Athletic Training Admissions Procedures

Truman State University

Admission to the athletic training major is competitive and selective. Students interested in majoring in athletic training must complete an application process that is separate from the University's application for admission. Students who indicate Athletic Training as their major area of study on the University's application for admission will be *provisionally* admitted to the Athletic Training major for the first semester. During their first semester in the major, students must complete the application process. The number of students admitted to the major is limited, therefore, students who have completed the application requirements are not assured acceptance into the athletic training major. Applications for the athletic training major are due by November 1st. Applicants are selected for admission based on completion of all the admission requirements included in this application packet, recommendations, university grade point average, performance in the pre-requisite courses, evaluations by preceptors, previous experience, and a written essay. Specific admission criteria are listed below. The admissions committee reviews all applications and selects the best overall candidates. Admission decisions are announced by November 21. Students not admitted must formally choose another major, but may re-apply to the Athletic Training major the following year. Transfer students must follow the same application procedure as all current Truman students. Transfer credit generally will not be granted for athletic training courses. All transfer credit will be determined by the Office of the Registrar and approval by the Athletic Training Program Director.

ADMISSION REQUIREMENTS

• Pre-requisite courses

Students must be enrolled in or have completed the following courses in order to apply to the athletic training major.

ES 205: First Aid and CPR

AT 120: Principles of Athletic Training

On November 1, students must be receiving a grade of B or higher in each of these courses to be considered for admittance into the Athletic Training major. A *final* grade of B or higher is required.

• Completion of 75 hours of observation

75 observation hours are required. During these observation hours, students rotate through various venues. A minimum of 20 hours must be completed at each rotation. You must submit a copy of your current hours form with your application. You must have completed 45 observation hours by November 1. The instructor of the AT 120 (Introduction to Athletic Training) course will have a sign-up sheet for observation rotations. It is your responsibility to sign up for these rotations. All 75 hours must be completed by the end of the semester.

• Meeting with clinical coordinator

Applicants must schedule at least one individual meeting with the clinical coordinator to discuss their experience and spring course selection.

The meeting must take place between Sept. 15 and Oct. 15.

• Preceptor evaluations

During each observation rotation, the preceptors will be evaluating your performance. At the completion of each rotation, the preceptor will review the evaluation with the candidate and then submit the evaluation to the admissions committee. Performance on these evaluations will be seriously considered by the committee. A copy of this form is included at the end of this packet.

Essav

Each applicant must submit an essay with their application. The purpose of the essay is to determine the candidate understands of the athletic training profession and the characteristics and abilities required for success in that profession. The essay will also be used to analyze the applicant's qualifications as an athletic training student and future professional. The essay must not exceed 2 pages in length and must be double-spaced. The essay must address the following questions:

Essay Requirements

- 1. Why are you interested in athletic training as a major and as a profession?
- 2. What do you believe are the most important characteristics, abilities, and skills required for success in the profession of athletic training?
- 3. Give an example of how you have demonstrated at least one of the characteristics, abilities, or skills you believe is required for success as an athletic trainer.
- 4. Describe the 3 most important things you learned from your observation experience.

• Completed application packet

The application is due November 1. The application includes the following items:

Application form

The application form is included with the application packet. It must be completed thoroughly and accurately.

Two Recommendation forms

Recommendation forms are included in the application packet. Recommendations should be completed by a professional who is able to judge your skills, work ethic, and general personality characteristics. Please supply one recommendation from someone who has known you for at least one year and is either a teacher or work supervisor. Suggestions include a former employer, instructor/teacher, certified athletic trainer, counselor, principal, etc. Friends and family members are not a good choice.

Grade Release Form

A grade of B or better in the pre-requisite courses (ES 205, AT 120) is required for acceptance into the major. Overall grade point average is also taken into consideration. The grade release form is included in the application packet.

Submission of a signed Technical Standards form

The Technical Standards form explains the physical and psychological requirements for the major. This form is a requirement of all accredited programs and is included with the application packet.

Completion of a physical examination by a physician or nurse practitioner

The purpose of the physical examination is to determine the student's ability to meet the Technical Standards and to ensure the safety of the students and patients. Students must pass their physical exam and complete the vaccination form in order to be admitted to the program. The physical examination form, included with the application packet, must be completed by November 1.

Submission of a signed Athletic Training Progression Description

The Athletic Training Progression Description explains the requirements for progression in the major. The description is included in the application packet and must be signed by the applicant.

Bloodborne pathogens training

Bloodborne pathogens training will occur as a part of AT 120. Verification of completed training will be documented by the student and instructor's signature on the training verification form. All applicants must participate in the training session and complete the Hepatitis B acceptance or declination form.

