Huntingdon College
Athletic Training Education Program (ATEP)

Policy and Procedures Manual
Fall 09

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Huntingdon College
Athletic Training Education Program
Policy and Procedures Manual

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Introduction

Purpose of the Manual

The Huntingdon College Athletic Training Education Program has written policies and procedures contained in this Policy and Procedures Manual. For ease and convenience, and the sake of consistency, major statements of policies related to the faculty, staff, and students of the Athletic Training Education Program are collected in this Manual.

This Manual presents information, which at the time of preparation, most accurately describes the courses, curriculum, and policies and procedures of the Athletic Training Education Program. The College reserves the right
to delete, substitute or supplement any statement in this Manual as deemed necessary to benefit the Athletic Training Education Program, and maintain a smooth and efficient operation the Athletic Training Program. The athletic training students will be notified of any changes to this Manual. If you have any questions concerning the policies in this Manual, you may address those concerns, in writing, to the Director of the Athletic Training Education Program.

Accreditation Status of Athletic Training Education Program
The Athletic Training Education Program (ATEP) is currently accredited by the Commissions of Accreditation for Athletic training Education (CAATE). We received initial accreditation in September 2005 which is valid for 5 years upon which we have to submit a self study of the program for reaccreditation. We are currently in the process of reaccreditation in which the self study is due in June 2009, with a subsequent site visit in the Fall 2009.

Athletic Training: The Profession
Athletic training is a profession that has received increasing attention in the past 30 years. In 1990, certified athletic trainers were officially recognized as allied health professionals by the American Medical Association. Certified athletic trainers (ATC) specialize in the prevention, recognition, management, and rehabilitation of injuries resulting from involvement in physical activity. The ATC specializes in the following specific practice areas: prevention of athletic injuries; recognition, evaluation, and immediate care of athletic injuries; rehabilitation and reconditioning of athletic injuries; health care administration; and professional development.

The certified athletic trainer works as a part of a complete health care team, specifically working under the direction of a licensed physician and in cooperation with other health care professionals. The ATC also works with parents, coaches, and athletic administrators to ensure that the participant is receiving appropriate medical assistance and care.

Certified athletic trainers are employed in a variety of employment settings. Public and private secondary schools offer job opportunities for ATC’s, as parents and administrators discover the benefits of an ATC in the prevention and care of athletic injuries. Many ATC’s in this setting will also teach classes at the high school level. In the colleges and universities jobs are available as a staff ATC with the athletic department, or as a teacher / athletic trainer. In the professional sports, ATC’s are employed to work with the one sport on a year round basis, supervising conditioning and rehabilitation programs during the off-season. Sports medicine clinics are a growing setting for the employment of ATC’s who work with a diverse patient population ranging from athletes to workers injured on the job. Certified athletic trainers can also find employment opportunities in corporate health programs, health clubs, clinical and industrial health care programs, and athletic training education programs.

Students who want to enter the profession of athletic training must earn a degree from an accredited athletic training curriculum.

Students who have completed the BOC examination requirements become a candidate for certification. To complete the certification requirements, the candidate must pass the examination administered by the BOC.

Upon passing the BOC examination, the individual becomes recognized as a certified athletic trainer. In order to maintain certification the individual must meet the continuing education requirements established by BOC. The continuing education requirements include the following:

- “Completion and reporting of a predetermined number of continuing education units
- “Including recertification in CPR yearly. “ECC certification must be current each year.” ECC must include the following: Adult CPR, Pediatric CPR, 2nd rescuer CPR, AED, airway obstruction, barrier devices.”
- “Adherence to the BOC Standards of Professional Practice”
- “Submission of annual BOC CEU maintenance fee or payment of NATA membership fee”.

The purpose of the continuing education requirements is to ensure that the certified athletic trainer continues to stay abreast of current advancements in the field of athletic training. The objectives of the continuing education requirements are that the ATC continue to:
- “obtain current professional development information”
- “explore new knowledge in specific content areas”
- “master new athletic training skills and techniques”
- “expand on approaches to effective athletic training”
- “further development of sound professional judgment”
- “practice as a professional in an ethical and appropriate manner”.


Athletic Training: National and State Regulation

The National Athletic Trainers’ Association was established in 1950. The primary purpose of the organization was to establish professional standards for the athletic trainer. Many individuals have contributed to the development of athletic training as a recognized allied health profession. Today, the NATA continues to regulate the profession of athletic training. The NATA is dedicated to improving the health and well-being of the physically active. The NATA serves as a professional organization through which certified athletic trainers can stay abreast of changes in the field, improve one’s knowledge and skills, and further professional development. The NATA in cooperation with the BOC regularly conducts role delineation studies which define and redefine the profession of athletic training. These studies examine the primary tasks that the entry-level certified athletic trainer would need to be able to perform. The BOC regulates the certification of all athletic trainers and the continuing education requirements for re-certification of all athletic trainers.

In the State of Alabama all certified athletic trainers are required to be licensed by the Alabama Board of Athletic Trainers. On May 13, 1994 the Governor of Alabama signed into law what is known as the Alabama Athletic Training Licensure Act. Prior to this Act there was no Alabama law specifically providing for the regulation and licensure of athletic training. Under the present law, the Act provides for the regulation and licensure of all athletic trainers and prescribes certain educational requirements for athletic trainers in the State of Alabama. The Act provides for an athletic trainers’ board, powers and duties, funds and appropriations, and fines and penalties for violations of the Act. The Alabama Athletic Trainers’ Licensure Act promotes public protection by have qualified persons licensed as athletic trainers. The Act also provide title protection for the term “athletic trainer” and establishes standards known as rules and regulation by which any and all licensed athletic trainers in the State of Alabama must abide.

Athletic Training Education Program

Mission Statement

The mission of the Huntingdon College undergraduate Athletic Training Education Program is to provide a comprehensive, progressive educational and clinical program designed to prepare students for a career in the profession of athletic training. The education program will include formal instruction in the prevention, recognition, evaluation, and rehabilitation of injuries experienced by the physically active. Clinical experiences will provide the students’ opportunities to gain firsthand experience in the application of those theories and concepts learned in the classroom. The combined educational and clinical experiences of the program will prepare the students for the BOC Examination.

Goals of the Program

- To provide the students with the educational courses and learning experiences that will prepare the student for the profession of athletic training
- To increase the knowledge of the students as it relates to the requirements of certification as a athletic trainer, and the continuing education requirements necessary to maintain certification.
• To prepare the students with the cognitive skills to recognize the risk of injuries to the athlete, and develop and implement an appropriate that will reduce the risk and/or prevent the risk of injury to the athlete.

• To prepare the students with the cognitive and psychomotor skills to evaluate and make appropriate assessment of potential athletic injuries.

• To prepare the students with the cognitive and psychomotor skills necessary to handle medical emergency that might occur to the participating athlete.

• To prepare the students with the cognitive and psychomotor skill necessary to provide supportive taping and wrapping, and the construction of appropriate protective and supportive devices to assist in the prevention of potential injuries, to prevent additional injury, or to prevent possible reinjury to the body.

• To prepare the students with the cognitive skills to recognize potential health hazards that the athlete may face, and recognize potential illnesses or medical conditions that may place the athlete at increased risk of injury or poor health.

• To prepare the students with the cognitive skills necessary to oversee the operation of the athletic training facility in terms of policies and procedures, documentation of injuries, record keeping, budgeting, purchase of supplies and equipment, and supervision of staff.

• To increase the students’ knowledge as it relates to the profession of athletic training, the members of a sports medicine team, and the responsibilities of each member of the sports medicine team.

• To prepare the students to effectively communicate, verbally and written, with other health care professionals, parents, students, coaches, and administrators.

• To prepare the students to successfully complete and pass the Board of Certification examination, and continue in the profession as a certified athletic trainer under the guidelines and ethical standards established and maintained by the National Athletic Trainers’ Association.

Objectives of the Program
At the completion of the academic and clinical requirements of the athletic training education program, the student will be able to demonstrate competency in the knowledge, skills, and values that the entry-level certified athletic trainer must possess in the following areas:

• Identification of injury and illness risk factors that may be encountered by athletes and others involved in physical activity, and to plan and implement a risk management and prevention program;

• An understanding of the physiological responses of human growth and development, and the progression of injuries, illnesses, and diseases;

• The ability to assess the injuries and illnesses of athletes and others involved in physical activity and to determine proper care, referring the client to other health care providers when appropriate;

• The ability to recognize, assess, and treat the acute injuries and illnesses of athletes and others involved in physical activity and to provide appropriate medical referral;

• An understanding of pharmacologic applications, including awareness of the indications, contraindications, precautions, and interactions of medications, and the governing regulations relevant to the treatment of injuries to and illnesses of athletes and others involved in physical activity;

• The ability to plan, implement, document, and evaluate the efficacy of therapeutic modalities in the treatment of injuries to and illnesses of athletes and others involved in physical activity;
• The ability to plan, implement, document, and evaluate the efficacy of therapeutic exercise programs for the rehabilitation and reconditioning of the injuries and illnesses of athletes and others involved in physical activity;
• The ability to recognize, treat, and refer, when appropriate, the general medical conditions and disabilities of athletes and others involved in physical activity;
• An understanding and ability to recognize the nutritional aspects of athletics and physical activity and to refer, when appropriate;
• The ability to recognized, intervene, and refer when appropriate, the sociocultural, mental, emotional, and physical behaviors of athletes and others involved in physical activity;
• The ability to develop, administer, and manage a health care facility and associated venues that provide health care to athletes and others involved in physical activity;
• An understanding of the professional responsibilities, avenues of professional development, and national and state regulatory agencies and standards in order to promote athletic training as a professional discipline and to educate athletes, students of athletic training, the general public, the physically active, and associated individuals.

Athletic Training Committee
The Athletic Training Committee will be responsible for the selection of those students entering the Athletic Training Education Program. The ATEP is a competitive admissions program in accordance with CAATE Standards and Guidelines. Admission into the program is competitive and will be based on following criteria: overall GPA, academic progression, satisfactory competition of ATHT 101, ATHT 103, and BIOL 101 (or similar courses), satisfactory completion of the Basic Athletic Training Skills evaluation, letters of recommendation, completed reference form(s), and satisfactory completion of a personal interview with the Committee.

Committee Members
• Chairperson: Roxanne St. Martin, DPT, ATC  Program Director ATEP
• Member: C. Michael Ellis, PT, ATC  Adjunct Professor SSPE and ATEP
• Member: Sheri Guin, ATC  Director of Sports Medicine- Rehab Associates
• Member: Brian Law, ATC  Athletic Trainer - Huntingdon College
• Member: Peng Fei Hao, ATC  Athletic Trainer - Huntingdon College

Meetings:
The Committee will convene in April to interview those students who have submitted applications to the ATEP. Following the interviews of applicants, the Committee will determine the status for admission of the applicants. Applicants will be informed of their admission status by the program director.

Admission Requirements
Current Students
• Completion of at least twenty-four semester hours with an overall GPA of 2.5 on a 4.0 scale.
• Submit a written request to the Program Director of the ATEP for an application packet.
• The completed application form, two letters of recommendation, and one reference form are to be mailed to the director of the ATEP. These materials must be postmarked on or before April 1.
Completion of Athletic Training (ATHT)101, Principles of Athletic Training, Athletic Training 103, Athletic Training Practicum, and Biology (BIOL) 101, Principles of Biology (or course of similar content), each with a grade of “C” or better.

The student must complete a pre-professional experience that includes observations and participation in the athletic training setting during the semester in which he/she will be making application for admission to the program. This experience will be completed when enrolled in ATHT 103, typically during the second semester of enrollment at the College. The student must complete a minimum of 70 hours of observation and participation during the pre-professional experience. Twenty-five (25) hours of this experience must be completed in the traditional athletic training setting. At the completion of the experience the student must demonstrate satisfactory completion of a basic athletic training skills evaluation. This skills evaluation will assess the student's ability to perform basic first aid and CPR skills and athletic taping and wrapping skills. The student's performance during this pre-professional experience and performance on the basic athletic training skills evaluation will be used as part of the selection criteria for admission into the program. A copy of the basic athletic training skills evaluation may be obtained from the program coordinator. Any exception to the pre-professional experience must be approved by the program coordinator.

Once the application packet is completed and submitted to the Program Coordinator, each applicant will be interviewed by the Athletic Training Committee. This Committee will determine which applicants are admitted to the Athletic Training Education Program. Students selected for admission to the program will be notified in writing by the Program Coordinator.

Applicants who do not meet the stated criteria may be considered on an individual basis for conditional status admission. The Athletic Training Committee will stipulate the terms of the conditional status admission in writing to the applicant. Students admitted under the conditional status must carefully follow the stipulations set forth by the Athletic Training Committee. If the student is unable to meet the stated stipulations, then he/she will be dismissed from the Athletic Training Education Program.

Transfer Students
Admission into the program is competitive due to efforts to maintain appropriate student-faculty ratios and the availability of appropriate clinical resources. Students desiring to transfer from another institution of higher education to Huntingdon College to enter into the Athletic Training Education Program must meet the following requirements:

- The student must be accepted to Huntingdon College according to the academic guidelines of the College for transfer students.
- The student must submit an official transcript(s) from all institutions of higher education which the student has attended.
- The student must be classified as a sophomore (minimum of twenty-four hours of credit) or higher, and have an overall GPA of 2.5 on a 4.0 scale.
- Submit a written request to the director of the ATEP for an application packet.
- Completion of Athletic Training (ATHT)101, Principles of Athletic Training, Athletic Training 103, Athletic Training Practicum, and Biology (BIOL) 101, Principles of Biology (or course of similar content), each with a grade of “C” or better.
- The completed application form, two letters of recommendation, and one reference form are to be mailed to the director of the ATEP. These materials must be postmarked on or before April 1. One letter of recommendation must come from the student’s previous supervising athletic trainer if the student wishes to submit hours of clinical and/or field experience.
- If the student has completed athletic training courses at another institution and received credit for the course, a copy of the syllabus for the courses must be submitted to the Program Director when the
student makes application to the program. If a course resembling ATHT 101 has been completed with a grade of “C” or better, then the student will not be required to repeat this course. If the student has not completed an introductory athletic training course, then the student will be required to enroll in ATHT 101. The student will be required to complete all other athletic training courses.

- The transfer student must demonstrate through appropriate documentation the completion of a minimum of 70 hours of observation and participation in the field of athletic training. Twenty-five (25) hours of this experience must be completed in the traditional athletic training setting. The student must submit a letter of recommendation from the supervising athletic trainer(s) under which the student completed the field experience. The transfer student must also demonstrate satisfactory completion of a basic athletic training skills evaluation. This skills evaluation will assess the student's ability to perform basic first aid and CPR skills and athletic taping and wrapping skills. The student's performance during the athletic training experience and performance on the basic athletic training skills evaluation will be used as part of the selection criteria for admission into the program. A copy of the basic athletic training skills evaluation may be obtained from the program coordinator. The student will be allowed to transfer a maximum of 150 hours of clinical and/or field experience to the ATEP. Appropriate documentation must accompany these hours. If the student has not completed a minimum of 70 hours in the field of athletic training, or cannot successful complete the basic athletic training skills evaluation, then the student will be required to enroll in ATHT 103 (Practicum in Athletic Training) prior to making application for admission to the program. Any exception to these requirements must be approved by the program coordinator.

- Once the application packet is completed and submitted to the Program Director, each applicant will be interviewed by the Athletic Training Committee. This Committee will determine which applicants are admitted to the Athletic Training Education Program. Students selected for admission to the program will be notified in writing by the Program Coordinator.

- Applicants who do not meet the stated criteria may be considered on an individual basis for conditional status admission. The Athletic Training Committee will stipulate the terms of the conditional status admission in writing to the applicant. Students admitted under the conditional status must carefully follow the stipulations set forth by the Athletic Training Committee. If the student is unable to meet the stated stipulations, then he/she will be dismissed from the Athletic Training Education Program.

Application Procedures
The Application for Admission and all required information is to be submitted to the Coordinator of the Athletic Training Education Program on or before April 1 of the student’s first year of enrollment at the College.

- Complete the Application for Admission (Appendix A) and submit to the Program Director.

- The applicant must have two (2) Letters of Recommendation (Appendix A) submitted on his/her behalf. Former teachers, coaches, employer, supervisors, and pastors are good sources for letters of recommendation. If you have previous experience working under the supervision of a certified athletic trainer, then you should consider asking that person to submit a letter of recommendation on your behalf. The transfer student who has been involved in an athletic training program must submit a letter of recommendation from his/her previous certified athletic trainer if he/she wishes to submit hours of clinical / field experience. The letters of recommendation are to be mailed to the Coordinator of the Athletic Training Education Program at the address listed below.

