Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.</td>
</tr>
<tr>
<td>PHP-13</td>
<td>Obtain and interpret environmental data (wet bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions</td>
</tr>
</tbody>
</table>
regarding the scheduling, type and duration of physical activity.

**PHP-22**  
Fit standard protective equipment following manufacturers’ guidelines.

**PHP-23**  
Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.

**Proficiencies to be completed during the clinical education course (ATEP 310):**

**AC-23**  
Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.

**AC-24**  
Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury.

**AC-25**  
Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.

**AC-26**  
Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient’s injury.

**PHP-4**  
Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.

**PHP-14**  
Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.

**PHP-20**  
Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.

**PHP-21**  
Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.
Immaculata University
Athletic Training Education Competencies 5th Edition

ATEP 311 – Clinical III
This course will include both didactic and experiential learning. Students are assigned to a minimum of 150 hours working with a preceptor either on campus or an affiliated site. The didactic portion of the course will focus on student understanding of methods used to assess and treat upper and lower extremity injuries.

Proficiencies to be completed at clinical education site:

AC-36b Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture.

AC-39 Select and implement the appropriate ambulatory aid based on the patient’s injury and activity and participation restrictions.

CE-7 Identify the patient’s participation restriction (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient’s life.

CE-14 Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient’s treatment/rehabilitation program, and make modifications to the patient’s program as needed.

TI-10 Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.

TI-11 Design therapeutic interventions to meet specified treatment goals.

TI-11a Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.

TI-11b Position and prepare the patient for various therapeutic interventions.

TI-11c Describe the expected effects and potential adverse reactions to the patient.

TI-11d Instruct the patient how to correctly perform rehabilitative exercises.

TI-11e Apply the intervention, using parameters appropriate to the intended outcome.

TI-11f Reassess the patient to determine the immediate impact of the intervention.

TI-15 Perform joint mobilization techniques as indicated by examination findings.

TI-20 Inspect therapeutic equipment and the treatment environment for potential safety hazards.

Proficiencies to be completed during the clinical education course (ATEP 311):

TI-4 Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.

TI-7 Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

TI-14 Describe the use of joint mobilization in pain reduction and restoration of joint mobility.

TI-19 Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.
Immaculata University
Athletic Training Education Competencies 5th Edition

ATEP 410 – Clinical IV
This course will focus mainly on experiential learning in the athletic setting. Students will be assigned to a minimum of 200 hours working with a preceptor either on campus or an affiliated site. Students will also complete a didactic portion of the course to discuss issues related to these experiences, especially bringing classroom theory to practice.

Proficiencies to be completed at clinical education site:

Clinical Integration Proficiency (CIP-1)
Administer testing procedures to obtain baseline data regarding a client’s/patient’s level of general health (including nutrition habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.

Related Competencies –
PHP-26 Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.
PHP-27 Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.
PHP-28 Administer and interpret fitness tests to assess a client’s/patient’s physical status and readiness for physical activity.
PHP-29 Explain the basic concepts and practice of fitness and wellness screening.
PHP-30 Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.
PHP-31 Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.
PHP-33 Educate clients/patients on the importance of health eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.
PHP-44 Assess body composition by validated techniques.

Clinical Integration Proficiency (CIP-7)
Select and integrate appropriate psychosocial techniques into a patient’s treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.

Related Competencies –

PS-1 Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivations, and patient and social environment interactions as they affect patient interactions.

PS-7 Describe the psychological techniques (e.g., goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.

PS-8 Describe psychological interventions (e.g., goal setting, motivational techniques) that are used to facilitate a patient’s physical, psychological, and return to activity needs.

Clinical Integration Proficiency (CIP-8)
Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer’s role of informed patient advocate in a manner consistent with current practice guidelines.

Related Competencies –

PS-12 Identify and refer clients/patients in need to mental healthcare.

PS-13 Identify and describe the basic signs and symptoms of mental health disorders (e.g., psychosis, neurosis; sub-clinical mood disturbances (e.g., depression, anxiety); and personal/social conflict (e.g., adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that many indicate the need for referral to a mental healthcare professional.

PS-16 Formulate a referral for an individual with a suspected mental health or substance abuse problem.