Hours sheet

Each student must complete 75 hours of observation. 45 hours must be completed before November 1. The hours sheet must be signed each month by the preceptor for that rotation. All 75 hours must be completed by the end of the semester.

Your entire application including the application form, recommendations, grade release form, technical standards, physical examination, progression description, bloodborne pathogen training, preceptor evaluations, hours sheet, and essay will be kept in your permanent file in the office of the AT program Program Director.

RETENTION REQUIREMENTS

The Athletic Training Program is divided into six levels (semesters). Each level contains level-specific objectives, specific academic coursework, Preceptor evaluations, and an Athletic Training Practicum course. Students in the Athletic Training Program must satisfactorily meet the requirements of each level in order to progress to the next. Level specific requirements include a grade of C or higher in dictated courses, completion of all Practicum competencies with a grade of 1/2 or higher, and a score of 3/5 or higher on each level-dependent skill listed on the student evaluation. A detailed list of the requirements for successful completion of each level can be found on the Athletic Training Program web site at http://hes.truman.edu/atmaj/progression.htm and the Athletic Training Progression information sheet found in this application packet.

APPLICATION PROCEDURES

Admission to the Athletic Training major is selective and competitive. Completion of pre-requisite courses and submission of an application do not guarantee admission to the program

When to apply

All application materials must be submitted by November 1.

How to apply

- 1. Submit application packet (application form, recommendations, grade release form, technical standards, physical examination, progression description, bloodborne pathogen training, hours sheet) by November 1.
- 2. Submit essay by November 1.
- 3. Be enrolled or have completed ES 205 and AT 120.

• Where to find application materials

All application materials can be downloaded from the Athletic Training major's web site or obtained from the office of the Athletic Training Program director.

How selection is made

An admissions committee, formed by the preceptors, will evaluate:

- Application packet materials (application form, recommendations, grade release form, technical standards, physical examination, progression description, bloodborne pathogen training, hours sheet). The application packet must be complete by November 1. Anyone with an incomplete packet will not be considered for admission to the major.
- o GPA in pre-requisite courses (ES 205, AT 120) and overall GPA. On November 1, the director of the Athletic Training Program will request current grades from the instructors of these courses. Students must be receiving a grade of B or higher in these courses in order to be admitted into the program. Admission is not definite until final grades in the pre-requisite courses are determined.
- O Preceptor Evaluations are performed during each observation rotation. The preceptor evaluations are used to evaluate the expression of the personality traits considered by the staff to be necessary for successful completion of the program. Personality traits are evaluated through preceptor evaluations and feedback on recommendation forms. These traits include: cooperation, initiative, intellectual curiosity, enthusiasm, interpersonal skills, professionalism, oral expression, and time management skills. A copy of this evaluation is included at the end of this packet

• When selection is made

Selection is made during the first three weeks of November. Acceptance/rejection letters will be mailed to the students' campus addresses by November 21. Admission is not definite until final grades in the prerequisite courses are determined.

• What course to take when selected

Students who are accepted to the Athletic Training major will begin with major requirements the semester after being accepted. Accepted students will be provided information from the program director on how to enroll in AT 220 (Principles of Athletic Training), BIOL 365 (Human Anatomy), ES 245 (Nutrition in Health, Fitness, and Sport) and AT 112 (Athletic Training Practicum 1).

• What to do if you are not selected

Students not admitted must select another major and complete a change of major form. They may re-apply to the athletic training major during the following fall semester.

TRUMAN STATE UNIVERSITY

ATHLETIC TRAINING MAJOR APPLICATION FOR ADMISSION

| Name | I | D # | | e-mail address | |
|---|---------------------|---------------------|---------------------------|---------------------------------|-------------|
| Permanent Address (street ad | ddress, city, state | ·) | College Address | | |
| Permanent Phone | | | College Phone | | |
| High School last attended | | High School (| GPA College last attende | ed | College GPA |
| Current year in school | ACT score | | Do you have any experie | nce in athletic training? | |
| Extracurricular activities (spor | ts, barra, clubs, v | oldriteer, etc) | | | |
| Describe any experiences you necessary) | u may have in At | thletic Training or | other health-related prof | essions. (attach additional she | eet if |
| | | | | | |
| | | | | | |
| Signature | | | Date | | |