- The applicant must submit one (1) Reference Form (Appendix A). This form must be completed by someone other than who you have asked for your letters of recommendations. If you have previous experience working under the supervision of a certified athletic trainer, then you may wish to have one of the Reference Forms completed by that person. The Reference Forms are to be mailed to the Director of the Athletic Training Education Program at the address listed below.
• Transfer applicants must submit to the Program Director a copy of an **Official Transcript** which verifies completion of an introductory athletic training course (i.e. AT 101: Principles of Athletic Training) and verifies current GPA.

• The applicant must submit to the Program Director a copy of the **Hour Reporting Form** which verifies completion of a minimum of seventy (70) hours of observation experience in the athletic training setting. This form must be signed by the supervising certified athletic trainer, and include the ATC’s NATA Certification.

• After the required information is received by the Program Director, a date and time will be set for the applicant to be interviewed by the Athletic Training Committee. Interviews will be conducted during the month of April.

• Students admitted to the Athletic Training Education Program will be notified in writing by the Program Director by June 1. Students applying to the Athletic Training Education Program are reminded that admission into the program is competitive. Selection into the program is based on fulfillment of the admission standards and the student’s demonstration of the ability to benefit from the program. The number of students accepted into the program each year will depend on available clinical resources and efforts to maintain appropriate student/clinical ratios.

**Four-Year Plan of Study**
A four-year plan of study has been developed to serve as a guide for those students desiring to major in athletic training. This plan of study includes a recommended sequence for course completion. The student must meet with his/her academic advisor for advising purposes prior to each pre-registration session. Efforts will be made to follow the recommended schedule as closely as possible. However, changes may be necessary due to the scheduling of courses and the completion of pre-requisite courses

Appendix B: Four-Year Plan of Study

**Course Completion Record**
A course completion record has been developed to track the student’s completion of course. This record includes a listing of courses required for the College Core and the Athletic Training major. This record should be up-dated at the end or start of each semester by the academic advisor. The student should be encouraged to keep a record of all courses completed.

Appendix B: Course Completion Record

**Description of Athletic Training Courses**
A listing of courses required in the Athletic Training Major has been included in this document. The course numbers and course descriptions corresponding to those listed in the College Catalog 2008-09.

Appendix B: Description of Courses

**Student Technical Standards**
The Athletic Training Education Program (ATEP) of Huntingdon College is an educational program that includes both didactic and clinical/field educational learning experiences. Due to required athletic training educational competencies established by the National Athletic Trainers’ Association for the entry-level athletic trainer, specific requirements and demands will be placed on the students enrolled in the program. A primary objective of the program is to prepare graduates to enter a variety of employment settings and to have the capability of rendering care to a variety of individuals involved in physical activity. The technical standards set forth by the ATEP establish the qualities considered to be necessary for students admitted to the program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer. The technical standards of the ATEP are also a requirement of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Education (CAATE).
The following abilities and expectations must be met by all students seeking admission to the Athletic Training Education Program. In the event that a student is unable of fulfill these standards the student will not be permitted to continue in the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the NATABOC certification examination.

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

- The cognitive ability to assimilate, analyze, synthesize, and integrate concepts, and problem solve, to formulate assessment and therapeutic judgments, and to be able to distinguish variations from the norm.

- The psychomotor ability to perform and accurately record appropriate physical assessments, and to accurately, safely, and efficiently use equipment and materials in the prevention, assessment, and treatment of the physically active person.

- The ability to communicate effectively and professionally with the physically active person and colleagues, including individuals from different cultural and social backgrounds. This includes, but is not limited to, the ability to establish rapport with the physically active person and communicate judgments and treatment information effectively.

- The capability to develop and demonstrate the professional characteristics (i.e. enthusiasm, dependability, flexibility, and interpersonal skills) becoming of the allied health professional.

Candidates for admission to the ATEP must verify they understand and meet the technical standards, or that they believe that with certain accommodations they can meet the standards. Students with disabilities must maintain the same responsibility for their education as able-bodied students. This includes maintaining the same academic levels, maintaining appropriate behavior, and giving timely notification of any special needs.

Candidates for admission to the ATEP must verify they understand and meet the technical standards, or that they believe that with certain accommodations they can meet the standards. Students with disabilities must maintain the same responsibility for their education as able-bodied students. This includes maintaining the same academic levels, maintaining appropriate behavior, and giving timely notification of any special needs. The Disability Services Intake Coordinator serves as the documenting agent for students with special needs. After documentation has been received and an initial conference has occurred with the student, the documenting agent will present the request to the Disability Services Committee. The accommodations and resources for the student will be based on the recommendations in the documentation. The student is expected to take an active role in communicating with his/her faculty members regarding the acquisition of reasonable accommodations. Students must voluntarily identify themselves and provide current, official documentation of disability in order to become eligible for reasonable accommodations. Information regarding requests for accommodation and the role of the institution are outlined in the Student Handbook.

Appendix A: Technical Standards Document

Graduation Requirements
Requirements for graduation are listed in the College catalog. Each undergraduate student is required to plan, with the help of a faculty academic advisor and with the general framework of the general degree requirements, a program of liberal education suited to his/her particular needs and interests. The student should carefully study all courses and other requirements needed for the general degree. Each student is responsible for all requirements as stated, and careful attention to the core and the specific program of study. General degree requirements include the following:

- The minimum requirement for a Huntingdon degree is 124 semester hours, of which a maximum of four may be in physical activities.

- At least 25% of the hours required for graduation must be completed at Huntingdon College.

- Not more than one course in the last 30 hours may be taken outside of Huntingdon College (excluding courses through the Montgomery Higher Education Consortium).
• A maximum of ten percent of the courses used to meet the 124 hour graduation requirement may be seminars which are listed under the various departments.

• An average of 2.00 is required on all graded courses. In addition, an average of 2.00 must be maintained on all hours graded after junior standing is attained. At least 90 semester hours or a minimum of three-fourths of the academic work completed must be earned on a graded basis.

• A grade of C or higher is required in each course presented to fulfill the requirements for a major or minor. For teacher certification candidates these requirements are higher (see Catalog).

• Participation in local or national program testing in the major field is required of all students.

• Completed graduation application is required the semester prior to graduation (see Catalog).

Students are required to complete the core of the college curriculum which will familiarize the student with various themes from our Judeo-Christian heritage, their scriptural bases, and their historical interpretation. Moreover, it will foster an appreciation for the existence of the same or similar themes in the Hellenic and modern, as well as other cultural traditions as manifested in the literature of the liberal arts and sciences. The student will compare and critique these materials through critical thinking, engaging writing, and persuasive speaking. It is important for the student to see the impact of our religious heritage across time and disciplines and to understand how educated people may either converge or diverge in their interpretation of history and ideas. The core invites students to participate in a variety of discourses including religion, artistic, mathematical, philosophical, historical, literary, rhetorical, scientific, psychological, and sociological discourses. This exposure is essential for the student to develop the skills of critical analysis that provide a solid foundation for exploring the theories and applications of his or her major discipline(s).

Student Retention / Progression
Students will be accepted into the Athletic Training Education Program in the Fall semester. Students must make application to the program by April 1 of their first year enrolled at the College.

• Those students accepted into the Athletic Training Education Program must submit a letter stating that they accept the invitation to enter the program, and accept the responsibilities associated with the clinical and field experiences of the program. Those students admitted to the program will be required to complete an orientation program prior to the start of the fall semester.

• The student must be enrolled as a full-time student, minimum of 12 semester hours, at the College.

• The student must achieve a minimum grade of “C” for those courses listed in the athletic training major. The student must maintain a 2.5 GPA for courses completed as part of the athletic training major. For any athletic training major course in which a student earns less than a “C”, the entire course must be repeated. Students may repeat an AT course only once.

• The student must maintain a minimum overall grade point average of at least 2.5.

• The student must demonstrate satisfactory completion of the designated clinical proficiencies assigned each semester that correspond to the athletic training course(s) in which the student is enrolled.

• The student must remain in good standing with the College according to institutional student policies and procedures.

• The student must maintain Basic CPR certification according to American Red Cross or American Heart Association certification standards.

• Due to the costs associated with the program, the student will be responsible for the purchase of personal equipment, uniforms, Hepatitis B Vaccine Series, tuberculosis test, and travel to clinical sites.
• The ATEP Program Director will evaluate the progression of each athletic training student at the end of each semester. If a student fails to show appropriate progression, then the student will be allowed one semester to correct any deficiencies. If the student is unable to correct the deficiencies by the end of the semester, then he/she will not be allowed to continue the clinical education and field experience components of the Athletic Training Education Program until the deficiencies have been corrected. If at the end of two consecutive semesters the student has been unable to correct the deficiencies, the student will be suspended from the program. The student may re-apply to the program for the next academic year.

Faculty and Staff

Full-time Faculty:
Roxanne St. Martin, DPT, ATC  Full-time Assistant Professor / Program Director
Clinical Instructor Educator

Responsible for overseeing the organization and operation of the athletic training education program. Assigned to the Department of Sports Sciences and Physical Education (SSPE) as a full-time assistant professor. Also, responsible for the organization of the athletic training program.

Adjunct Faculty:
C. Michael Ellis, PT, ATC  Adjunct Professor, CI
Christi Hurd, MS, ATC  Adjunct Professor, ACI

Kara Campbell, ATC  Head Athletic Trainer, ACI

Responsible for the daily operations of the athletic training program, including the coverage of practices and games for those teams participating in intercollegiate athletics. Serves as an adjunct instructor for the Department of Sports Sciences and Physical Education teaching athletic training courses.

Peng Fei Hao, ATC  Assistant Athletic Trainer, ACI

Responsible for assisting the head athletic trainer with the daily operations of the athletic training facilities and the coverage of practices and games. Assigned as head athletic trainer for the college football program.

Approved Clinical Instructors:
Sheri Guin, ATC  Rehab Associates - Director of Sports Medicine
Glen Criswell, ATC  Rehab Associates- Outreach Athletic Trainer
Lee Slagle, ATC  Tampa Bay Rays Baseball Club- PRN Rehab Associates
Brain Law, ATC  Rehab Associates- ATC Huntington College
Christi Hurd, ATC  Rehab Associates- Outreach athletic trainer
Robert Kohn, MSPT, ATC  Rehab Associates- Area Director
Brent Vinson, DPT, ATC  Rehab Associates- Physical Therapist, Athletic Trainer
PengFei Hao, ATC  Rehab Associates- ATC Huntington College
Jennifer Snell Ballard, DPT, ATC  Rehab Associates-Physical Therapist, Athletic Trainer
C. Michael Ellis, MSPT, ATC  Rehab Associates-Physical Therapist, Athletic Trainer
Crystal Rodgers Joiner, ATC  Rehab Associates- Outreach Athletic Trainer
Tara Rhodes, ATC  Rehab Associates- Outreach Athletic Trainer
Jacob Ballard, ATC  Rehab Associates- Outreach Athletic Trainer
Kara Campbell, ATC  Rehab Associates- ATC Huntington College

Clinical Instructors:
Seth Tatum, DPT, ATC  Rehab Associates, Physical Therapist, Athletic Trainer
Conan Brooks, MSPT, CSCS  Rehab Associates- Physical Therapist
Charles Hartzog, MD  Alabama Orthopedic Specialists- Orthopedic Surgeon
Dexter Walcott, MD  Alabama Orthopedic Specialists- Orthopedic Surgeon
Secretarial Support
Secretarial support is provided to the program on a part-time basis by the secretary for the Department of Sports Sciences and Physical Education and the Department of Teacher Education. The secretary is available to assist the program director with the following tasks:

- Maintaining budget records.
- Preparation of requisition forms to be sent to Business Office.
- Ordering of office supplies to be used by the program director.
- Mailing of letters and pamphlets to prospective students.
- Maintaining student folders which contain confidential records:
  - Health Form
  - Technical Standards Document
  - Hepatitis B Vaccination Verification / Declination Form
  - TB test
  - Any Blood-borne Pathogen Exposure Incident or Follow-up Reports
  - Application Form with Reference Form and Letters of recommendations
  - Admission Evaluation Form
  - Original Letter of Acceptance or Denial into the program from the program director.
- Maintaining mailing list of current students and previous students.
- Mailing of surveys to former students to gather information relative to employment status and advantages/disadvantages of the educational and clinical experiences at HC.

Clinical Education
Clinical Education is the portion of the students’ educational experience where the clinical proficiencies are instructed, practiced, and evaluated. The clinical proficiencies are the knowledge and skills needed to practice athletic training and are contained in the *NATA Athletic Training Educational Competencies 4th edition*. The Clinical Education experience is a very important part of the students’ education experience for it allows students the opportunity to receive hands-on instruction and to apply the knowledge and skills learned in real-life situations.

The Clinical Experience includes those educational opportunities within a clinical environment where the clinical proficiencies are taught and evaluated by an Approved Clinical Instructor (ACI). The curriculum has been designed to include a clinical experience course with each athletic training course. Clinical Experience is required in the following courses: ATHT 214, ATHT 216, ATHT 314, ATHT 316, and ATHT401. Each clinical experience course includes participation in laboratory sessions 1 hour per week and the participation in activities at a clinical site. Clinical sites include athletic training facilities (both collegiate and high school), physical therapy clinics, hospital emergency rooms, and physician’s offices. Students will be rotated through these clinical sites according to a schedule established by the program director. Students will be rotated in a manner so as to have exposure to a variety of experiences, including men’s sports, women’s sports, contact sports, and high risk sports. Clinical assignments will correspond to the progression of the student in the athletic training education program. Students are required to complete a specific number of clinical hours for each athletic training course. Each student is responsible for recording his/her clinical hours in a timely manner via the *Atrack* database. These are reviewed on a regular basis by the Program Director to ensure accuracy and progression towards the completion of the required hours. The program director will assign each student to his/her clinical experience based on the demonstrated progression made by the student relative to cognitive, psychomotor, and clinical skills, and according to the availability of clinical sites.
As a part of the Clinical Education experience, the student will also have the opportunity to receive field experience. Field experiences provide students experimental learning opportunities (e.g. different sport assignments, settings). Supervision of the athletic training field experience involves daily personal/verbal contact at the site of supervision between the athletic training student and the ATC, who plans, directs, advises, and evaluates the student’s athletic training experience. The ATC must be physically present in order to intervene on behalf of the individual being treated.

Included in the clinical experience is the demonstration of specific clinical skills that will be evaluated by an Approved Clinical Instructor. Failure to complete the required clinical experience can result in failure of the course to which the clinical experience was assigned. Failure to complete the required clinical skills can result in failure to progress in the athletic training education program.

The athletic training student (ATS) is to be under the direct supervision of a certified athletic trainer during a clinical setting. Clinical setting denotes those sites where the certified athletic trainer is employed and/or practicing the profession, including practice and game coverage, athletic training rooms, outpatient clinics, and industrial settings. For the purposes of instruction and evaluation of clinical proficiencies, the clinical setting also included structured classroom and laboratory environments.

An approved clinical instructor (ACI) must supervise the athletic training clinical education. Supervision is defined as, “constant visual and auditory interaction between the student and approved clinical instructor.” Multiple opportunities must be provided for the evaluation and feedback between the student and the approved clinical instructor. The ACI is responsible for the instruction and evaluation of the clinical proficiencies during the clinical education portion of the students’ program.

The clinical supervisor must be a certified athletic trainer or other specialized health/medical professional who supervises the athletic training student during field experiences other than a clinical education experience. During all practice and game events the student must be under the supervision of a certified athletic trainer.

Field experiences provide students experiential learning opportunities (e.g., different sport assignments, setting). Supervision of Athletic Training Field Experiences involves daily personal/verbal contact at the site of supervision between the athletic training student and the certified athletic trainer, who plans, directs, advises, and evaluates the student’s athletic training experience. The certified athletic trainer must be physically present in order to intervene on behalf of the individual being treated. In other field experiences, the specialized health/medical professional supervises the experience. During other field experiences the specialized health/medical professional must be physically present to ensure the proper supervision of the student.

Affiliation Agreements
In order to fulfill the clinical instructional objectives of the program, it will be necessary to incorporate the use of local organizations. These organizations may include physical therapy clinics, sports medicine clinics, physicians’ offices, hospital emergency rooms and surgical wards, and local senior and/or junior high schools. An Affiliation Agreement must be signed by appropriate representatives of the organizations and the College prior to the assignment of students to the site for clinical experiences. The original document will remain on file in the office of the Huntington College Vice President for Business. Copies will remain on file in the office of the program director and mailed to the designated representative of the affiliation. The Affiliation Agreement will be reviewed annually by the VP for Business.