Clinical Integration Proficiency (CIP-9)
Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statues that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.
Related Competencies –
HA-11 Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.
HA-12 Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.
PS-18 Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.

CE-23 Describe current setting-specific (e.g., high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.
PHP-19 Instruct clients/patients in the basic principles of ergodynamics and their relationship to the prevention of illness and injury.

Proficiencies to be completed during the clinical education course (ATEP 410):

AC-36g Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for internal hemorrhage.
AC-43 Instruct the patient in home care and self-treatment plans for acute conditions.
CE-6 Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.
PHP-14 Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.
PHP-15 Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.
PHP-16 Use a peak-flow meter to monitor a patient’s asthma symptoms, determine participation status, and make referral decisions.
PHP-25 Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.
PHP-32 Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
PHP-34 Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.
PHP-35 Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.
PHP-36 Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.
PHP-37 Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.
PHP-38 Describe nutritional principles that apply to tissue growth and repair.
PHP-39 Describe changes in dietary requirements that occur as a result of changes in an individual’s health, age, and activity level.
PHP-40 Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.

PHP-41 Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.

PHP-42 Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.

PHP-43 Describe the principles and methods of body composition assessment to assess a client’s/patient’s health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.

PHP-44 Assess body composition by validated techniques.

PHP-45 Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.

PS-17 Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.

TI-2 Compare and contrast contemporary theories of pain perception and pain modulation.

TI-3 Differentiate between palliative and primary pain-control interventions.

TI-5 Compare and contrast the variations in the physiological response to injury and healing across the lifespan.
Immaculata University
Athletic Training Education Competencies 5th Edition

ATEP 411 – Clinical V
This course will focus mainly on experiential learning in the athletic setting. Students will be assigned to a minimum of 200 hours working with a preceptor either on campus or an affiliated site. Students will also complete a didactic portion of the course that will focus on development as a professional in the field of athletic training.

Proficiencies to be completed at clinical education site:
Clinical Integration Proficiency (CIP-3)

Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.

Related Competencies –
AC-36 Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:
AC-36d.4 Heat illness including heat cramps, heat exhaustion, exertional heat stroke and hyponatremia
AC-36e.5 Exertional sickling associated with sickle cell trait
AC-36f.6 Rhabdomyolysis
AC-36h.8 Diabetic emergencies including hypoglycemia and ketoacidosis
AC-36i.9 Asthma attacks
AC-36m.13 Hypothermia, frostbite
AC-36n.14 Toxic drug overdoses

PHP-14 Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual’s ability to participate in physical activity in a hot, humid environment.

PHP-15 Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.

PHP-16 Use a peak-flow meter to monitor a patient’s asthma symptoms, determine participation status, & make referrals.

CE-21p Other assessments (glucometer, temperature)

Clinical Integration Proficiency (CIP-4)
Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions.
Based on the assessment data and consideration of the patient’s goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications, (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.

CIP-4a.1 Upper Extremity
CIP-4b.2 Lower Extremity
CIP-4c.3 Head
CIP-4d.4 Neck
CIP-4e.5 Thorax
CIP-4f.6 Spine

Related Competencies –
CE-17 Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
CE-18 Incorporate the concept of differential diagnosis into the examination process.
CE-19 Determine criteria and make decisions regarding return to activity and/or sports participation based on patient’s current status.
CE-20 Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases.
TI-11 Design therapeutic interventions to meet specified treatment goals.

Clinical Integration Proficiency (CIP-5)
Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.

Related Competencies –
CE-13 Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient’s perceived pain, and the history and course of the present condition.
CE-15 Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.
CE-17 Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.
CE-20 Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not
limited to:

CE-20g  Respiratory assessments (auscultation, percussion, respirations, peak-flow)
CE-20h  Circulatory assessments (pulse, blood pressure, auscultation)
CE-20i  Abdominal assessment (percussion, palpation, auscultation)
CE-20j  Other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)
CE-21  Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:
CE-21i  Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate).
CE-21j  Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)
CE-21k  Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)
CE-21l  Genitourinary function (urinalysis)
CE-21m  Ocular function (vision ophthalmoscope)
CE-21n  Function of the ear, nose, and throat (including otoscopic evaluation)
CE-21o  Dermatological assessment
CE-21p  Other assessments (glucometer, temperature)

TI-17  Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.
TI-18  Explain the relationship between posture, biomechanics, and ergodynamics and the need to address these components in a therapeutic intervention.