TRUMAN STATE UNIVERSITY

ATHLETIC TRAINING PROGRAM RECOMMENDATION FORM

| Applicant's Name | | Your name | | | | | |
|--|---|------------------|-------------------|-----------------------|--------------------------|--|--|
| How long have you known the appl | icant? | Your title | | | | | |
| In what capacity have you known th | e applicant? \Box co | ounselor □em | ployer 🗆 teac | her 🗆 other | | | |
| The Athletic Training Program at academic activities. Athletic train the responsibility for the health carries of the program as an athletic training program at the carries of the program at the program at the carries of the program at the carries of the program at the program at the carries of the program at the progra | ing students will are of an athletic (| interact with co | oaches, athletes, | and physicians and | will eventually assu | | |
| critical to success as an athletic tr | EXCELLENT | ABOVE | AVERAGE | NEEDS | UNABLE TO | | |
| | | AVERAGE | | IMPROVEMENT | JUDGE | | |
| Reliability | | | | | | | |
| Time Management Skills | | | | | | | |
| Self Confidence | | | | | | | |
| Initiative | | | | | | | |
| Study Habits | | | | | | | |
| Dedication | | | | | | | |
| Cooperation | | | | | | | |
| Intellectual Curiosity | | | | | | | |
| Oral Expression | | | | | | | |
| Maturity (social) | | | | | | | |
| Maturity (professional) | | | | | | | |
| Dependability | | | | | | | |
| Leadership | | | | | | | |
| Interpersonal Skills | | | | | | | |
| Ambition | | | | | | | |
| Motivation | | | | | | | |
| Ingenuity Enthusiasm | | | | | | | |
| Enthusiasm | | | | | | | |
| Please give specific examples of wh | en the student has | demonstrated or | ne or more of the | characteristics abov | e. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Please list any traits / characteristics | that you believe v | vould hinder the | applicant from b | eing a successful ath | nletic training student. | | |
| | | | | | | | |
| | | | | | | | |
| Signature | | | Date | | | | |

Please return to: Athletic Training Program Director

1222 Health Sciences Building Kirksville, MO 63501 660-785-4166 (fax)

or return to the student in a sealed envelope (your signature over the seal)

TRUMAN STATE UNIVERSITY

ATHLETIC TRAINING PROGRAM RECOMMENDATION FORM

| Applicant's Name | | | | Your name | | |
|---|------------------------------|------------------|--------------------|----------------------|--------------------|--------------------|
| How long have you know | | Your title | Your title | | | |
| In what capacity have yo | u known the appl | icant? □couns | selor | er □teacher □ot | her | |
| The Athletic Training Program at Truman State University requires approximately 20 hours each week in addition to regular academic activities. Athletic training students will interact with coaches, athletes, and physicians and will eventually assume | | | | | | |
| the responsibility for th | | | n. Please rate the | e applicant on the | following charac | teristics that are |
| critical to success as an | athletic training EXCELLENT | | AMED A CE | NEEDG | INVADIT TO | |
| | EXCELLENT | ABOVE AVERAGE | AVERAGE | NEEDS IMPROVEMENT | UNABLE TO JUDGE | |
| Reliability | | TIVERTICE | | IVII RO VENIER VI | JUDGE | |
| Time Management Skills | | | | | | |
| Self Confidence | | | | | | |
| Initiative | | | | | | |
| Study Habits | | | | | | |
| Dedication | | | | | | |
| Cooperation | | | | | | |
| Intellectual Curiosity | | | | | | |
| Oral Expression | | | | | | |
| Maturity (social) | | | | | | |
| Maturity (professional) | | | | | | |
| Dependability | | | | | | |
| Leadership | | | | | | |
| Interpersonal Skills | | | | | | |
| Ambition | | | | | | |
| Motivation | | | | | | |
| Ingenuity | | | | | | |
| Enthusiasm | | | | | | |
| Please give specific exam | nples of when the | student has der | monstrated one or | more of the characte | eristics above. | |
| | | | | | | |
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| | | | | | | |
| Please list any traits / characteristics that you believe would hinder the applicant from being a successful athletic training student. | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature | | | Dat | e | | |

Please return to: Athletic Training Program Director

1222 Health Sciences Building Kirksville, MO 63501

or $\,$ return to the student in a sealed envelope (your signature over the seal) $\,$ 660-785-4166 (fax)

ATHLETIC TRAINING PROGRAM GRADE RELEASE FORM

| Dear Instructor, | | |
|---|--|---|
| important part of the you in order to reque | Athletic Training major at Truman State University application review process. A member of the Athle est my current grade in your course. I would greatly ate of my current grade. | tic Training Program will be contacting |
| Thank you | | |
| I,Student Nam These courses are lis | | courses in which I am enrolled. |
| Course Number | Course Name | Instructor Name |
| | 004220 1144410 | 22202 20002 2 (40222 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| to release my curren application to the pro | t grades to the Athletic Training Program faculty for ogram. | the purposes of evaluating my |
| Student Signature | | _ |