Appendix C: Affiliation Agreement

Clinical Education
The clinical education experience will be fulfilled in the following courses: ATHT 214, ATHT 216, ATHT 314, ATHT 316, and ATHT 401. The students are encouraged to take the courses in sequence. The students should also take the clinical course in conjunction with the corresponding didactic course. Each clinical experience will require the student to complete 150 hours in the clinical setting. The clinical setting may include any of the following: athletic training facility, physical therapy / sports medicine clinic, physician’s office, hospital emergency room, and laboratory sessions. The student will be expected to progress in the knowledge and skills associated with the practice of athletic training during the clinical experience.
Clinical Instructors
Clinical Instructors (CI) will be selected based on the needs of the program. The program director will be responsible for the selection of CI. The selection of CI will be determined by the needs of the program for individuals to aid in the clinical education experience of the students, the interest of the allied health professional in the education of the athletic training students, and a willingness to be actively involved in the clinical education of these students. Allied health professional interested in serving as CI should meet the following requirements:

- Express a willingness to be involved in the education of the athletic training students.
- Hold current license as required by the state in which he/she practices.
- Currently practicing in a allied health profession.

Clinical Instructors desiring to serve as Approved Clinical Instructors (ACI) should meet the following requirements:

- Express a willingness to be involved in the instruction and assessment of the athletic training students.
- Hold BOC certification.
- Should have been certified a minimum of one year.
- Hold current license as required by the state in which he/she practices.
- Currently practicing in the profession of athletic training.
- Attendance and satisfactory completion of ACI workshop (minimum of every three (3) years.)

Clinical Sites
Clinical Sites (CS) will be selected based on the needs of the program. The program director will be responsible for the selection of CS. The selection of the clinical site will be determined by the capability of the organization to aid in the fulfillment of the goals of the program in the education of the students, provided a meaningful clinical education experience for the students, and the interest of the organization to be involved in the education of the athletic training students. Organizations that the program director has determined would benefit the athletic training students should meet the following requirements:

- Provide an experience that will be educationally beneficial to the student(s).
- Express a willingness to be involved in the education of the student(s).
- Have a person willing to work closely with the program director to ensure the objectives of the clinical experience are being met.
- Have adequate professional staff to supervise the student(s).
- Have adequate space to accommodate the student(s).
- Have essential first aid equipment.
- Have a variety of up-to-date equipment for therapy and rehabilitation.
- Have a variety of patients/athletes.
- Complete the self assessment form and submit to program director.

Appendix C: Selection and Evaluation of the Clinical Education Setting
Clinical Instruction Evaluation
The CI or ACI responsible for the supervision of the athletic training student will be evaluated by the student at the end of the clinical experience. Information from an evaluation form will be used to determine if any changes are necessary relative to the clinical experience. Failure of a CI or ACI to appropriately supervise the athletic training students or to meet the educational objectives of the program can result in the disassociation of the program with this individual.

Appendix C: Evaluation of the Clinical Education Setting: Student Form
The Clinical Site will be evaluated by the athletic training student at the end of the student’s clinical experience. Information from an evaluation form will be used to determine if any changes are necessary relative to the clinical experience. The program director will meet with a representative of the clinical site on an annual basis. If site location limits the ability of the program director to visit the site, then a representative of the clinical site will be asked to submit a diagram of the facility floor plan, a list of all equipment, and a video recording of the facility. Failure of a clinical site to meet the educational objectives of the program can result in the disassociation of the program with the organization.

Approved Clinical Instructor Training
The program director has completed the NATA Clinical Instructor Educator Seminar. All allied health professions under which the students will be gaining clinical experiences will be provided a copy of the Clinical Instructor Manual. Those athletic trainers expressing an interest in serving as an Approved Clinical Instructor must complete a six and half (6.5) hour ACI Workshop which is held prior to the start of the academic year. The following materials are presented to those attending the workshop and are available on the ATEP website: Clinical Instructor Manual and Student Athletic Trainer Manual.

Topics addressed during the workshop will include:

- Definitions of Terms
- Perspectives of Clinical Education
- Didactic vs. Clinical Education
- Learning Over Time
- Learning Styles and Clinical Education
- Teaching Styles: Where Theory Meets Practice
- The Effective Approved Clinical Instructor
- Assessment of Student Performance
- Assessment of the Clinical Instruction
- Assessment of the Clinical Experience

Evaluation of Clinical Instructor
Those staff members assigned to teach courses offered in the Department of Sports Sciences and Physical Education will be evaluated according to the policies / procedures of the College regarding faculty evaluation. Full-time faculty members are evaluated according the following criteria: professional training and degrees; teaching ability; faculty development as emphasized by knowledge of one’s field, scholarly activities and/or professional accomplishment;
capacity for inspiration and encouragement of students and colleagues in scholarly career achievements; and quality of service to the college. Part-time (adjunct instructors) are evaluated according to the following criteria: professional training and degrees; teaching ability; faculty development as emphasized by knowledge of one’s field, scholarly activities, and/or professional accomplishment; and capacity of inspiration and encouragement of students and colleagues in scholarly and career achievement. The criteria that have been listed are not weighed nor ranked in order of importance, and it should be understood that all criteria should contribute to a primary goal of excellence in undergraduate teaching. The methods for the evaluation of each criterion are listed in the Faculty Manual. Teaching ability of full-time faculty will be evaluated through the use of student evaluations, Dean’s evaluation, Department Chair’s evaluation, and self evaluation. Teaching ability of part-time instructors will be evaluated through the use of student evaluations, Department Chair’s evaluation, and self-evaluation. Information relative to the responsibilities of full-time faculty and part-times instructors and the evaluation of the remaining criteria is described in the Faculty Manual.

Staff members supervising athletic training students during the clinical experience will be assessed by the student at the end of each clinical experience. The evaluation form will be completed by the student at the end of the clinical experience. Also, the clinical instructor will asked to complete a self-assessment form at the end of the clinical experience. Information from these forms will be used in the overall assessment of the clinical experience to ensure that the clinical experience is a useful and meaningful educational experience.

Appendix C: Student’s Assessment of Clinical Instruction
Appendix C: Self-Assessment of Clinical Instructor

Evaluation of Clinical Sites
Following each clinical experience, the student will be asked to complete an evaluation of the clinical setting. The purpose of this evaluation is to assess the usefulness of the clinical site relative to the clinical experience. Evaluations will be reviewed by the program coordinator at the end of the clinical experience. Information from these forms will be used in the overall assessment of the clinical experience to ensure that the clinical experience is a useful and meaningful educational experience.

Appendix C: Student’s Assessment of the Clinical Site

Completed assessments of the clinical experience will be placed in a binder and maintained in the office of the Program Director.
Athletic Training Student Policies

Student Attendance

Classroom Attendance
The student athletic trainer is expected to attend classes according to guidelines established by the instructor and the institution. Responsibilities in the athletic training program do not excuse the student from classes. A student will be excused from classes only if he/she is traveling with a team under the direct supervision of a certified athletic trainer. In such situations, the student must inform the instructor of the reason for the absence prior to the date of the absence. It is the student’s responsibility to inform the instructor of the absence. The student will be responsible for any work missed during the absence, and will responsible for turning in assignments prior to the absence if instructed to do so by the instructor.

Clinical and Field Experiences
Clinical and field experiences will be included as a part of the ATHT 214, ATHT 216, ATHT 314, ATHT 316, and ATHT 401 courses. The athletic trainer student is expected to be in attendance for all assigned clinical and field experiences. This will include all assignments to the Huntingdon College athletic training facility, physical therapy clinics, physician’s office observations, emergency room observations, athletic trainers covering collegiate and high school athletic events, and internship experiences. Any absences from the assigned clinical or field experience will be considered un-excused unless permission to be absence has been obtained from the Program Director in advance.

If an athletic training student is unable to report to clinical / field experience at the scheduled time, he/she must notify the supervising athletic trainer at least 24 hours prior to that time, or in an emergency case, as soon thereafter as possible. This must be done in all cases so that the supervising athletic trainer can arrange for a temporary replacement if necessary. All absences should be justified. Repeated absences will be reflected in the performance report of the student, and can result in a conference with the supervising athletic trainer and/or the program director.

Tardiness is considered when the athletic training student reports to the clinical / field experience after the scheduled time. If a student is unable to report at the scheduled time, he/she must notify the supervising athletic trainer prior to that time. Repeated tardiness will be reflected in the performance report of the student, and can result in a conference with the supervising athletic trainer and/or the program director.

Student Conduct

The goal of the athletic training education program is to assist the students in developing the knowledge, skills, and personal qualities becoming of a certified athletic trainer. The administration, staff, and instructors of the program have a primary goal of assisting each student in his/her efforts to become a certified athletic trainer. However, all those involved in the program must ensure that the education and safety of others is not hindered by the inappropriate action of another student.

Each athletic training student is expected to conduct himself/herself according to the policies of the College and the policies of the Athletic Training Education Program (ATEP). The athletic training student is expected to abide by the policies established by the College relative to student behavior. The specific policies and procedures relating to the expected behavior and conduct of all Huntingdon College students are listed in the Huntingdon College Student Handbook and other publications of the College. Also, the Student Handbook describes the
procedures that are to be followed if a student’s behavior is contrary to that which is expected as stated in the handbook.

Each athletic training student is expected to conduct himself/herself according to the policies established in the ATEP Student Manual. This includes those policies and procedures relating to academic requirements, the operation of the athletic training facilities and clinical affiliations, and student conduct and behavior while participating in the ATEP. If an athletic training student’s conduct / behavior is contrary to that which is expected as stated in the Student Manual, then the student’s behavior may be reflected in the clinical instructor’s assessment of the student’s overall clinical performance. If the student’s conduct / behavior are contrary to the expected behavior identified by the College, then the procedures in the Student Handbook under the Discipline Policy Statement will be followed.

Also, each athletic training student is expected to strive to achieve the principles of ethical behavior becoming of those individuals desiring to pursue a career in athletic training. The following principles are stated in the Code of Ethics of the National Athletic Trainers’ Association: respecting the rights, welfare, and dignity of all individuals; complying with the laws and regulations governing the practice of athletic training; accepting the responsibilities for exercising sound judgment; maintaining and promoting high standards in the provision of services; and not engaging in any form of conduct that constitutes a conflict of interest or adversely reflects on the profession of athletic training.

Appendix H: NATA Code of Ethics

Student Counseling

The Counseling Office, located in the Student Development Center (the Hut), provides many services to students. The College provides a licensed professional counselor to offer confidential counseling services to students who seek assistance. Individual, family or group sessions may be scheduled. All counseling sessions are private, confidential, and within the scope of the professional ethics and Alabama law. The office hours are 8 am to 5 pm with other times available through appointments with the counselor.

Programs on social issues are provided to residential students each semester. Anxiety, substance abuse, relationships, loneliness, stress, and time management are common concerns of students seeking counseling. The Counseling Center will make every effort to meet the emotional and psychological needs of all students. Students identified by the Counseling Center as experiencing significant emotional and/or psychological problems will be referred, as needed, to local professionals. The Counseling Center works very closely with local primary care physicians, therapists, and a psychiatrist to ensure appropriate care of students.

The Counseling Center also provides programming on topics to students each month. Each semester confidential, anonymous screening for mental health issues, including problems with alcohol and eating disorders. This screening is also available on-line at the Counseling Center website throughout the year and can be accessed at anytime in private. (Student Handbook)

Student Expenses / Fees

The student will be responsible for the following expenses:

- The purchase of all clothing (shirts, pants, shorts, socks, shoes, etc.) to be worn in the athletic training or clinical facilities;
- The purchase of an athletic training kit or fanny pack.
- The cost for the Hepatitis B vaccination series;
- Cost for TB testing;
- The cost for transportation to and from clinical and field experience sites;
• The cost for maintaining First Aid and CPR certification and the purchase of a CPR pocket mask if the student desires to carry one in his/her fanny pack;

• The cost for membership to professional organizations, attendance of professional meetings and membership into the Departmental School Club- EXPERATS.

• Beginning Fall 2009, **ALL students** in the program will be required to be an active member in the National Athletic Trainers Association (NATA). Memberships can be obtained through the NATA website at [http://www.nata.org/membership/joinnata.htm](http://www.nata.org/membership/joinnata.htm). The cost is approximately $80.00 per year.

• The cost of personal liability insurance if student desires to have additional coverage.

**Discipline Policy Statement of the College**

The mission of Huntingdon College requires an atmosphere that fosters intellectual and personal growth for all members of the College community. Students are responsible for maintaining standards of conduct that contribute to the maintenance of a positive living and learning environment. Students who violate these standards of conduct are subject to judicial procedures carried out on behalf of the College community by its designated representatives. A description of unacceptable conduct and an outline of the judicial procedures is provided in the Huntingdon College Student Handbook. The expected conduct and judicial procedures of the College will be followed with respect to the handling of academic and non-academic issues of individuals associated with the ATEP.

**Student Harassment and Grievance Procedures**

Any athletic training student who has an issue regarding the actions of an athlete, another athletic training student, or events in the athletic training facility should feel free to bring his/her concerns to the supervising athletic trainer and/or the program director. If the concern is not resolved to a level acceptable to the student, then the student should contact the program director to schedule a conference to discuss the matter. Following the meeting with the program director, a conference will then be scheduled with the student athletic trainer, supervising athletic trainer, and program director in an effort to resolve the situation. If the concern involves the supervising athletic trainer, then the student is to contact the program director to schedule a conference. Based on information obtained in the conference efforts will be made to resolve the conflict. The student is advised that in the event that the concern involves possible theft of property, inappropriate conduct by an athlete, fellow student, staff member, or violations of established institutional or organizational policies or regulation, then the administration of the College, or the affiliation will be notified and advised of the situation.

**Harassment Policy of Huntingdon College**

It is the policy of Huntingdon College to afford all individuals (students, staff, and faculty) on this campus an environment that is free of sexual, racial, or other unlawful harassment. The following sexual harassment policy has been approved by the President’s Executive Council and faculty.

All members of the College community have the right to expect other members of this community to share the responsibility of fostering an open learning and working environment. Such an environment should be free from sexual harassment, and students and employees of the College in all capacities must be free from the fear of sexual harassment. Huntingdon College’s policy is that sexual harassment in any form is not acceptable conduct and will not be tolerated at the College. Retaliation against a person seeking redress under this policy by any College employee or student is prohibited and shall be regarded as a separate grievance matter.

**Definition:**
Sexual harassment may be defined as unwelcome sexual advances, requests for sexual favors, and other physical and expressive behavior of a sexual nature when:

Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or status in a course, program, or activity; or
Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting an individual; or

Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or educational performance, or of creating an intimidating, hostile, or offensive working and learning environment.

**Grievance Procedures:**
If an individual believes an incident of sexual harassment has occurred, he or she may wish to discuss the alleged behavior with a trusted friend or colleague on a confidential basis. Students should feel free to talk with the Director of the Counseling Wellness who will treat all information confidentially. If the individual chooses to pursue the matter further, the informal process outlined below describes the procedure.

**Informal Process:**
Meet with the accused and discuss the behavior of the accused and request that such behavior be stopped; or

Choose from one of the following to make an informal complaint:
- Dean of Student Life
- Academic Dean
- Business Manager
- Supervisor of the accused
- One’s advisor

After the grievant requests in writing that the informal process be pursued, the selected College official will meet with the accused to discuss the behavior of the accused and, if appropriate, ask that such behavior of the accused be stopped.

**Formal Process:**
If the grievance is not resolved through the informal process and the individual wishes to formally file a complaint, he or she must follow the formal grievance procedures established for the grievant as outlined in the Student Handbook for non-academic grievance for students, in the Faculty Manual for faculty, and in the Administrative Handbook for staff.

The College recognized the sensitive nature of sexual harassment allegations and has endeavored within this statement of policy and procedures to provide a positive atmosphere to prevent and eliminate such behavior. The College will, to the best of its ability, maintain confidentiality on all matters relating to the investigation of sexual harassment. (Student Handbook)

**Student Health Assessment**
Each student is to complete a Health Evaluation Form upon admission into the athletic training education program. The purpose of this form is to document the current health status of the student. The form is very similar to the form required for admission to the College. The student is to complete all parts of the form, have the form signed by his/her family physician or the team physician, and sign at the Student’s Consent. The student should submit a copy of his/her Immunization Record as required for admission to the College. The student will be responsible for any immunizations that are not up-to-date, or for which the student fails to show documentation.

Appendix E: Health Evaluation Form

**Student Illness and Clinical Experience**
In the event that a student becomes ill prior to, or during a clinical experience, it is recommended the student not continue the clinical experience until the signs / symptoms of the illness have subsided. Students who have minor illnesses (cold, stomach virus, etc) are to withhold from participation in clinical experiences until the symptoms associated with being contagious (fever, chills, diarrhea, vomiting, etc) have subsided for a period of 24 hours. Students who have illnesses that have required the care of a physician are to withhold from participation in clinical experiences until cleared by the physician to return to full activities. Students may seek the assistance of the school nurse of the College for any illness. The nurse’s office is located in The Hut. She can assist with the assessment of the illness and provide OTC’s for minor illnesses. She can assist the student with referral to a physician if additional
medical care is required. There is not a financial charge for services provided by the school nurse. The cost for medical care provided by a physician is the responsibility of the student and/or parents.