**Proficiencies to be completed during the clinical education course (ATEP 411):**

AC-9  Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airways adult respiratory and/or cardiac arrest.
AC-10  Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.
AC-11  Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.
AC-28  Differentiate the different methods for assessing core body temperature.
AC-29  Assess core body temperature using a rectal probe.
AC-31  Assist the patient in the use of a nebulizer treatment for an asthmatic attack.
AC-32  Determine when use of a metered-dosed inhaler is warranted based on a patient’s condition.
AC-33  Instruct a patient in the use of a metered-dosed inhaler in the presence of asthma-related bronchospasm.
AC-35  Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted.
based on a patient’s condition.

CE-22 Determine when the findings of an examination warrant referral of the patient.

EBP-14 Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.

PD-7 Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.

PD-10 Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).

PD-11 Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.
Appendix D: Instructions for Using ATrack

ATRACK – Clinical Logs and Evaluation Forms
www.atrackonline.com

Logging Clinical Hours
Students are required to document hours twice a week via ATRACK. Students required to log into ATRACK every three days to record their hours and complete any necessary assignments. The preceptor will be responsible for approving these hours weekly. All hours must be logged. Those hours not logged each week will be lost and will not count towards the total hour requirements. Students must attend clinical education experiences for a minimum of 100 hours for ATEP 210, a minimum of 150 hours for ATEP 310 and 311, and a minimum of 200 hours for ATEP 410 and 411. If students do not meet the minimum requirements (and have not received special permissions from the clinical education coordinator for an incomplete) they will receive an ‘F’ for the course. Students are responsible for creating a schedule with their clinical education coordinator at the beginning of the semester that ensures that they meet these requirements. Students need to balance their clinical education experiences with their coursework and other commitments; therefore, students must be given one day off per week and follow the guidelines listed below.

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Minimum Hours/Sem</th>
<th>Average hours/week</th>
<th>Max hours/week</th>
<th>Semester Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATEP 210</td>
<td>100</td>
<td>10-15</td>
<td>15</td>
<td>150-200</td>
</tr>
<tr>
<td>ATEP 310/311</td>
<td>150</td>
<td>15-20</td>
<td>20</td>
<td>200-275</td>
</tr>
<tr>
<td>ATEP 410/411</td>
<td>200</td>
<td>20-25</td>
<td>25</td>
<td>300-400</td>
</tr>
</tbody>
</table>

Clinical Proficiencies
Clinical Proficiencies will be monitored and graded using ATRACK. Students will be provided a set of proficiencies during the didactic portion of their clinical education course. Students are to determine which skills they want to focus on during each week. Students must attempt and pass each clinical proficiency listed on their course syllabus during the designated semester. Mock scenarios are an acceptable form of evaluation and often a necessary and useful way of checking skill proficiency. It is the preceptor’s responsibility to enter a grade for the student for each skill, but it is the responsibility of the student to inform the preceptor which skills they want to concentrate on each week and initiate practice sessions. Students that have not passed all clinical proficiencies before the end of their clinical education experience will be provided the opportunity to show proficiency during finals week. Students that have not at least attempted (initial attempt or needs improvement) each proficiency associated with the course will not receive points for these proficiencies and this can significantly impact the student’s overall grade in the course.

Student Evaluations
Athletic Training students are to be evaluated by the preceptor twice during the semester using the forms provided on ATRACK. The first evaluation is to be completed the week prior to the university’s stated mid-semester warning period. The final evaluation will be completed during the last week of classes or the students last week in the clinical education experience. The clinical education coordinator will send a reminder email as these dates approach. Students will be evaluated on their professionalism, competency, technical skills, and other related areas. For rehabilitation and general medical rotations, preceptors will only complete one evaluation of the students’ performance. Please review final evaluations with the preceptor prior to the completion of the experience.
**Student Self-Evaluations**
Athletic Training students are required to complete self-evaluations of their clinical education experiences twice during the semester using the forms provided on ATRACK. The first evaluation is to be completed mid-semester and the final evaluation during the last week of classes.

**Preceptor and Clinical Site Evaluations**
Athletic Training students will have the opportunity to evaluate their preceptors and their clinical sites through the form provided on ATRACK. These evaluations should be completed at the conclusion of your clinical education experience, but no later than the last day of classes for the semester. This feedback is extremely important in evaluating the quality of educational experience that our students are obtaining and helps the Clinical education coordinator determine if the instructor and site should be used for future experiences. Please remember that if you have concerns regarding the preceptor or clinical site during semester, bring them to our attention immediately. Do not wait until the end of semester evaluation.

**Athletic Training Program Evaluation**
Athletic Training students will be given the opportunity to evaluate Immaculata University’s Athletic Training Program at the conclusion of each year. The athletic training program evaluation form will be accessible through ATRACK and will include evaluation of the program director, clinical education coordinator, educational experiences and the program in general. We value student feedback and appreciate your help in improving our program.
Appendix E: Signature Forms

IMMACULATA UNIVERSITY

Athletic Training Program Student Handbook Acknowledgement

I, ______________________________________________, acknowledge that I have received the Immaculata University Athletic Training Program Student Handbook. My signature confirms that I have read and understand its contents and I agree to follow the rules and guidelines as outlined. I understand that if I am found responsible for breaking a policy in the manual, I will be held accountable. My signature also confirms that I have been provided the opportunity to ask questions about the handbook and those questions have been satisfactorily answered.

___________________________________
Signature

____________________
Date

___________________________________
Program Director Signature

____________________
Date

Please remove this page and return to the AT PROGRAM Program Director
Immaculata University
Athletic Training Educational Program

Technical Standards for Admission

The Athletic Training major at Immaculata University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training major establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency.

Athletic training students will be required to verify that they understand and meet these technical standards or that they believe, with reasonable accommodations, they can meet the standards. If a student states he/she can meet the technical standards with reasonable accommodations in accord with Immaculata University standards, the Director of Immaculata University’s Academic Success Center will review the student documentation and determine what academic accommodations can reasonably be provided by the university.

It should be understood by the student that any changes in the student’s medical, physical or psychological status warrants re-examination of this form and possibly a change in the status of the student’s accommodation needs and/or ability to continue in the program. Technical standards will be reviewed annually. It may be necessary to sign additional forms while attending Immaculata University as an athletic training student if his/her status changes or if the program technical standards are modified.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. The sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurate, safe and efficient use of equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training curriculum as outlined and sequenced.
7. The flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. The affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training major will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards. Prior to acceptance to the program, the AT PROGRAM Director will take into account whether accommodations would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework and clinical education experiences deemed essential to graduation.

Note: Adapted from Guidelines for Technical Standards for Entry-Level Athletic Training Education

www.nata.org/student/tchstndrds.htm

Fall 2016
Immaculata University
Athletic Training Program
Technical Standards for Admission: Verification Form

Student Name: ____________________________________________
(please print)

***Please sign after only ONE of the following statements***

**Statement for applicants NOT requesting accommodations:**
I certify that I have read and understand the “Technical Standards for Admission” listed above, and I believe to the best of my knowledge that I meet each of these standards. I understand that if I am unable to meet these standards I will not be admitted into the program.

_________________________ ____________________________
Signature of Applicant Date

_________________________ ____________________________
Signature of Parent/Guardian (if under 18) Date

**Statement for applicants requesting accommodations:**
I certify that I have read and understand the “Technical Standards for Admission” listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Academic Success Center to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program or may not be able to complete the program.

_________________________ ____________________________
Signature of Applicant Date

_________________________ ____________________________
Signature of Parent/Guardian if under 18 Date

_________________________ ____________________________
Immaculata University’s Athletic Training Program recognizes that it has discussed the technical standards for admission with the applicant and has discussed accommodations (if necessary) with both the student and the Academic Success Center.