**Student Hepatitis B Virus Policies**

Each student must attend the OSHA Blood-borne Pathogen training (Appendix F) session prior to beginning observations in the athletic training facility of the College.

Upon admission into the athletic training education program each student must attend the OSHA Blood-borne Pathogen training session held prior to the start of the first semester of clinical experiences. Each student must complete and show attendance of an OSHA Blood-borne Pathogen training session for each year in the program. Training sessions that occur during the student’s clinical experience are permitted. If the student does not receive training during the clinical experience, then the student must complete the training session offered at the College. Each student is to be advised of the potential risk of exposure to blood and other potentially infectious materials as an athletic training student in the athletic training education program. This includes the potential risk of HBV infection. Each student is to be advised that he/she is responsible for following universal precautions and using personal protection with respect to handling blood or other potentially contaminated body fluids, the administration of First Aid and CPR, and the cleaning of surfaces and equipment that may be potentially contaminated.

The program director may encourage, but cannot require the student to receive the HBV vaccination. All students are to be encouraged to receive the Hepatitis B virus immunization series. This immunization series can be obtained at the Montgomery Health Department located at 3060 Mobile Hwy. The cost of the immunization is the responsibility of the student (~$175.00).

Each student must complete the Hepatitis B Vaccination / Declination Form and submit to the program director during his/her first semester in the program. Each student is to be advised that if he/she elects not to receive the vaccination at the initial signing of the Hepatitis B Vaccination / Declination Form but later desires to receive the vaccination, he/she can receive the vaccination at any time. The cost of the immunization remains the responsibility of the student.

**Appendix E: Hepatitis B Vaccination / Declination Form**

**Student Insurance Recommendation**

*Health Insurance*
Each athletic training student is encouraged to have personal health insurance. Students are encouraged to remain with their parent’s insurance carrier. If the student is not under the insurance plan of a guardian, then the student is encouraged purchase the insurance plan offered by the College. Each athletic training student will be asked to complete and submit an Insurance Verification form.

**Appendix E: Insurance Verification Form.**

*Liability Insurance*
All athletic training students who will be participating in clinical and/or field experiences at Huntingdon College or a designated affiliate site of the ATEP must be enrolled in an Athletic Training course in order to be covered by the liability insurance of the College. A student is not covered by the liability insurance of the College if he/she is not enrolled in an Athletic Training course. Students are not covered by the liability insurance of the College during academic breaks. If the student will be involved with the coverage of athletic events (practices/games) under the supervision of an ATC at times when not enrolled in an Athletic Training course, the student is advised to purchase student liability insurance offered by the NATA, or another insurance company. Information regarding companies offering student liability insurance can be obtained from the program director.
**Student’s Personal Appearance**

When the student athletic trainer is in the athletic training facility, or at a clinical / field experience at or away from the College, the student is expected to be dressed appropriately. The following clothing are considered appropriate: khaki, gray, or black shorts, pants or wind pants; tee-shirts with Huntingdon College logo; sweat shirts with Huntingdon College logo; polo shirts with Huntingdon College logo; hats / visors bearing the name of Huntingdon College; white tennis shoes or running shoes; and white socks. The student is expected to be appropriately dressed each day. One should dress so he/she can move freely. Pants are generally the better choice and sensible shoes during games and practices. During clinical experiences away from the College, the student is expected to dress according to the guidelines established by the administration of the affiliation site.

- The following items of clothing are not to be worn during clinical / field experiences at the College: blue jeans of any type, cutoff shorts, ragged tee-shirts, shorts that come more than four inches above the knee, tight fitting pants or shorts; sandals of any type; and any clothing or hats bearing the logo or name of another college/university.

- All athletic trainers’ students are to be well groomed. Hair should be kept at a manageable length so as not to interfere with performance of daily tasks. Facial hair is permitted but must be well groomed.

- Earrings are not to be worn while participating in activities in the athletic training facility, physical therapy setting, physician’s office, or at athletic events (games and practices). Earrings pose a possible hazard to the student in the event that the earring were grabbed by an athlete, or hit by an object. Ear and body piercing is discouraged among all athletic training students due to the portal, created by the piercing through which communicable diseases may be transported. If the student does have the ear, or any other body part pierced, then the student must consistently follow Exposure Control guidelines to reduce the risk of possible transmission of blood-borne pathogens.

- If the student is traveling with a team then he/she must dress appropriately for the trip. If the team’s coach has a specific dress requirement for the athletes, then the athletic training student will be expected to follow those requirements. If no specific dress is required by the coach, the student will be expected to dress according to the standard requirements for daily training room duties and event coverage.

- If a student is not appropriately dressed he/she will be instructed to change into the appropriate attire before beginning activities in the athletic training facility, or at the clinical / field experience. If a student does not keep himself/herself properly groomed, then the student will be instructed to do so by the supervising athletic trainer. If problems with attire or grooming become frequent, then a conference will be scheduled with the supervising athletic trainer and/or program director. Repeated problems with attire or grooming will be reflected in the performance report of the student.

**Summary Regarding Personal Appearance**

**General Appearance**

- Hair is to be well groomed and cut to an acceptable length so that one’s hair does not interfere with the performance of daily task.
- Any facial hair is to be trimmed and well groomed.
- Earrings are not to be worn while working in the athletic training facility, or at practices and games.
- Running and biking shorts are prohibited while the student is working in the athletic training facility or at events.

**Athletic Training Room Attire**

- All clothing is to be neat and clean. Shirts are to be tucked in.
- Appropriate footwear (tennis shoes) is to be worn (no sandals, flip flops, etc.).
- Khaki, gray, or black shorts, pants, or wind-pants are permitted. Shorts should be of an appropriate length so as to avoid immodest appearance.
Only tee-shirts, sweat shirts, polo shirts, and hats/visors bearing the Huntingdon College name or logo are permitted in the Huntingdon College athletic training facilities.

Game Coverage Attire
- All clothing is to be neat and clean. Shirts are to be tucked in.
- Appropriate footwear (tennis shoes).
- Khaki pants or shorts (appropriate length).
- Polo shirt and/or sweat shirt, hats/visors bearing Huntingdon College name or logo.

Clinical / Field Experiences at Affiliations
- All clothing is to be neat and clean. Shirts are to be tucked in. Appropriate footwear. (Leather shoes in physical therapy setting and physician’s office. No jeans or shorts.
- Shirts and pants according to guidelines of administration.
- Attire and appearance are to follow guidelines of the organization.

If the student is inappropriately dressed he/she will be advised as to the appropriate attire and sent to change. If any problems persist regarding inappropriate attire, then a conference will be scheduled with the supervising athletic trainer and/or the program director. Repeated problems with attire will be reflected in the performance report of the supervising athletic trainer and program director.

Student Records
All Health and Academic Records are Confidential. The release of information from either of these files is prohibited without written permission from the student.

Health Records
Each student in the ATEP will be required to submit the following information to be kept on file in the office of the Program Director. Included in these records will be the following information:

- Academic Assessment Records
- OSHA Training Documentation
- Confidentiality Form
- Original Health Evaluation Form;
- Hepatitis B Vaccination Verification / Declination Form;
- TB test;
- Any Blood-borne Pathogen Exposure Incident Reports;
- Insurance Information
- Signature on Technical Standards Document;
- Admission Evaluation Form;
- Application Form
- Reference Letters;
- Reference Forms
- Performance on Initial Skills Evaluation;
- Pre-Admission Observations Record

Academic Records
The following information will be kept in the office of the Program Director:

- Copy of Acceptance Letter;
- Course Completion Record;
- Clinical Hours Tracking Form;
- Completed Clinical Assessments;
- Clinical Proficiencies Tracking Form;
- Clinical Sub-Skills Tracking Form;
- Completed Mock Exams
- Progress Reports;
Students may accompany an athletic trainer during travel with an athletic team if funds are available to cover expenses during the trip. Funds must be available within the budget of the team in order for a student(s) to travel with a team. Students are not permitted to travel with an athletic team and performed the duties of the athletic training student without the presence of a certified athletic trainer. A student who is traveling with a team as a student-athlete (participant) may assist the head coach with the taping and wrapping of participants prior to competition and assist with the care of injuries following the event. The student is not permitted to administer any type of therapeutic modalities, except for ice and moist heat, and is prohibited from administering OTC’s while traveling as a participant.

Student Work-study
Students in the athletic training education program are permitted to participate in the federal student work-study program. This is a federal program available to qualified students who demonstrate financial need. Students are employed on campus in positions such as classroom assistants, laboratory assistants, athletic and recreational assistants, and library assistants. Preference is given to students with the greatest demonstrated need, with the typical student working approximate 8 hours per week. For students who are not eligible for the work-study program, they may want to contact the Job Location and Development (JLD) representative for a listing of part-time job opportunities. (Huntingdon College Catalog)

Athletic training students may not be assigned to work-study in the athletic training facility. Also, students are reminded that the clinical experiences will require the student to spend 10 to 15 hours per week in the clinical setting. The student should seek the advisement of the program director prior to accepting a work-study assignment or part-time job to ensure there are no conflicts between the clinical assignment and the desired employment.

Therapeutic Modalities
Therapeutic modalities are useful for the healing and rehabilitation of athletic injuries. However, their usage can cause serious injuries and be considered dangerous if used improperly. Therefore, all persons using the therapeutic modalities in the athletic training facility must be qualified to use them. All certified athletic trainers are qualified to use the therapeutic modalities. All athletic training students must demonstrate the ability to operate and properly use each piece of equipment before being allowed to apply the modality to an athlete. All athletic training students are to check with the supervising athletic trainer prior to the application of any modality to ensure proper setup. Following the application of the modality the student athletic trainer is to report to the certified athletic trainer that the application has been completed and report any problems with the treatment. Athletes are strictly prohibited from administering any type of treatment or modality to themselves or to other students without the approval of the supervising athletic trainer.

Each student will be required to demonstrate the ability to operate and properly use each of the following modalities:

- **Cold Application**
  - Cryo-cuff
  - Cold whirlpool
  - Ice bag
  - Ice massage
  - Slush bucket

- **Heat application**
  - Moist heat
  - Paraffin Bath

- **Ultrasound**
  - Continuous
  - Intermittent

- **Cryo-kinetics**

- **Electric Stimulation**
  - Interferential

Appendix E: *Atrack* verification monitored by ATEP faculty/ instructors
Confidential Information
Information concerning the athlete, the athlete’s injury, or athlete’s status for participation is considered strictly confidential. All personal information (telephone numbers, dorm room number, insurance information, home addresses) is considered strictly confidential. This information is not to be discussed with individuals who are not authorized by the student-athlete to receive such information. This includes the release of information to the coaching staff and/or parents. In addition, the discussion of such information should be initiated only in the process of performing one’s duties and responsibilities. Questions involving an athlete, the athlete’s injury, or the athlete’s status for participation are to be directed to the full time athletic training staff and/or physician. The athletic training student is strictly prohibited from discussing the status of an athlete and/or an athlete’s injury with any member of the press, other students, faculty, friends, or relatives. Any student who fails to maintain the confidentiality of information relative to the student-athlete will be subject to disciplinary action. Failure to maintain confidentiality is considered a breach of the Honor Code of the college.

Appendix E: Statement of Confidentiality

The policies relative to confidential information that apply to the athletic training facility are also to be following in all off-campus clinical settings (physical therapy clinics, high school athletic training facilities and games, physicians’ offices, hospital emergency rooms). Failure to maintain confidentiality in any clinical setting will be considered a breach of the Honor Code of the college is subject to possible judicial hearing.

Huntingdon College Athletic Training Facilities
Daily Operation Guidelines

- Arrive on time. If you are scheduled to be in the athletic training facility at a specific time, then you should be there. Do not be late.

- Arrive in appropriate attire, ready to take on your assignment for the day.

- Do not allow student-athletes to “hang-out” in the athletic training facility. Only those student-athletes who are receiving care for an injury or being taped for practice are to be in the athletic training facility. Those student-athletes who are not receiving care for an injury are to be informed that they must leave the facility. If the student-athlete is hesitant or refuses to leave the facility, then inform the supervising athletic trainer.

- Do not allow student-athletes to treat themselves, or to play with the modalities.

- Spikes or cleated shoes of any type are not to be worn in the athletic training facility except in the case of an emergency, or care is required immediately prior to a game.

- Tobacco products of any type are strictly forbidden in the athletic training facility.

- Drinks and food are not to be consumed in the athletic training facility.

- ALL student-athletes entering the athletic training facility for care of an injury or preventive taping are to be recorded in the Daily Treatment Log and computer program.

- The following procedures are to be followed when a student-athlete reports to the athletic training facility for the initial care of an injury:
  - Complete Patient Information on the Injury Report (name, date, time, sport, coach, DOB, telephone number, dorm information).
  - Take a History of the injury (date, time, location, specifics).
  - Inform the supervising athletic trainer of the injury and status of the student-athlete.
  - Proceed with the care of the student-athlete as advised by the supervising athletic trainer.

- The following procedures are to be followed when a student-athlete reports to the athletic training facility for the continued care of an injury:
  - Question the student-athlete as to the status of the injury.
• Evaluate the injury to determine if there has been any noticeable change in the status of the injury.
• Record Subjective and Objective finding in Treatment Log.
• Inform the supervising athletic trainer on the status of the student-athlete.
• Proceed with the care and treatment of the injury as advised by the supervising athletic trainer.
• Record daily treatment in Treatment Log.
• Inform supervising athletic trainer of status of the student-athlete after the treatment has been completed.

Tasks to be completed at the end of each day:
• Clean and sanitize the treatment and taping tables.
• Clean and sanitize all counter tops.
• Clean and sanitize all whirlpools.
• Stock the taping drawers.
• Fill ice cups
• Fold clean towels and role clean wraps.
• Wash dirty towels and wraps.
• Clean all coolers used during the day.
• Check water level in the hydrocollator tank.
• Clean the sink in the hydrotherapy area.
• Sweep floor(s).
• Check with supervising athletic trainer before leaving.

Tasks to be completed on a weekly basis:
• Clean modalities and modality carts.
• Clean and sanitize inside and outside of whirlpool tanks.
• Inventory all supplies.
• Clean all water coolers.
• Perform any other tasks as directed by the supervising athletic trainer

Injury and Treatment Documentation

Injury Documentation
The student athletic trainer is responsible for reporting to the certified athletic trainer any injury that is reported by an athlete, whether that injury is reported on the field or in the athletic training facility. The certified athletic trainer is responsible for overseeing the evaluation of the injury. Following the evaluation, the student athletic trainer will assist the certified athletic trainer with documentation of the injury. A hard copy of the injury report is to be placed in the athlete’s file.

Treatment Documentation
All athletes entering the athletic training facility for the specific treatment of an injury or the application of some type of protective taping are to be entered into the daily treatment log. The student athlete trainer is responsible for making sure that each athlete receiving some type of treatment or supportive taping is entered into the daily treatment log and the computer injury tacking system. The student is to perform the recommended treatment under the supervision of the certified athletic trainer.

Injury Report Criteria
An Injury Report is to be completed for each athlete that receives care or treatment in the athletic training facility, on the playing field, or in the locker room, over and above the normal protective procedures of taping and protective equipment. Any injury that required first aid or treatment is considered an injury and must be documented on an Injury Report Form.

Wounds that require treatment other than cleaning and wound covering (Band-aid) are to be entered into the daily treatment log. Wounds requiring closure strips or sutures are to be documented on an Injury Report Form.

Over-the-Counter Drug Management
Before administering any type of over-the-counter (OTC) drug, the athletic training student must have permission from the supervising ATC.

Before administering any type of over-the-counter (OTC) drug, you must ask the athlete the following questions:
- Is the athlete allergic or sensitive to any type of medication?
- Is the athlete currently taking any type of OTC or prescription medication?
- Is the athlete going to practice or workout within the hour, or is the athlete currently in a practice or workout?
- When did the athlete have the last dose of any type of medication?

The decision to administer any type of OTC is to be based on answers to the questions listed above. If any of the questions receives an answer of YES, then you are to refrain from administering any type of medication and contact the certified athletic trainer for advising.

When administering any type of OTC, observe the following procedures:
- Check with the certified athletic trainer before dispensing.
- Dispense only labeled 2/pack or individual doses unless directed by the certified athletic trainer to administer the maximum per day dosage.
- If administering more than one type of medication at a time, check the medications for interaction.
- Read and explain the directions to the athlete. Record all OTC medications dispensed in the OTC medication chart.

Athletic training students are prohibited from carrying OTC’s of any kind to events / practices.

Physicians Appointments / Medical Referral

When an athlete is in need of seeing a physician, the certified athletic trainer will make the appointment for the athlete. Student athletic trainers are not permitted to make any appointments for any athlete unless specifically directed to do so by the supervising ATC. The following procedures will be followed for the referral of an athlete:
- The supervising ATC is to complete the Medical Referral Form and sign.
- The athlete must take Medical Referral Form to physician’s office.
- The physician will complete the Medical Referral Form with diagnosis and action to be taken.
- The athlete is to bring a copy of the completed Medical Referral Form to the certified athletic trainer.

Under no circumstances is an athlete to be sent to a physician without a Medical Referral Form.

Practice / Event Responsibilities

As part of the clinical experience, the student will be assigned to assist the supervising athletic training with the coverage of practices or game events. The student is not to take the place of the certified athletic trainer, but to assist the ATC. Experiences of this type are intended to provide the students’ opportunities to apply the knowledge and skills learned in the classroom and laboratory experiences in real-life situations. The following is a list of responsibilities for the student to follow.
- Arrive at the athletic training room in plenty of time to assist the certified athletic trainer with the pre-event preparation of the athletes and the preparation of equipment/supplies for the events. At a minimum, this time should be approximately one hour before the athletes are to be ready for the event / practice. Always check with the athletic training staff as to the time of the event / practice.
- Have the practice / event site set up (coolers, first aid supplies, etc) at the assigned time prior to the start of the practice / event.
- Make sure you are equipped with the following supplies (in hand) prior to the start of the practice / event: gauze pads, latex / vinyl gloves, scissors, micro-shield or CPR mask, and disinfectant/cleaner.
• When you are attending an event / practice with a certified athletic trainer, do not leave the practice / event until a replacement arrives or you are excused by the supervising ATC.

• Never give out information concerning the health status or status for participation of an athlete to any student, friends, family, faculty, or member of the press, television, or radio during or following the event.

• For home events, introduce yourself to the opposing team’s athletic trainer and inform the athletic trainer of the supplies and equipment that are available to them. If the team is traveling without an athletic trainer, relate this information to the home coach, and inform the athletic training staff that the visiting team does not have an ATC traveling with the team. After the event, check with the visiting coach to see if they are in need of any medical assistance. If so, relay this information to the supervising ATC.

• Assist the supervising ATC with checking with the members of the athletic team before leaving a completed athletic event / practice to ensure that all members of the team are in good status. Inform your supervising ATC of any participants who may need assistance.

• Restock the athletic training kit that was used that at the practice / event before you leave for the day.

• Assist the supervising ATC with the post-participation care of participants following the practice / event.

• Assist the supervising ATC with the clean-up of the practice / event site and the athletic training facility.

**Telephone and Computer Usage**

The telephone in the athletic training facility is for athletic training business only. In the event that a athletic training student needs to use the telephone, you are to ask the head athletic trainer first. Any conversations on the telephone are to be brief. If the head athletic trainer needs to make a call while the student is on the telephone, the student must end his/her call immediately. If the student is using the telephone and a call comes in, the student is to discontinue their call and answer the telephone. Under no circumstances should an athlete be allowed to use the telephone unless approved to do so by the head athletic trainer.

The same principles apply to use of the computer in the athletic training facility. The computer is to be used to assist with the administration of the athletic training program. The computer is to be used by the athletic training student when directed to do so by the supervising athletic trainer. The computer in the athletic training facility is not to be used for the purpose of typing papers, printing material, playing games, sending or receiving e-mail, or searching the Internet.
Appendix A: Applications Materials

- Application Procedures
- Application Form
- General Skills Evaluation
- Reference Form
- Technical Standards
- ATEP Interview Evaluation
- Overall Assessment of the Applicant
Huntingdon College
Athletic Training Education Program

Application Procedures

- Submit a written request to the Program Director – Athletic Training Education Program [Roxanne St. Martin, DPT, ATC] for an application packet. This request may be submitted by e-mail.

- Complete the written Application and sign.

- Have two (2) letters of reference sent to the Program Director.

- Have one (1) Reference Form completed and sent to the Program Director.

- Submit documentation of hours of observation in the athletic training facility.
  - Minimum of 25 hours of observation in the athletic training facility.
  - Completion of ATHT 103 Practicum [A combined total of 70 hours of athletic training classroom instruction and observations.]

- Submit signed document – Student Technical Standards.

  All Information must be submitted to the Program Director by April 1.

Interviews will be scheduled for _______________. Only those students who have submitted all required information will be allowed to interview. The General Skills Assessment will be administered on the same day following the interviews.

Students accepted to the ATEP will be notified in writing by the Program Director by June 1.

Students accepted into the program must complete the following paperwork and return to the Program Director by July 1:

1. Confirm acceptance into the program. This requires a letter from the student stating he/she desires to continue in the ATEP.

2. Completion of the following forms:
   - Health History
   - Tuberculosis Test Documentation
   - Student Hepatitis B Vaccination Verification / Declination
   - Insurance Information Form
   - Statement of Patient/Client Confidentiality
Complete the following application and return to the ATEP Program Director.

Please Type or neatly write all information

Full Name: ____________________________________ Preferred Name: _______________

School Address: ____________________________ School Telephone: ______________

School Mail Box: ____________________________

Permanent Address: ______________________________

                      Street        City   State  Zip Code

Home Telephone: _____________________  e-mail address: _______________________

Education Background: List all schools previously attended.

<table>
<thead>
<tr>
<th></th>
<th>Location</th>
<th>Degree</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jr. College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jr. College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sr. College</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer the following questions.

Do you hold current certification for CPR and First Aid?  Yes ___ No ___

If yes, expiration date: ________________________________

Have you completed AT 101 (Principles of Athletic Training), or an equivalent course? Yes ___ No ___

Attach copy of official transcript, if a transfer student.

Have you completed a minimum of 25 hours of observation under the supervision of a certified athletic trainer? Yes ___ No ___

Attach copy of Hour Reporting Form.

Have you gained previous experiences under the supervision of a certified athletic trainer? Yes ___ No ___
If yes, when and where? _________________________________________________________

Have you participated in an athletic training education program at another institution?    Yes ___    No ___

If yes, when and where? __________________________________________________________

Rank the following athletic training job settings that you might consider pursuing. Place the number one (1) by the job setting that you are most interested in pursuing, two (2) by the second choice, three (3) by the third choice, and so forth.

___ College
___ Professional
___ High School with teaching responsibilities
___ Physical therapy clinic
___ Sports medicine outreach program
___ Industrial rehabilitation
___ Wellness / Fitness Center

Describe an event, or series of events that have occurred in your life which influenced your decision to pursue a career in athletic training.

Describe the role you believe the athletic trainer plays in the field of sports medicine.

Describe the career goal(s) you have set which have influenced your decision to enter the profession of athletic training.
List three factors that influenced your decision to enroll in Huntingdon College.

Describe four outcomes you expect to achieve through enrollment in the Athletic Training Education Program at Huntingdon College.
Rate the performance of the student on each of the following tasks. The student is to perform each task using the technique(s) demonstrated by the instructor in a reasonable time frame. The following scale is to be used for the assessment of the performance of each task:

<table>
<thead>
<tr>
<th>No.</th>
<th>Task</th>
<th>Score</th>
<th>Common Errors</th>
</tr>
</thead>
</table>
| 1   | Taping of the wrist                       | 0 1 2 3 4 5 | *Too tight, decreasing circulation to hand.  
*Too loose.  
Wrist not extended or fingers abducted during application of tape. |
| 2   | Taping for “Gamekeepers” thumb            | 0 1 2 3 4 5 | *Too tight, decreasing circulation to the thumb.  
*Thumb not extended or fingers abducted during application of tape. |
| 3   | Check-ring for the thumb                  | 0 1 2 3 4 5 | *Too tight, decreasing circulation to the thumb or index finger.  
*Thumb allowed to abduct. |
| 4   | Taping elbow for hyperextension injury.   | 0 1 2 3 4 5 | *Too tight, decreasing circulation to hand.  
*Elbow not flexed enough at start of task. |
| 5   | Taping ankle for lateral sprain with heel locks. | 0 1 2 3 4 5 | *Too tight, decreasing circulation to foot.  
*Too loose.  
*Not applying stir-ups inside to out.  
*Foot not maintained at 90 deg. angle during task. |
| 6   | Taping arch of foot for longitudinal strain. | 0 1 2 3 4 5 | *Not applying tape to the heads of the metatarsals. |
| 7   | Taping MP joint of great toe for turf toe injury. | 0 1 2 3 4 5 | *Too tight, decreasing circulation to the great toe.  
*Does not prevent hyperextension of the toe. |
| 8   | Taping for Achilles Tendon strain.        | 0 1 2 3 4 5 | *Foot not placed in position of plantar flexion at start of task.  
*Too tight, decreasing circulation to the foot. |
| 9   | Application of elastic wrap for MCL sprain of the knee. | 0 1 2 3 4 5 | *Too tight, restriction ROM.  
*Too loose, wrap falls down.  
*Not X’ing over the MCL.  
*Not placing knee at approx. 20 deg. of flexion at start of task. |
| 10  | Application of elastic wrap for hamstring strain of the leg. | 0 1 2 3 4 5 | *Too tight, restriction of ROM.  
*Too loose, wrap falls down.  
*Not X’ing over the site of injury.  
*Not placing knee in position of full extension at start of task. |
| 11  | Application of hip spica for groin strain. | 0 1 2 3 4 5 | *Too tight, restriction of ROM.  
*Too loose, wrap falls down.  
*Not overlapping wrap. |
| 12  | Application of shoulder spica for anterior subluxation. | 0 1 2 3 4 5 | *Too tight, restriction of ROM.  
*Not overlapping wrap. |

Total score
Huntingdon College  
Athletic Training Education Program  

Admission Reference Form

Applicant’s Name: _____________________________  Applying for the Fall _______.

The following student is applying to the Athletic Training Education Program offered at Huntingdon College. The program is designed to prepare students for careers in the profession of athletic training. The purpose of the Admission Reference Form is to gather information about the applicant. You are asked to rate the applicant on each of the following items listed below. **Please circle the number that corresponds to your rating of the student.** The student is to be rated according to the following scale:

<table>
<thead>
<tr>
<th>1- Strongly disagree</th>
<th>2- Disagree</th>
<th>3- Somewhat disagree</th>
<th>4- Somewhat agree</th>
<th>5- Agree</th>
<th>6- Strongly agree</th>
<th>NA- Not applicable, not observed.</th>
</tr>
</thead>
</table>

1. The student demonstrates an interest in the profession of athletic training?  
   - 1 2 3 4 5 6 NA

2. The student is enthusiastic about the profession of athletic training?  
   - 1 2 3 4 5 6 NA

3. The student demonstrates an interest in helping others?  
   - 1 2 3 4 5 6 NA

4. The student demonstrates initiative, performing tasks without being told?  
   - 1 2 3 4 5 6 NA

5. The student is friendly and pleasant to be around?  
   - 1 2 3 4 5 6 NA

6. The student is courteous to others?  
   - 1 2 3 4 5 6 NA

7. The student is punctual when asked to arrive at a set time?  
   - 1 2 3 4 5 6 NA

8. The student uses idle time for professional development?  
   - 1 2 3 4 5 6 NA

9. The student demonstrates the ability to persist, even during challenging situations?  
   - 1 2 3 4 5 6 NA

10. The student demonstrates commitment?  
    - 1 2 3 4 5 6 NA

Place an **“X”** by the response that best describes the applicant.

**Relationship with others.**  
___ Works well with other.

**Attitude / Application to work.**  
___ Very interested and industrious.
<table>
<thead>
<tr>
<th></th>
<th>Gets along satisfactory.</th>
<th>Average in diligence and interest.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has some difficulty working with others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somewhat indifferent.</td>
<td></td>
</tr>
</tbody>
</table>

**Judgment.**

<table>
<thead>
<tr>
<th></th>
<th>Above average in making decisions.</th>
<th></th>
<th>Above average in dependability.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Usually makes the right decision.</td>
<td></td>
<td>Usually dependable.</td>
</tr>
<tr>
<td></td>
<td>Often uses poor judgment.</td>
<td></td>
<td>Somewhat neglectful or careless.</td>
</tr>
</tbody>
</table>

**Dependability.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of work.</td>
<td>Very good.</td>
<td>Average.</td>
<td>Below average.</td>
</tr>
</tbody>
</table>

**Willingness to learn.**

**Quality of work.**

<table>
<thead>
<tr>
<th>Attendance:</th>
<th>Regular</th>
<th>Irregular</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality:</td>
<td>Regular</td>
<td>Irregular</td>
</tr>
</tbody>
</table>

**Overall Performance:**

<table>
<thead>
<tr>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Marginal</td>
</tr>
<tr>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

Would you be willing to accept a telephone call regarding this applicant? __ Yes __ No

If Yes, please list telephone number: __________________________________________

Signed by: ________________________________ Date: ____________________________

**Relationship to Applicant:**

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Employer</th>
<th>ATC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Please return to:** Roxanne St. Martin, DPT, ATC
Huntingdon College
Department of Sports Sciences and Physical Education
1500 E. Fairview Ave. Weil 105 A
Montgomery, AL 36106

If you have questions, or comments regarding this reference form, kindly contact Roxanne St. Martin, DPT, ATC at 334-833-4267 or rstmartin@huntingdon.edu.
Student Technical Standards

The Athletic Training Education Program (ATEP) of Huntingdon College is an educational program that includes both didactic and clinical/field educational learning experiences. Due to required athletic training educational competencies established by the National Athletic Trainers’ Association for the entry-level athletic trainer, specific requirements and demands will be placed on the students enrolled in the program. A primary objective of the program is to prepare graduates to enter a variety of employment settings and to have the capability of rendering care to a variety of individuals involved in physical activity. The technical standards set forth by the ATEP establish the qualities considered to be necessary for students admitted to the program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer. The technical standards of the ATEP are also a requirement of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Education (CAATE).

The following abilities and expectations must be met by all students seeking admission to the Athletic Training Education Program. In the event that a student is unable of fulfill these standards the student will not be permitted to continue in the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC examination.

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

- The cognitive ability to assimilate, analyze, synthesize, and integrate concepts, and problem solve, to formulate assessment and therapeutic judgments, and to be able to distinguish variations from the norm.

- The psychomotor ability to perform appropriate physical assessments and accurately record those assessments. Additionally, the ability to accurately, safely, and efficiently use equipment and materials in the prevention, assessment, and treatment of the physically active person.

- The ability to communicate effectively and professionally with the physically active person and colleagues, including individuals from different cultural and social backgrounds. This includes, but is not limited to, the ability to establish rapport with the physically active person and communicate judgments and treatment information effectively.

- The capability to develop and demonstrate the professional characteristics (i.e. enthusiasm, dependability, flexibility, and interpersonal skills) becoming of the allied health professional.

Candidates for admission to the ATEP must verify they understand and meet the technical standards, or that they believe that with certain accommodations they can meet the standards. Students with disabilities must maintain the same responsibility for their education as able-bodied students. This includes maintaining the same academic levels, maintaining appropriate behavior, and giving timely notification of any special needs. The Disability Services Intake Director serves as the documenting agent for students with special needs. After documentation has been received and an initial conference has occurred with the student, the documenting agent will present the request to the Disability Services Committee. The accommodations and resources for the student will be based on the recommendations in the documentation. The student is expected to take an active role in communicating with his/her faculty members regarding the acquisition of reasonable accommodations. Students must voluntarily identify themselves and provide current, official documentation of disability in order to become eligible for reasonable accommodations. Information regarding requests for accommodation and the role of the institution are outlined in the Student Handbook.

I, ____________________________, certify that I have read and understand the technical standards for admission into the ATEP, and I believe to the best of my knowledge that I meet these standards. I understand that if I am unable to meet these standards I will not be allowed to continue in the program.

Candidate Signature ____________________________  Date _______________

ALTERNATIVE STATEMENT FOR STUDENTS REQUESTING ACCOMMODATIONS:

I, ____________________________, certify that I have read and understand the technical standards for admission into the ATEP, and I believe to the best of my knowledge that I meet these standards, with certain accommodations. I will contact the Disability Services Intake Director for the college to begin the process 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 allowed to continue in the program.