_________________________ Date
Signature of AT PROGRAM Director

Additional Notes:
Immaculata University
Athletic Training Educational Program

Technical Standards Certification Form

Student Name:_________________________________

This form is a companion to the Technical Standards for Admission document that students complete prior to being accepted into the professional phase of the Athletic Training Program. This certification form is a follow-up to the verification form, because the student indicated that they may need accommodations to meet the program’s technical standards. After reviewing the information below and meeting with the student, please complete the back page of this form. If you have any questions or concerns, please do not hesitate to contact Kelly A. Stalker, the Athletic Training Program Director, at kstalker@immaculata.edu or 610-647-4400x3157.

The Athletic Training major at Immaculata University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training major establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency.

Athletic training students will be required to verify that they understand and meet these technical standards or that they believe, with reasonable accommodations, they can meet the standards. If a student states he/she can meet the technical standards with reasonable accommodations in accord with Immaculata University standards, the Director of Immaculata University’s Academic Success Center will review the student documentation and determine what academic accommodations can reasonably be provided by the university.

Candidates for selection to the Athletic Training Educational Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. The sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurate, safe and efficient use of equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function will during periods of high stress.
6. The perseverance, diligence and commitment to complete the athletic training curriculum as outlined and sequenced.
7. The flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. The affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
For completion by Academic Success Services:

We have reviewed documentation provided by the student in regards to necessary accommodations. The following academic accommodations can reasonably be provided by the university to assist the student in meeting the technical standards as stated:

Please explain accommodations below or in accompanying documentation:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

______________________________________  _____________________
Academic Success Center Signature        Date

Printed Name

For completions by AT Program Director (following review of documentation from Academic Success):

Check only one of the boxes below and sign where indicated:

☐ I have reviewed documentation from Academic Success and discussed concerns with the above named student and that I found no obvious conditions that would prevent him/her from meeting the Technical Standards for the Athletic Training Program as outlined above.

☐ I have reviewed documentation from Academic Success and discussed concerns with the above named student and that I believe that with reasonable accommodations the student will be able to meet the Technical Standards for the Athletic Training Program as outlined above.

☐ I have reviewed the documentation from Academic Success and discussed concerns with the above named student and have concerns regarding their ability to meet the Technical Standards for the Athletic Training Education program as outlined above, even with reasonable accommodations.

Notes:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

______________________________________  _____________________
AT PROGRAM Director Signature          Date
Immaculata University

Student Athlete Acknowledgement Form

I, ________________________________, acknowledge that I want to pursue a major in Athletic Training and participate in intercollegiate athletics while a student at Immaculata University. I understand the requirements of being an athletic training student as outlined in this handbook and I am aware of the extensive responsibilities of the associated clinical education experiences. Therefore, it is understood that I will only participate in one intercollegiate sport during my undergraduate curriculum at Immaculata University.

It has been explained to me that I may not be able to complete clinical education requirements during the semester of my athletic participation. Therefore, I am aware that I may need to complete my clinical assignment over the summer, during a winter break, or during a fifth year of study. In rare cases, I understand that I may be asked to withdraw from my sport to complete my academic requirements.

I also acknowledge that Athletic Training Program requirements and my other academic obligations are a priority over athletics. I understand that my clinical education experience takes precedence over any “non-traditional” athletic season activities associated with my sport of choice.

Intercollegiate Sport:__________________________________________

______________________________________________________________
Signature of Athletic Training Student Date

______________________________________________________________
Signature of AT Program Director Date

Please remove this page and return to the AT Program Director
Immaculata University

Athletic Training Student-Athlete In Season Policy

The purpose of Athletic Training clinical education experiences are to provide students with the opportunity to work under the supervision of preceptors (athletic trainers, physicians, etc.) while gaining crucial, real life experiences in athletic training. Students are required to complete a total of five clinical education experiences, equaling a minimum of 800 hours.

It is understood that many athletic training students participate in intercollegiate athletics. Due to the demand of both the athletic training curriculum and participation in intercollegiate athletics policies have been developed to help students succeed in both areas of their collegiate experience.

The following guidelines have been established to help the student fulfill the requirements of both the Athletic Training Program and their sport:

9. Athletic training students will be permitted to participate in intercollegiate athletics.
10. Athletic training students must limit their participation to ONE intercollegiate athletic team.
11. Participation in intercollegiate athletics is limited to the traditional season only. Students may not participate in the non-traditional season if it will conflict with academic requirements.
12. Athletic training students who participate in intercollegiate athletics must realize that there may be times when academics will have to take the place of athletics and the student will be held responsible for fulfilling these requirements.
13. Athletic training students enrolled in a clinical education course during their season of intercollegiate participation are responsible for completing all didactic requirements for the course. If all didactic components are complete, but the student has not completed the required hours, they may be eligible to receive an incomplete, “I”, for the course. (See Incomplete Grades Policy in the Student Handbook)
14. Athletic training students participating in intercollegiate athletics have the option to take a “season off” from clinical education during their traditional athletic season. These plans must be discussed with the clinical education coordinator. Students taking a “season off” while enrolled in a clinical education course must realize that they will still be required to complete the didactic components of the course and will receive an incomplete “I” in the course until all required hours are completed. (See Season Off Policy in the Student Handbook)
15. Athletic training students participating in intercollegiate athletics must realize that in order to complete the required clinical education hours they may be required to either complete a rotation during a winter or summer break or in an additional semester depending on the semesters in question.
16. Athletic training students that are “in season” will be assigned to a limited number of clinical education hours in the Immaculata University Athletic Training Facility. These hours will be coordinated with the appropriate Immaculata University preceptor, but should occur during the afternoon rehabilitation and treatment hours prior to start of practices and games. This will provide the athletic training student with the opportunity to remain hands on during their athletic season which will allow them to continue to practice their skills and complete the required proficiencies.
Completion of clinical hours while “in season” at Immaculata

Unless students have a complete “season off” as approved by the Program Director and Clinical Education Coordinator, athletic training students participating in intercollegiate athletics will be expected to complete a limited number of hours in the Immaculata University Athletic Training Facility. The following guidelines have been set to facilitate this process:

7. Schedules will be coordinated with the Immaculata University preceptor.
8. Students are required to assist in the facility a minimum of two (2) days per week.
9. Students are expected to schedule these hours around their academic and athletic schedules and should be scheduled during the afternoon rehabilitation/treatment hours.
10. Students are required to complete all didactic coursework associated with the clinical education course. This includes all assignments and proficiencies.
11. Students are required to submit goals sheets and make progress towards proficiencies on a weekly basis.
12. All methods of evaluation (mid/final evaluation, evaluation of clinical site/preceptor) are expected to be completed as required.

Clinical Education Rotations (based on “season off”)
Fall Sports – Winter & Spring rotation
Winter Sports – Fall & Spring rotation
Spring Sports – Fall & Winter rotation
*exact starting and ending dates will be set by the clinical education coordinator

I read the information above and understand the policies regarding my intentions to participate in _______________________ (sport) during the __________________ season. I have discussed my plans with the clinical education coordinator and will meet with the Immaculata University preceptor to coordinate my on campus clinical experiences for the season of my intercollegiate athletic participation.

______________________________  ______________________
Student name (Printed)  Sport

______________________________  ______________________
Student signature  Date

______________________________  ______________________
Clinical Education Coordinator signature  Date

*Please remove this page and return to the AT Program Director*

Fall 2016
Immaculata University

Blood Borne Pathogen & Communicable Disease Policy

I, _________________________________, acknowledge that as an athletic training student I am at risk for exposure to human blood or other body substances that may be infectious. I have been informed of the policies related to bloodborne pathogens and communicable diseases and understand the risks associated with athletic training education.

I understand that all immunization must be current and records must be submitted to the AT Clinical Education Coordinator prior to starting clinical education experiences. I acknowledge that it is my responsibility to follow Universal Precautions at all clinical sites in order to prevent exposures and protect my health. In addition, I will attend Bloodborne Pathogen training annually as provided by the AT Program and understand that I need to successfully complete the examination in order to begin my clinical experiences.

I understand that if I suspect that I have a communicable disease, I will report to the University health center or my primary physician as soon as possible. I understand that I need to notify the Program Director or Clinical education coordinator immediately of my status and I am not to report to my clinical experience until medically cleared by the physician.