Candidate Signature ____________________________  Date _______________
Appendix B: Athletic Training Curriculum

- Four year Plan of Study
- Course Completion Record and Check Sheet
- Athletic Training Curriculum Course Descriptions
- Required Textbook List
<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Credits</th>
<th>Substitute Course</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Freshman</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Semester</td>
<td></td>
<td></td>
<td>15 cr.</td>
<td></td>
</tr>
<tr>
<td>ATHT</td>
<td>101</td>
<td>Principles of Athletic Training</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>BIOL</td>
<td>101</td>
<td>General Biology</td>
<td>3</td>
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### 2008-09 Course Completion Record

#### College Core (48 hours)

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**Physical Science Elective**: (3)

**Math Elective**: (3)

**Fine Arts Elect.**: (3)

**Social Sci. Elect.**: (3)

**Literature Elective**: (3)

**Religion Elective**: (3)

**Total Hrs.**: 121 - 122

### Athletic Training Major (61 hours)

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**Electives**: (12 – 13 hours)

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**Total Hrs.**: 121 - 122

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* Course is a pre-requisite for Human Anatomy & Physiology

** Students are encouraged to take BIOL 103, General Biology Lab

+ Course fulfills Core requirement
Appendix C: Clinical Education Experience

- Clinical Education Rotation Plan
- ATEP monthly Tracking Form
- Clinical Hours Policy
- Student Clinical Behaviors
- Temporarily Unsupervised ATS
- Assessment of Student’s Clinical Experience by Clinical Instructor
  - ATHT 214 Evaluation Form
  - ATHT 216 Evaluation Form
  - ATHT 314 Evaluation Form
  - ATHT 316 Evaluation Form
  - ATHT 401 Evaluation Form
- Student’s Assessment of the Clinical Experience
  - Evaluation of Clinical Instruction- Huntingdon College: Student Form
  - Evaluation of Clinical Instruction- All other clinical settings: Student Form
  - Evaluation of the Clinical Education Setting: Student Form
- Clinical Instructor’s Assessment of the Clinical Experience
  - Self Assessment of Clinical Instruction
- Affiliation Agreement
Clinical Rotation Plan

The following plan is used as a guide for the rotation of athletic training students among a variety of athletic events. The plan is designed so as to provide each student with a variety of experiences, including, men’s sports, women’s sports, contact sports, and high-risk sports. Students are assigned to a supervising certified athletic trainer located at one of the athletic training facilities on campus. Each student is rotated through a variety of sports over the course of the semester. The plan includes four tracks in which a student may be placed.

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1  First year in ATEP  2  Second year in ATEP  3  Third year in ATEP

ADM  Administration
BB  Baseball
FB-HC  Football [Huntingdon College]
FB-HS  Football [High School]
HC  Huntingdon College
HS  High School Affiliation Site
MBK  Men’s basketball
MSC  Men’s soccer
M/WTN  Men/Women Tennis
PTA  Physical Therapy Affiliation Site
SB  Softball
VB  Volleyball
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Huntingdon College ATEP Monthly Tracking Form

AT Student: ___________________________ Year of Admission: Pre 1 2 3 Semester: F S
Month and Year: _________________________ Clinical: ____________

Use the following letters to identify the activity for each day:
P - practice  G - game  TR - Training Room  PT - PT Clinic  MD - MD’s Ofc.  HS - High School
Sports: FB  VB  WSC  MSC  MBK  WBK  BB  SB  TR  MTN  WTN  WR  WH

*** Time is to be recorded to the nearest quarter hour. Example - If you arrived at the TR at 3:00 pm and leave at 6:15 pm your total time would be 3.25 hrs.

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Weekly Total __________  Vol Hrs: __________
ATC Signature: _____________________________

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<tr>
<td>F</td>
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</tr>
</tbody>
</table>

Weekly Total __________  Vol Hrs: __________
ATC Signature: _____________________________

<table>
<thead>
<tr>
<th>Week of</th>
<th>In</th>
<th>Out</th>
<th>Tot. Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>_____</td>
<td>_____</td>
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</tr>
</tbody>
</table>

Weekly Total __________  Vol Hrs: __________
ATC Signature: _____________________________
<table>
<thead>
<tr>
<th>Activity</th>
<th>In</th>
<th>Out</th>
<th>Tot. Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
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</tr>
<tr>
<td>S</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Weekly Total**

**Vol Hrs:**

**ATC Signature:**

**Monthly Totals:**

<table>
<thead>
<tr>
<th>Sports</th>
<th>FB</th>
<th>VB</th>
<th>WSC</th>
<th>MSC</th>
<th>MBK</th>
<th>WBK</th>
<th>BB</th>
<th>SB</th>
<th>TR</th>
<th>MTN</th>
<th>WTN</th>
<th>WR</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Activities**

- Clinic - PT
- Clinic - MD
- Clinic - HS

**Total Hrs:**

**Volunteer Hrs:**
Huntingdon College
Athletic Training Education Program

Maximum Number of Clinical Hours

The purpose of the clinical experience is to provide students the opportunity to apply the knowledge and skills learned in the classroom and laboratory experiences in real-world situations. The clinical experience is a learning experience and plays a significant role in the education of the athletic training student. The athletic training students’ role in the clinical experience is not to fulfill the role and responsibilities of an athletic trainer or physical therapist. Therefore, the number of hours each student is assigned during clinical experience should be equivalent to meet the required competencies and proficiencies associated with the clinical course.

The following policy sets forth the maximum number of clinical hours that an ATEP student can be scheduled for on a weekly basis. The maximum number of scheduled hours will be specific to the level of progression of the student.

Students in ATEP will progress through the program according to the following levels:

- Level 1: Pre-professional students (prior to admission to the program)
- Level 2: First year students (first and second semesters in the program)
- Level 3: Second year students (third and fourth semesters in the program)
- Level 4: Third year students (fifth and sixth semesters in the program)

Students in ATEP will be limited to a maximum number of scheduled clinical hours per week in the clinical / field experience. The following list identifies the maximum number of clinical hours that an athletic training student can be scheduled for on a weekly basis:

- Level 1: Maximum of 5 hours / week
- Level 2: Maximum of 15 hours / week
- Level 3: Maximum of 20 hours / week
- Level 4: Maximum of 20 hours / week

The student’s supervising clinical instructor cannot schedule the student for more hours than allowed for each level. If a student is scheduled by his/her clinical instructor for more than the allowable maximum number of hours, the student is to report the matter to the program coordinator. The program coordinator will contact the clinical instructor to correct the matter.

The student is able to volunteer for more than the maximum number of hours per week based upon the student maintaining good academic standing with the College.

Each student is to work with his/her supervising clinical instructor to establish a schedule that will provide the student with the appropriate learning experiences. It is the responsibility of each student to record the time spent in the clinical experience on the monthly tracking form. The student is to return the tracking form to the program coordinator at the end of each month. The total number of weekly hours will be recorded on a master tracking form in the student’s program folder.
Huntingdon College
Athletic Training Education Program

Temporarily Unsupervised Athletic Training Student

The athletic training students (ATS) of Huntingdon College are to be supervised at all times during the clinical education aspect of the athletic training education program (ATEP).

However, in the event that a clinical instructor is unavailable to directly supervise the ATS, the student will be allowed to act on a volunteer basis as a first responder and with an understanding of the tasks that he/she is allowed to perform.

The ATS will be allowed to voluntarily perform the following tasks:
- Preventative taping.
- Preventative stretching.
- Primary evaluation of acute injuries to determine the need for referral or the activation of the Emergency Medical Services.
- Immediate care of acute injuries form the principles of Rest, Ice, Compression, and Elevation (RICE).
- Application of ice packs to individuals free of possible contraindications.
- Wound care in accordance with OSHA guidelines as instructed and demonstrated in annual training workshops.
- Emergency splinting of an injured extremity.
- Documentation of the above tasks which are performed.

Any athletic training student who is temporarily unsupervised is not to perform the following tasks:
- Evaluation of acute injuries or illnesses in order to determine health status.
- Apply any type or form of therapeutic modality.
- Prescribe any type or form of therapeutic exercise.
- Administer any form of medication (prescription or OTC).
- Make a decision as to an injured or ill athlete’s return to activity.

The student and clinical instructor/faculty member is to follow the procedures listed above during following athletic training clinical educational experiences: ATHT 214, ATHT 216, ATHT 315, ATHT 316, ATHT 401.
Huntingdon College
Athletic Training Education Program

Student Clinical Behaviors

Level 1

Students are in the pre-professional phase of the program and their role in the athletic training facilities is observation only. Coursework is designed to introduce the students to the profession of athletic training and develop competency in taping, wrapping, and immediate care procedures.

Level 2

Students have been accepted into the ATEP and participate in their first and second semesters of clinical experience. Coursework is designed to develop competency in modality techniques and usage and orthopedic evaluation skills. Students are developing proficiency in Level 1 tasks.

<table>
<thead>
<tr>
<th>Behavioral Domain</th>
<th>Expected Clinical Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem solving approach</td>
<td>The student will identify and prioritize tasks and act accordingly.</td>
</tr>
<tr>
<td>Administrative skills</td>
<td>The student will utilize correct verbal and written medical terminology and constructs SOAP notes with some assistance.</td>
</tr>
<tr>
<td>Taping and wrapping skills and knowledge</td>
<td>The student will perform basic taping and wrapping skills without assistance.</td>
</tr>
<tr>
<td>First aid and immediate care skills and knowledge</td>
<td>The student will conduct primary and secondary injury assessments, triage, initiate care, and utilize emergency splinting and transportation techniques.</td>
</tr>
<tr>
<td>Injury and illness evaluation skills and knowledge</td>
<td>The student will conduct a medical history, identify primary and secondary complaints, and demonstrate familiarity with general medical and common athletic injury evaluation of the LE.</td>
</tr>
<tr>
<td>Rehabilitation and modality skills and knowledge</td>
<td>The student will properly select therapeutic modalities and appropriate parameters for specific purposes and recognize and assist with the rehabilitation of common athletic injuries.</td>
</tr>
<tr>
<td>Overall ability</td>
<td>The student will integrate all of the above behaviors in the practice of athletic training.</td>
</tr>
</tbody>
</table>

Level 3

Students are in the third and fourth semesters of clinical experience. Coursework is designed to continue the development of competency in orthopedic evaluation skills and develop competency in rehabilitation techniques. Students are developing proficiency in Level 1 and 2 tasks.

<table>
<thead>
<tr>
<th>Behavioral Domain</th>
<th>Expected Clinical Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem solving approach</td>
<td>The student will set goals, establish plans, and act appropriately.</td>
</tr>
<tr>
<td>Administrative skills</td>
<td>The student will construct SOAP notes without assistance and utilize progress notes.</td>
</tr>
<tr>
<td>Taping and wrapping skills and knowledge</td>
<td>The student will develop and apply modified protective techniques.</td>
</tr>
<tr>
<td>First aid and immediate care skills and knowledge</td>
<td>Same as Level 2.</td>
</tr>
<tr>
<td>Injury and illness evaluation skills and knowledge</td>
<td>The student will demonstrate proficiency in the evaluation of UE musculoskeletal injuries.</td>
</tr>
<tr>
<td>Rehabilitation and modality skills and knowledge</td>
<td>The student will demonstrate proficiency in the selection and use of modalities, establish goals, select equipment and techniques appropriate to the treatment plan and phase of recovery.</td>
</tr>
<tr>
<td>Overall ability</td>
<td>The student will integrate all of the above behaviors in the practice of athletic training.</td>
</tr>
</tbody>
</table>
**Level 4**

Students are in the fifth semester of clinical experience. Students are demonstrating proficiency in Level 1, Level 2, and Level 3 tasks.

<table>
<thead>
<tr>
<th>Behavioral Domain</th>
<th>Expected Clinical Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem solving approach</td>
<td>The student demonstrates flexibility in the problem solving process.</td>
</tr>
<tr>
<td>Administrative skills</td>
<td>The student will communicate effectively with patients, physicians, peers, and allied health professionals in the description of assessment, prognosis, and rehabilitation of injuries/illnesses and demonstrate knowledge of the need for referral.</td>
</tr>
<tr>
<td>Taping and wrapping skills and knowledge</td>
<td>The student will construct practical protective and corrective devices.</td>
</tr>
<tr>
<td>First aid and immediate care skills and knowledge</td>
<td>Same as level 2 and 3.</td>
</tr>
<tr>
<td>Injury and illness evaluation skills and knowledge</td>
<td>The student will demonstrate proficiency in the evaluation of musculoskeletal injuries of the UE/LE and spine. The student will select and perform appropriate tests and tasks for the assessment of injuries and illnesses. Demonstrate proficiency in general medical conditions.</td>
</tr>
<tr>
<td>Rehabilitation and modality skills and knowledge</td>
<td>The student will select and use modalities appropriately, and select and perform all aspects of rehabilitation suitable to the injury.</td>
</tr>
<tr>
<td>Overall ability</td>
<td>The student will integrate all of the above behaviors in the practice of athletic training.</td>
</tr>
</tbody>
</table>
Copy all Evaluations

Copy of Clinical Affiliation Agreement
Appendix E: Student Forms

- Confidentiality Form
- Health Insurance Form
- Health Assessment Form
- Hepatitis B Vaccination / Declination Form
- TB Test Verification Form
- Technical Standards Form
- Verification of Receiving Student Manual
- Therapeutic Modality Use Evaluation Form
  - Cryo-therapy
  - Cryo-kinetics
  - Electrical Muscle Stimulation
  - Moist Heat
  - Therapeutic Ultrasound
  - Whirlpool Application
Huntingdon College Athletic Training Education Program
Statement of Confidentiality

I, _________________________________, as a student in the Athletic Training Education Program of Huntingdon College, agree to keep any and all information regarding the injury and/or illness of any student athlete of the College and the medical records of any and all student-athletes’ of the College strictly confidential.

This includes, but is not limited to, information regarding the type of injury/illness sustained, therapeutic treatment, medications prescribed, status for competition, and limitations regarding participation. This information is not to be discussed with individuals who are not authorized by the student-athlete to receive such information. The discussion of such information will be limited to the student-athlete, athletic trainer, and athletic training student, and may be initiated only in the process of performing one’s duties and responsibilities.

Questions related to a student-athlete’s injury/illness or the athlete’s status for participation are to be directed to the full-time athletic training staff. Information regarding a student-athlete’s injury/illness or status for participation is not to be discussed or released to other athletes, members of the press, other students, friends, or relatives.

I also agree not to disclose any of the following information without the consent of the student athlete and the approval of the supervising athletic trainer: name, telephone number, address, social security number, date of birth, major field of study, and academic classification.

The release of confidential information to unauthorized persons is considered to be a severe breach of trust with respect to the relationship between the sports medicine staff and the student-athlete, a violation of the Family Educational Rights and Privacy Act of 1974, as amended, and a violation of the Health Insurance Portability & Accountability Act (HIPAA) of 1996. If it is discovered that an athletic training student has violated this policy, then appropriate disciplinary action as describe in the Huntingdon College Student Handbook under Discipline Policy Statement will be implemented.

_________________________    __________
Signature of the Student          Date

_________________________    __________
Witness            Date
Insurance Information Form

Name: _______________________________  DOB: _______________________

Permanent Address: _______________________________________________________
Telephone No.: ______________________________

Person to contact in case of emergency: _________________________________________
Relationship: ______________________________
Telephone No.: ______________________________

Are you covered under your parent’s Family Medical Insurance Plan? Yes ___ No ___
If no, have you purchased Individual Medical Insurance? Yes ___ No ___
(All Huntingdon College students are required to carry medical insurance)

Name of Insured Person: ________________________________________________

Company Name: ______________________________

Contract / Policy No.: ________________  Group No.: ___________________________

Company Address: _______________________________________________________
Telephone No.: _______________________________________________________

_____________________________________     _____________________
Student’s Signature              Date
Huntingdon College Athletic Training Education Program

Student Health Form

Date: _______________________

Name: _________________________________________  DOB: ___________________
Social Security No.: ______________________________  Male ___  Female ___

Permanent Home Address: ______________________________________________________________________
Permanent Home Telephone No.: _________________________________________________________________

Person to contact in case of emergency: ____________________________________________________________
Relationship to you: _________________________________ Telephone No.: ______________________

Medical History For Yourself. If you had any of the following conditions, then check the appropriate response.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer, Hodgkins disease, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia (low blood sugar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
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</tr>
</tbody>
</table>

If you answered Yes to any of the responses, explain:
_____________________________________________________________________________________________
___________________________________________________________________________________________
_____________________________________________________________________________________________
___________________________________________________________________________________________

Past History: List dates and reasons for significant hospitalizations or surgeries.

Date (s): 1. _______________ 2. _______________ 3. _______________
1. __________________________________________________________________________________________
2. __________________________________________________________________________________________
3. __________________________________________________________________________________________

Immunization Record (List most current dates only)*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Series or Shot Completed</th>
<th>Booster (MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus / Diphtheria (DPT)</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
<tr>
<td>Polio (oral polio vaccine)</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
<tr>
<td>Meningitis**</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B***</td>
<td>Yes ___ No ___ Date __</td>
<td></td>
</tr>
</tbody>
</table>

* Copy of Immunization record must be attached  ** Recommended for residential students. Endorsed by the American College Health Association. ***Recommended by the Center for Disease Control for health care workers.
Current Medical Problems: If you have or if you have had in the past any of the following conditions listed below, then check the appropriate response:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head injury w/ unconsciousness</td>
<td></td>
<td></td>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent headaches</td>
<td></td>
<td></td>
<td>Jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye injury / problems</td>
<td></td>
<td></td>
<td>Acne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing problems</td>
<td></td>
<td></td>
<td>Other skin problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeated ear infections</td>
<td></td>
<td></td>
<td>Tropical disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent stuffy nose/sneezing</td>
<td></td>
<td></td>
<td>Back trouble</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent sore throat</td>
<td></td>
<td></td>
<td>Joint injury / disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinusitis</td>
<td></td>
<td></td>
<td>Infectious mononucleosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic cough</td>
<td></td>
<td></td>
<td>Poliomyelitis (P0lio)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent chest pain</td>
<td></td>
<td></td>
<td>Malaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
<td>Chickenpox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td>Shingles (Herpes Zoster)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart murmur</td>
<td></td>
<td></td>
<td>Measles (Rubeola)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td></td>
<td></td>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent stomach/ intestinal trouble</td>
<td></td>
<td></td>
<td>X-ray treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent abdominal pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered Yes to any of the above conditions, explain:

_____________________________________________________________________________________________
___________________________________________________________________________________________

Height: _______________ Weight: _______________ BP: ____ / ____  Pulse: _______
Temperature: __________

Medical Clearance:

____________________________________ has been examined on this date (____________________), and has been found to be in good health and to have no apparent illnesses or diseases. He / she is cleared at this time to participate in the activities associated with the Athletic Training Education Program of Huntingdon College, including the prevention and care of potential injuries and illnesses to participating student athletes.

_________________________________
Physician’s Signature

Student’s Consent

I, __________________________________, understand that as a student in the Athletic Training Education Program there are certain risks associated with the prevention and care of the injuries and illnesses to participating student athletes. Potential injuries / illnesses include, but are not limited to: colds, flu, strained back muscles, cuts, abrasions, contusions, HIV, HBV, and other communicable diseases. As an athletic training student I agree to follow the safety instructions of the certified athletic training. I understand that failure to follow the instruction of the supervising athletic trainer may lead of possible injury.

______________________________    __________________________
Student’s Signature              Date
Huntingdon College Athletic Training Education Program

Hepatitis B Vaccination Verification / Declination

Each athletic training student in the Athletic Training Education Program is the complete the following form and return to the Program Director prior to the first semester in the program. The student must complete one of the following sections listed below.

Section One: Hepatitis B Vaccination Verification

I understand that I must receive three (3) doses of the Hepatitis B vaccine in order to confer immunity. I understand, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience adverse side effects from receiving the vaccine. I understand that my signature releases the President, Board of Trustees, Deans, administration, Program Director, Athletic Department, and Athletic Training Department of Huntingdon College of and from any legal and financial responsibilities in the event that I contract Hepatitis B or experience any side effects from having received the vaccine while a student at Huntingdon College.

<table>
<thead>
<tr>
<th>Dose</th>
<th>Vaccination Date</th>
<th>Lot #</th>
<th>Nurse/Physician Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>_____________</td>
<td>_______</td>
<td>________________________</td>
</tr>
<tr>
<td>2</td>
<td>_____________</td>
<td>_______</td>
<td>________________________</td>
</tr>
<tr>
<td>3</td>
<td>_____________</td>
<td>_______</td>
<td>________________________</td>
</tr>
</tbody>
</table>

By signing below I signify that the above information is true and accurate.

__________________________  _______________  _______________
Student’s Signature   Social Security No.             Date

Section Two: Hepatitis B Vaccine Declination

As an athletic training student in the Huntingdon College Athletic Training Education Program I understand that there is a possible risk of exposure to blood and other potentially infectious materials. I understand that I may be at risk of the acquiring Hepatitis B virus (HBV) infection. I have received training on OSHA Bloodborne Pathogen Standards, the potential risks of HBV, the benefits of the Hepatitis B vaccine, and the contraindications to receiving the vaccine.

I decline at this time to receive the Hepatitis B vaccination. I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, which is a serious disease affecting the liver. If in the future I continue to as an athletic training student and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at any time.

_____________________   _____________________  __________  
Student’s Name     Signature         Date

_____________________   _____________________  __________  
Witness’s Name     Signature         Date
Student Technical Standards

The Athletic Training Education Program (ATEP) of Huntingdon College is an educational program that includes both didactic and clinical/field educational learning experiences. Due to required athletic training educational competencies established by the National Athletic Trainers’ Association for the entry-level athletic trainer, specific requirements and demands will be placed on the students enrolled in the program. A primary objective of the program is to prepare graduates to enter a variety of employment settings and to have the capability of rendering care to a variety of individuals involved in physical activity. The technical standards set forth by the ATEP establish the qualities considered to be necessary for students admitted to the program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer. The technical standards of the ATEP are also a requirement of the program’s accrediting agency, the Commission on Accreditation of Athletic Training Education (CAATE).

The following abilities and expectations must be met by all students seeking admission to the Athletic Training Education Program. In the event that a student is unable of fulfill these standards the student will not be permitted to continue in the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC examination.

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

- The cognitive ability to assimilate, analyze, synthesize, and integrate concepts, and problem solve, to formulate assessment and therapeutic judgments, and to be able to distinguish variations from the norm.
- The psychomotor ability to perform appropriate physical assessments and accurately record those assessments. Additionally, the ability to accurately, safely, and efficiently use equipment and materials in the prevention, assessment, and treatment of the physically active person.
- The ability to communicate effectively and professionally with the physically active person and colleagues, including individuals from different cultural and social backgrounds. This includes, but is not limited to, the ability to establish rapport with the physically active person and communicate judgments and treatment information effectively.
- The capability to develop and demonstrate the professional characteristics (i.e. enthusiasm, dependability, flexibility, and interpersonal skills) becoming of the allied health professional.

Candidates for admission to the ATEP must verify they understand and meet the technical standards, or that they believe that with certain accommodations they can meet the standards. Students with disabilities must maintain the same responsibility for their education as able-bodied students. This includes maintaining the same academic levels, maintaining appropriate behavior, and giving timely notification of any special needs. The Disability Services Intake Coordinator serves as the documenting agent for students with special needs. After documentation has been received and an initial conference has occurred with the student, the documenting agent will present the request to the Disability Services Committee. The accommodations and resources for the student will be based on the recommendations in the documentation. The student is expected to take an active role in communicating with his/her faculty members regarding the acquisition of reasonable accommodations. Students must voluntarily identify themselves and provide current, official documentation of disability in order to become eligible for reasonable accommodations. Information regarding requests for accommodation and the role of the institution are outlined in the Student Handbook.

I, __________________________, certify that I have read and understand the technical standards for admission into the ATEP, and I believe to the best of my knowledge that I meet these standards. I understand that if I am unable to meet these standards I will not be allowed to continue in the program.

Candidate Signature ___________________________________  Date _________________

ALTERNATIVE STATEMENT FOR STUDENTS REQUESTING ACCOMMODATIONS:

I, __________________________, certify that I have read and understand the technical standards for admission into the ATEP, and I believe to the best of my knowledge that I meet these standards, with certain accommodations. I will contact the Disability Services for the college to begin the process 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 allowed to continue in the program.

Candidate Signature ___________________________________  Date _________________
Tuberculosis Test Documentation

The individual identified below is an athletic training student in the Athletic Training Education Program at Huntingdon College. Due to required clinical experiences in the office of a general physician, orthopedic surgeon, and hospital emergency room facility, the student is required to have a tuberculosis (TB) skin test prior to begin his/her clinical experiences. The reason for having this test is to ensure that the health of the student and those whom the student may have contact with during the clinical experience is protected. The purpose of the following form is to document the results of the administration of the TB skin test to the student.

This document will be kept in the student’s personal file. All information is to remain confidential and the release of any information will not be allowed unless written permission to do so is received from the student.

Student’s Name: _______________________________________

Date skin test is administered: ___________________________

Name of skin test administered: ___________________________

Date skin test is read: ____________________________________

Results of skin test:  Negative  ___   Positive  ___

If positive, action to the taken (explain in detail):
______________________________
______________________________
______________________________
______________________________
______________________________

Name of Health Care Facility at which test was administered: ___________________________________

Print Name

Address:  _____________________________________________________________________________________

Street                City   State   Zip

Name of Physician/Nurse reading results of skin test: _____________________________________________

Address (if different from above):  _________________________________________________________________

Street                 City                          State                           Zip

_________________________________________     _____________
Signature of Health Care Provider                             Date

_________________________________________     _____________
Signature of the Student                Date

The completed form is to be returned to the Coordinator of the Athletic Training Education Program at Huntingdon College.
Verification of Receiving Student Manual

This is to verify that I, ______________________________, have purchased a copy of the Student Manual for athletic training students. I understand that the purpose of the manual is to serve as a guide to assist those students in the Athletic Training Education Program (ATEP). I understand that I am responsible for abiding by the policies and procedures listed in the manual. I understand that changes can be made to the manual, at any time, by the Director of the Athletic Training Education Program and I agree to abide by those changes that are made to the manual once I have been informed of the changes to the manual. I understand that failure to abide by the policies and procedures listed in the manual can result in disciplinary action and possible suspension or expulsion from the ATEP.

____________________________________   _______________  
Signature of Student   Date

____________________________________   _______________  
Witness       Date
**Athletic Training Education Program**  
**Clinical Tasks Check-off**

<table>
<thead>
<tr>
<th>AT Student: _________________________</th>
<th>Date: _____________________</th>
</tr>
</thead>
</table>

**Task:** Use of Cryokinetics

<table>
<thead>
<tr>
<th>Did the student:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspect the treatment area for open wounds, signs of infection, decreased sensation, and/or signs of inflammation?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Prepare the method of cold application as instructed by the clinical instructor? |
| Place the subject in the correct position for treatment? |
| Protect the skin from irritation? |
| Instruct the subject in the type of ROM activity to follow cold application? |
| Monitor the subject throughout the treatment? |
| Examine the treatment area for signs of irritation following the treatment? |
| Explain the indications for the use of cryokinetics? |
| Explain the contraindications for the use of cryokinetics? |
| Demonstrate proper recording of the treatment? |

The student has demonstrated the ability to perform the above task safely and effectively, and will be permitted to use the identified modality in the treatment of athletes under the supervision of a certified athletic trainer.

<table>
<thead>
<tr>
<th>Approved Clinical Instructor: _________________________</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification No.: _______________________</td>
<td></td>
</tr>
</tbody>
</table>
### Task: Use of Cryotherapy

<table>
<thead>
<tr>
<th>Did the student:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspect the treatment area for open wounds, signs of infection, decreased sensation, and/or signs of inflammation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare the method of cold application as instructed by the clinical instructor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place the subject in the correct position of treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protect the skin from irritation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor the subject throughout the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examine the treatment area for signs of irritation following the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the indications for the use of cold application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the contraindications for the use of cold application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate use of cryo-cuff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate use of ice slush?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate use of ice massage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate use of cold whirlpool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate use of ice pack?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate proper recording of the treatment?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The student has demonstrated the ability to perform the above task safely and effectively, and will be permitted to use the identified modality in the treatment of athletes under the supervision of a certified athletic trainer.

Approved Clinical Instructor: ________________________  Date: __________

Certification No.: ________________________
Did the student:  | Yes | No |
--- | --- | --- |
Inspect the treatment area for open wounds, signs of infection, decreased sensation, and/or signs of inflammation? |
Prepare to treatment area for application of the electrodes? |
Place the subject in the correct position for treatment? |
Correctly position the electrodes at the treatment area? |
Set the parameters for the treatment according to the instructions of the clinical instructor? |
Adjust the intensity of the treatment according to the level of tolerance of the subject? |
Monitor the subject throughout the treatment? |
Examine the treatment area for signs of irritation following the treatment? |
Explain the indications for the use of EMS? |
Explain the contraindications for the use of EMS? |
Explain the difference between High and Low volt stimulation? |
Demonstrate proper recording of the treatment? |

The student has demonstrated the ability to perform the above task safely and effectively, and will be permitted to use the identified modality in the treatment of athletes under the supervision of a certified athletic trainer.

Approved Clinical Instructor: ________________________  Date:   __________
Certification No.:  ________________________
Inspect the treatment area for open wounds, signs of infection, decreased sensation, and/or signs of inflammation?

Place the subject in a comfortable position for treatment?

Place 4 to 6 layers of towels over the treatment area?

Monitor the subject throughout the treatment?

Remove layers of towels or add layers of towel according to the tolerance of the subject?

Examine the treatment area for signs of irritation following the treatment?

Explain the indications for the use of moist heat?

Explain the contraindication for the use of moist heat?

Demonstrate proper recording of the treatment?

| The student has demonstrated the ability to perform the above task safely and effectively, and will be permitted to use the identified modality in the treatment of athletes under the supervision of a certified athletic trainer. |
|---|---|
| Approved Clinical Instructor: __________________________ | Date: __________ |
| Certification No.: __________________________ | |

---

<p>| Athletic Training Education Program |
| Clinical Tasks Check-off |
|---|---|
| AT Student: __________________________ | Date: __________ |
| Task: Use of therapeutic ultrasound |
| Did the student: | Yes | No |
| Place the subject in the correct position for treatment? | | |</p>
<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspect the treatment area for cuts, abrasions, signs of trauma, or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>decreased sensation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply the coupling agent to the designated treatment area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply the coupling agent to the ultrasound head?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn on the machine, check treatment time, and adjust intensity to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the prescribe level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin movement of ultrasound head prior to starting the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a continuous circular motion in the application of the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean up the subject and ultrasound head after completion of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the indications for the use of ultrasound?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the contraindications for the use of ultrasound?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate the use of ultrasound combined with muscle stimulation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate the use of ultrasound with phonophoresis?</td>
<td></td>
<td></td>
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<tr>
<td>Examine the treatment area for signs of irritation following the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate the proper recording of the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student has demonstrated the ability to perform the above task</td>
<td></td>
<td></td>
</tr>
<tr>
<td>safely and effectively, and will be permitted to use the identified</td>
<td></td>
<td></td>
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<tr>
<td>modality in the treatment of athletes under the supervision of a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>certified athletic trainer.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved Clinical Instructor: ________________________  Date:   __________

Certification No.:  ________________________

Athletic Training Education Program
Clinical Tasks Check-off

AT Student: _________________________   Date: _____________________

Task:  Use of Whirlpool Application

Did the student:  

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspect the treatment area for open wounds, signs of infection,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>decreased sensation, and/or signs of inflammation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare the whirlpool application to the temperature assigned by the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clinical instructor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Checkmark</td>
<td></td>
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<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Inspect the whirlpool for electrical safety prior to placing the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>subject in the whirlpool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place the subject in the correct position for treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turn on the machine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust the intensity and direction of agitation appropriate for the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor the subject throughout the treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examine the treatment area for signs of irritation following the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate proper cleaning of the whirlpool unit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the indications for the use of warm whirlpool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the contraindication for the use of warm whirlpool?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate proper recording of the treatment?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The student has demonstrated the ability to perform the above task safely and effectively, and will be permitted to use the identified modality in the treatment of athletes under the supervision of a certified athletic trainer.

Approved Clinical Instructor: ________________________  Date:   __________
Certification No.:  ________________________
Appendix F: Blood-borne Pathogen Exposure Control

- Exposure Control Plan
- Communicable Disease Policy
- Exposure Control - Student Training Record
- Exposure Control - Incident Protocol
- Exposure Control - Incident Report
- Exposure Control - Incident Follow-up Report
- Exposure Control - Source Identification and Documentation
Exposure Control Plan

Each athletic training student will be required to complete a workshop on the Exposure Control Plan for those students involved in the ATEP. The workshop will cover OSHA Regulation Regarding Prevention of Transmission of Bloodborne Pathogens. Each athletic training student must complete the workshop prior to his/her first semester in the ATEP. The workshop will include in following components:

- Purpose and Requirements of OSHA “Bloodborne Pathogens” Standard.
- Definition of terms.
- Epidemiology, Symptoms, and Modes of Transmission of HB and HIV
- Exposure Control
- Universal Precautions
- Personal Protection Equipment
- Hepatitis B Vaccine
- Exposure Determination
- Evaluation

Definition of Terms
In 1991, OSHA (Occupational Safety and Health Administration) adopted regulations that included a section specific to blood-borne pathogens. This standard provides requirements for employers to follow to ensure employee safety with regard to occupational exposure to bloodborne pathogens.