I understand that as a student athletic trainer I am not considered an employee of Immaculata University or any of the clinical education sites. Therefore, the university and clinical education sites are released from liability and financial responsibility following exposure to a blood borne pathogen. I understand that if I have a potential exposure to a blood borne pathogen I will immediately report it to my instructor/preceptor and the clinical education coordinator/program director. I understand that it is my responsibility to follow up with a medical professional (IU Health Center or personal physician) for appropriate care and testing.

I have read the policies in this handbook related to bloodborne pathogens and communicable diseases and the need for post-exposure follow-up. As an athletic training student at Immaculata University, I agree to follow all policies and procedures as stated and assume all risks associate with my participation in the athletic training program.

__________________________________
Signature of Athletic Training Student

__________________________________
Signature of AT Program Director

Date

Date

Fall 2016
Immaculata University

Athletic Training Student Code of Conduct

I, ________________________________, acknowledge that I have reviewed all of the policies and procedures as outlines in the Immaculata University Athletic Training Program Student Handbook and I have been provided the opportunity to ask questions regarding these guidelines. My signature confirms that I understand the policies as stated and agree to abide to the requirements of athletic training students. I understand that if I am found responsible for breaking any of the policies stated in the handbook, I will be held accountable. I recognize that my personal actions could result in suspension from clinical experiences or dismissal from the Athletic Training Program.

___________________________________  __________
Signature                          Date

___________________________________  __________
Program Director Signature       Date

Please remove this page and return to the AT Program Director
Immaculata University

Athletic Training Student Confidentiality Statement

I, _______________________________, understand that as an athletic training student I will have access to the personal medical information of athletes and patients at clinical education sites. I am aware that this information is confidential and protected by federal guidelines. I acknowledge that this information may not be shared with anyone other than those directly involved in patient care (certified athletic trainer, physician, coach, etc.). I understand that if I fail to comply with this policy I will be held accountable and face disciplinary action.

I have reviewed the policies related to confidentiality, including HIPAA and FERPA guidelines. I acknowledge that I understand these policies and will maintain the confidentiality of all medical records in which I have contact.

___________________________________
Signature

___________
Date

___________________________________
Program Director Signature

___________
Date

Please remove this page and return to the AT Program Director

Fall 2016
Immaculata University

Immaculata University Travel Agreement

This is to certify that I, ________________________________, am a student at Immaculata University and have elected to participate in the clinical experience provided by the Athletic Training Program and the University.

I, (a) assume full responsibility in the event that an accident should occur while traveling to and from the experience or while participating in the clinical experience provided by the university and agencies and (b) agree to indemnify and hold harmless Immaculata University, the agencies, their agents, employees or representatives from and against any and all liabilities, claims or demands whatsoever whether or not caused or allegedly caused by negligence in connection with or arising out of such an accident.

I intend to be legally bound hereby.

Athletic Training Student signature:___________________________________________

Clinical education coordinator signature:_______________________________________

Date:_____________________

This form is to be completed prior to beginning each clinical education experience.

Please remove this page and return to the AT Program Director.
IMMACULATA UNIVERSITY

Athletic Training Student Payment for Services

I, ________________________________, acknowledge that clinical education experiences are a required portion of the Athletic Training curriculum. I understand that I am not to be paid for any services rendered in the context of my clinical education experiences. If I am offered payment for my services, I will deny the receipt of this payment and explain to the individual why it cannot be accepted.

It is permissible to be employed by Immaculata University as a work-study student in the Department of Human Movement Sciences as a clerical assistant or athletic training facility monitor. It is also acceptable to be employed by the Department of Athletics in one or more of their various positions. However, I understand that I cannot count any hours obtained as a work-study student towards my hours for clinical education, even if I am working directly with a preceptor.

I understand that if I accept payment for my athletic training student experiences, I will be held accountable. I will be required to return all payments to the provider and be held responsible through the Athletic Training Program conduct system.

_________________________________  ______________
Signature  Date

_________________________________  ______________
Program Director Signature  Date

Please remove this page and return to the AT Program Director.