**Ryan White Act** - Public Law 101 - 381 - Ryan White Comprehensive AIDS Resources Emergency Act. “The Act creates a notification system for emergency response employees listed as police, fire, and the EMS system, who are exposed to diseases such as M. tuberculosis, hepatitis B or C, and HIV.” (Pfeiffer & Mangus, 1998)

**Blood-borne pathogens** - “disease-causing microorganisms that may be present in human blood, and may be transmitted with any exposure to blood or OPIM. Two pathogens of significance are hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Several blood-borne diseases other than HIV and HBV, such as hepatitis C, hepatitis D, and syphilis”.

**Exposure Control Plan** - “A written plan designed to eliminate or minimize the possible exposure of employees to bloodborne pathogens”.

**HBV** - hepatitis B virus. “One of five viruses that cause illness directly affecting the liver”.

**HIV** - human immunodeficiency virus. “A virus that infects immune system T4 blood cells in humans and renders them less effective in preventing disease”.

**Engineering controls** - “attempt to design safety into the tools and workspace organization. Structural or mechanical devices that the employer provides. Example - sharps container, hand washing facilities, eye stations, bio-hazard labels”.

**Work practice controls** - “the use of equipment with engineered protections. The behaviors necessary to use engineering controls effectively. Example - immediately putting contaminated sharps into a sharps container, using the eye wash station, washing your hands after removing personal protection equipment”.

**Personal protective equipment** - “equipment used to protect you from contamination of the skin, mucous membrane, or puncture wounds. It is to your advantage to use this equipment. Example - latex gloves, masks, aprons, gowns, and face shields”.

**Universal precautions** - “a strategy to structure ones approach to working with all human blood and certain body fluids. Another method of infection control is called Body Substance Isolation (BSI). This method defines all body fluids and substances as infectious and includes all fluids and materials covered by the standard”.

**Epidemiology, Symptoms, and Modes of Transmission of HBV and HIV**

**HBV** - hepatitis B virus. “One of five viruses that cause illness directly affecting the liver. Major cause of viral hepatitis for which prevention is possible through immunization. The hepatitis B virus is more persistent than HIV and is able to survive for at least a week in dried blood on contaminated surfaces or instruments. A source of HBV is chronic carriers. Chronic carries have the antigen present at all times and can transmit the disease to other persons through transfusion, needle or penetrating injury, and intimate contact. Infection causes swelling, soreness, and loss of normal function of the liver”.

**Signs/Symptoms** - “weakness, fatigue, anorexia, nausea, abdominal pain, fever, headache. Jaundice is a symptom that may develop. May have not symptoms and therefore may not be diagnosed. Person will test positive for the HBV surface antigen within 2 to 6 weeks after symptoms develop. Approx, 85% of patients recover in 6 to 8 weeks. Major source of HBV is chronic carries, those who have antigen present all the time and unwittingly transmit the disease to susceptible persons through needle or other penetrating injury or intimate contact”.

**HIV** - human immunodeficiency virus. “A virus that infects immune system T4 blood cells in humans and renders them less effective in preventing disease. It is the virus identified as responsible for acquired immunodeficiency syndrome (AIDS). Individuals with HIV may exhibit no symptoms and be unaware they have been exposed to HIV for as many as eight to ten years. Also, it may take as long as a year for a blood test to become positive for HIV antibodies. Therefore, additional testing is often required to determine if a person has been infected”.

**Signs/Symptoms** - “night sweats, weight loss, fever, fatigue, gland pain or swelling, muscle or joint pain. Person may feel fine and not be aware that they have been exposed to HIV for as many as 8 to 10 years. May take as long as a year for a blood test to become positive for HIV antibodies”.

**Modes of transmission of HIV and HBV**

“Blood-borne pathogens are transmitted when blood, other contaminated body fluids, or contaminated items or surfaces come in contact with non-intact skin or the mucous membrane (mouth, nose, and eyes). Non-intact skin includes cuts, abrasions, burns, rashes, paper cuts, and hangnails. Bloodborne pathogens can also be transmitted by injections from needles and puncture wounds or cuts from contaminated sharps. Universal precautions are to be followed for the following potential infectious materials: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, any body fluid with visible blood, and unidentifiable body fluid, saliva following dental procedures”.

**Exposure Control**

“Hand-washing is a primary means for the prevention of the transmission of blood-borne pathogens. One is to wash his/her hands prior to contact with another person, after the removal of exam gloves, and following contact with an potentially infectious material. Hands are to be washed with soap and warm water, working soap into a full lather. If one is unable to wash his/her hands due to lack of water source, then one is to clean hands with disinfectant towelett, or with 70 % isopropyl alcohol”.

“Eating, drinking, smoking, applying cosmetic or lip balm, and the handling of contact lenses is prohibited in work areas where there is the potential for exposure to infectious materials. Food and drinks are not to be consumed in the athletic training facility, or at athletic events in which there is the potential for exposure to infectious materials”.

**Universal Precautions**

“Universal Precautions is an aggressive, standardized approach to infection control. According to the concept of Universal Precautions, you should treat all human blood and certain body fluids as if they are known to contain HIV, HBV, or other blood-borne pathogens. Universal Precautions are designed to protect the patient and the care giver”.

Universal Precautions are to be following when:

- “There is a risk of contact with infectious materials”.
• “Handling contaminated linens, towels, and equipment, and the handling and removal of contaminated clothing”.

• “Handling contaminated sponges or instruments”.

• “Changing bags in bio-hazard containers”.

• “Cleaning up a contaminated spill”.

• Daily cleaning of treatment tables, taping tables, and whirlpools.

Universal Precautions require that the following procedures be followed:

• “Personal protection equipment (gloves, eye/face shield, gown) is to be worn anytime the potential exist for possible contact with infectious materials”.

• “Proper disposal of contaminated items in appropriately labeled bio-hazard container”.

• “Washing of hands following removal of gloves following the handling of any contaminated items, or the clean-up of a contaminated spill”.

Personal Protection Equipment

“Personal protection equipment includes specialized clothing and equipment to be worn or used by the health care provider in order to protect the individual against potential blood-borne pathogens. This equipment includes examination gloves, gowns/aprons, face shields, masks, eye protection, CPR micro-shields, and resuscitation bags. The equipment must protect one from having work clothing, street clothes, skin, eyes, mouth, or mucous membrane from being contaminated. Protective equipment is to be disposed of properly in a bio-hazard container immediately following removal. All protective equipment is to be removed in such a way so as to avoid contact with any unprotected skin, eyes, mouth, or mucous membrane. If the personal protective equipment becomes contaminated it is recommended that you check your body for cuts or scrapes or other non-intact skin following the removal of the protective equipment. All personal protective equipment is to be removed prior to leaving the work area in order to prevent transmission of bloodborne pathogens to fellow workers and to prevent contamination of environmental surfaces”.

Hepatitis B Vaccine

“Vaccines have been developed that can assist in the prevention of infection with the Hepatitis B virus. Recombivax HB vaccine and Engerix-B are the vaccines used in the prevention of Hepatitis B infection. Either vaccine must be administered in three doses over a six month period. The first dose is administered on an established date, with the second dose given one month later, and the third dose given five months after the second dose. The vaccine is administered by needle into the deltoid muscle of the upper arm. It is recommended that the following groups of people receive the vaccine: health care personnel, dental; medical, and nursing students; custodial staff who might be exposed to blood-borne pathogens; any personnel who are exposed to blood or blood products; lifeguards, firefighters, teachers, police officers, sports team coaches, and athletic trainers”.

“The vaccine should not be taken if one is sensitive to yeast or any other components of the vaccine. Individuals who are experiencing some form of heart disease, fever, other illness, or are pregnant or breast-feeding should consult with his/her physician prior to receiving the vaccine”.

Bio-hazard Containers and Labeling

“Contaminated sharps are to be discarded immediately in an acceptable sharps container. An acceptable sharps container must be closable, puncture resistant, leakproof on all sides and the bottom, and labeled or color-coded. The sharps container must easily accessible to personnel and located as close as feasible to the immediate area where the sharps will be used. The sharps container must be replaced on a regular basis”.

“Waste containers in which contaminated gloves, sponges, bandages, etc will be deposited must be labeled with the bio-hazard label or color-coded to warn others who may have contact with the containers of the potential hazard of
the contents. These containers must be disposed of on a regular basis according to the Exposure Control Plan. Gloves are to be worn anytime the contents of the container are being disposed”.

“Clothing, towels, ace wraps that have been contaminated are to be placed in a plastic bag prior to being placed in a marked bio-hazard container. Items are to remain in the biohazard container until the items can be properly laundered. Gloves are to worn when the items are being transferred from the container to the laundry machine”.

**Exposure Determination**

“An occupational exposure incident occurs if one is in a work situation and comes in contact with blood or any potentially contaminated materials. Once an occupational exposure to blood or other potentially contaminated material has occurred, the employee’s name and job classification must be listed with OSHA”.

“If you have an exposure to another person’s contaminated blood or a contaminated surface or instrument, immediately wash the exposed area with warm water and soap. If the exposed area is your mouth, rinse your mouth with water or mouthwash. If the exposure is to your eyes, flush the eyes with warm water (or normal saline solution). The area must be completely irrigated”.

Report the exposure to your supervisor. OSHA requires the following information be reported:

- “How, when, and where the incident occurred”.
- “With whose blood or body secretion did one come in contact? If one does not know, just explain what happened”.
- “You will need to be tested for HBV and/or HIV only if you consent to the test. You may refuse. Also, you may elect to have your blood drawn and stored for 90 days. Then if you change your mind the sample of blood can be tested. If you elect not to have the sample tested, the sample is disposed of without testing in 90 days”.
- “The individual’s blood in which you came in contact will also be tested, if available”.
- “All information collected following an exposure will be kept confidential. Records cannot be disclosed without the express written consent of the individual involved in the incident”.

**Evaluation**

Each athletic training student must pass the Prevention of Blood-borne Pathogen exam with a score of 80% or better, and demonstrate the ability to following universal precautions and the correctly use of personal protective equipment.

Communicable Disease Policy:

A policy has been established relative to the student’s participation in clinical experiences if the student has a communicable disease. Students who have minor illnesses (cold, stomach virus, etc.) are to withhold from participation in clinical experiences until the symptoms of being contagious (fever, chills, diarrhea, vomiting, etc) have subsided for a period of 24 hours. Students who have illnesses that have required care by a physician are to withhold from participation in clinical experiences until cleared by the physician to return to full activities. Students may seek the assistance of the school nurse of the College for any illness. She can assist with referring the student to a physician if additional medical care is required.
Student Training Record on Blood-borne Pathogens

Initial Training _____     Annual Training _____

Student’s Name: _________________________

Date entering ATEP: ______________________

Date of training session: ______________________

<table>
<thead>
<tr>
<th>Subject</th>
<th>Date</th>
<th>Trainer</th>
<th>Student’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Bloodborne Pathogen Standard</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Epidemiology and symptoms of bloodborne diseases</td>
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<td>Modes of transmission</td>
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<td>Recognizing potential exposure</td>
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<td>Use and limitations of Exposure Control methods</td>
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<td>Personal Protective Equipment (PPE)</td>
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<td>Selection of PPE</td>
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<td>Hepatitis B virus immunization</td>
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<td>Emergencies involving blood or other potentially infectious materials</td>
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<td>Exposure Follow-up Procedures</td>
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<td>Post exposure evaluation and follow-up</td>
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<td>Signs and Labels</td>
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<td>Opportunity to ask questions</td>
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Person conducting training session: ________________________________________________

Qualifications of trainer: __________________________________________________________
Exposure Incident Protocol

In the event that an exposure incident occurs, you are to complete the following in the sequence listed and check each activity that is completed.

Part I: To be completed by the student

Name: _________________________________  Department: __________________

Date of Incident: ________________   Time of Incident: ____________________

1. Contact Supervising Athletic Trainer
2. Complete Exposure Incident Report
3. Contact Program Director

Part II: To be completed by the Supervising Athletic Trainer and Program Director

1. Review Exposure Incident Report
2. Complete documentation and identification of source individual.
3. Request for source individual evaluation.
4. Complete Exposure Follow-up Record.
5. Appropriate information sent with student to student health services.
6. Student health services nurse submits written opinion. Date __________
7. Written opinion received. Date __________
8. Written opinion reviewed with student. Date __________
9. All information relative to the incident is to remain confidential and becomes permanent part of the student’s medical records.

Student’s signature _______________________________  Date _____________

Program Director Signature ___________________________  Date ___________

Supervising AT’s Signature ____________________________  Date ___________
Exposure Incident Report

To be complete by the athletic training student and reviewed by the supervising athletic trainer and ATEP Director.

Student Name __________________________ Date _______________
SSN ________ - ________ - ________  DOB ____ - ____ - ____
Local Telephone No. _________________________
Permanent Address: _____________________________________________
Telephone No. _________________________
Exposure Date: _______________  Exposure Time: _______________
Where did the incident occur? ___________________________________________________
Nature of the incident: (splash to exposed membrane or non-intact skin, etc)
_____________________________________________________________________________________________
_____________________________________________________________
Describe the task(s) being performed when the exposure occurred:
_____________________________________________________________________________________________
_____________________________________________________________
Were you wearing Personal Protective Equipment (PPE)?  Yes ____ No ____
If Yes, list equipment: ___________________________________________________________
Did the PPE fail?  Yes ____ No ____
If Yes, explain: _________________________________________________________________
______________________________________________________________________________
To what body fluids were you exposed?
What parts of your body became exposed?
Was this a puncture wound?  Yes ____  No ____
If Yes, what object caused the wound: ______________________________________________
Where did the object penetrate the body?
If a needlestick occurred, was any fluid injected into your body?  Yes ____  No ____
If Yes, what fluid? ___________________________  How much? ________________________
Did you receive medical attention?  Yes ____  No ____
If Yes, where? ___________________________  Date: ________________________
By whom? _______________________________
Identification of source individual(s):
Student Signature: __________________________  Date: ___________________________
Supervising AT Signature: __________________________  Date: ___________________________
Program Director: __________________________  Date: ___________________________
Exposure Follow-up Report

Student’s Name: __________________________  Date: ___________________________
Date of Exposure: ________________________  Date Reported: __________________
Source Individual Follow-up

Request made of ___________________________  Date: ___________________________

Student Follow-up
Student’s file review by: ___________________  Date: ___________________________

Information given on source individual’s blood test results by Student Health Services nurse.
Yes _____  Not obtained _____

Referred to Student Health Services nurse:
Name of healthcare professional: ___________________________________________________

Blood Sampling / Testing Recommended:
Testing consent given?  Yes ____  No ____  
Sample obtained by: ___________________________  Date: ___________________________

Vaccination Recommended: Yes ____  No ____
By whom: ___________________________________  Date: ___________________________

Student advised of need for further evaluation of medical condition / treatment: Yes ___  No ___
By whom: ___________________________________________  Date: ___________________

Follow-up required: Yes ____  No ____
By whom: ___________________________________________  Date: ___________________

Student’s Signature ____________________________________  Date: ___________________

Program Director ___________________________  Date: ___________________________
Exposure Source Identification and Documentation

Exposed Student’s Name: _______________________________________________

Healthcare Provider: _______________________________________________
Affiliation: _______________________________________________
Address: _______________________________________________
Telephone No.: _______________________________________________

Incident Information:
Incident Date: ________________________
Date Reported: ________________________

Source Individual: ________________________

Describe the incident:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Report of source individual evaluation
Review by: ______________________________  Date: ___________________

Source individual unknown: _____

Testing of source individual’s blood:  Consent obtained ____  Refused _____

Check one:
_____ Testing of the source individual indicated no known exposure to Bloodborne Pathogens.

_____ Testing of the source individual indicated possible exposure to Bloodborne Pathogens. Medical
follow-up is recommended.

_____ Testing of source individual not conducted. Explain:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Program Director: ______________________________  Date: _________________
Appendix G: Huntingdon College Emergency Action Plans (EAP’s)

- Basketball
- Baseball
- Football
- Soccer
- Softball
- Tennis
Appendix H: Code of Ethics

- NATA Code of Ethics
**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 decisions. 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.

**PRINCIPLE 1:** Members shall respect the rights, welfare and dignity of all.

1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

**PRINCIPLE 2:** Members shall comply with the laws and regulations governing the practice of athletic training.

2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

**PRINCIPLE 3:** Members shall maintain and promote high standards in their provision of services.

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 their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
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 should maintain and promote ethical conduct in research and educational activities.

PRINCIPLE 4: Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.

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 National Athletic Trainers’ Association current or past volunteer leaders 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’s 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 to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.