PHYSICAL EXAMINATION FOR ATHLETIC TRAINING PROGRAM

| Name: | | | | | | Date of Birth: | | _ | Sex: | | |
|---------------------|--------|--------|------------------------------------|------------------|------|--|------|-----------------|----------------------------|-----|----------|
| Home Address: | | | | City, State, Zip | | | | | | | |
| Cell Phone: | | | | | | Date: | | | | | |
| DO YOU HAVE P | ROBLEM | S WITI | H ANY OF THE FOLLOWING | ? | | HAVE YOU EVER | | | HAVE YOU E | | |
| | YES | NO | | YES | NO | | YES | NO | ONE OF THE FOLLOWING YES N | | NO NO |
| EYES | TES | 110 | DIABETES | TES | 110 | HAD SURGERY | TES | 110 | HAND | TES | 110 |
| EARS | | | MONONUCLEOSIS | | | HAD A CONCUSSION | | | WRIST | | |
| NOSE | | | HEART MURMUR | | | BEEN KNOCKED OUT | | | FOREARM | | |
| THROAT | | | CHEST PAINS | | | HAD A SEIZURE | | | ELBOW | | |
| STOMACH | | | SHORTNESS OF BREATH | | | HAD A HERNIA | | | ARM | | |
| INTESTINES | | | DIZZINESS/FAINTING | | | HAD RHEUMATIC FEVER | | | SHOULDER | | |
| LIVER | | | CONSTANT FATIGUE | | | HAD TUBERCULOSIS | | | BACK | | |
| BLADDER | | | HIGH BLOOD PRESSURE | | | HAD HEAT CRAMPS | | | NECK | | |
| GALLBLADDER SKIN | | | FREQUENT HEADACHES RECURRENT FEVER | | | HAD HEAT ILLNESS HAD STOMACH ULCERS | | | THIGH HIP | | |
| LYMPH NODES | | | SCOLIOSIS | | | LOST AN EYE | | | CHEST | 1 | - |
| HEART | | | ALLERGIES | | | LOST A KIDNEY | | | KNEE | | - |
| LUNGS | | | EATING DISORDERS | | | HAD A REACTION TO MEDICINE | | | FOOT | | |
| | | | ASTHMA | | | HAD FAMILY HISTORY OF EARLY | | | ANKLE | | |
| | | | | | | DEATH | | | | | |
| | | | EPILEPSY | | | HAD A CLOSE FAMILY MEMBER WITH A HEART CONDITION | | | SHIN/CALF | | |
| | | | PARALYSIS | | | THE INC. | | | GROIN | | |
| 11. | LASE | , I K | OVIDE DETAILS | 10 8 | 1111 | QUESTIONS WHERE YOU | AINS |) VV I U | KED <u>TES</u> | | |
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| | | | | | | | | | | | |
| STUDENT'S | SIGNA | TUR | E | | | | | DAT | TE | | |

| HEIGHT / WEIGHT | | | STATION #3 - BLOOD PRESSURE |
|---------------------|-----|----|-----------------------------|
| Height (In.) | | | Resting Blood Pressure = |
| Weight (lbs.) | | | |
| | | | |
| ORTHOPEDIC EXAMINA | | | |
| Abnormalities of | Yes | No | Physician's Notes: |
| Spine | | | |
| Shoulders | | | |
| Elbow | | | |
| Hand/ Wrist/Fingers | | | |
| Hips | | | |
| Knees | | | |
| Ankles | | | |
| Feet | | | |
| | | | |
| PHYSICIAN EXAMINAT | | | |
| Abnormalities of | Yes | No | Physician's Notes: |
| HEENT | | | |
| Ears/Hearing | | | |
| Nose | | | |
| Dentition / Throat | | | |
| NECK | | | |
| Thyroid | | | |
| Lymph Gland | | | |
| HEART | | | |
| LUNGS | | | |
| ABDOMEN | | | |
| SPINE | | | |
| SKIN | | | |

NEUROLOGIC

ATHLETIC TRAINING IMMUNIZATION RECORD

Enter the MONTH, Day and YEAR for all vaccines. DO NOT USE (✔) or (★).

Please realize that not all the vaccines listed are required for admission to the University or the Athletic Training major.

| Type of Vaccine | 1 st dose | 2 nd dose | 3 rd dose | 4 th dose | 5 th dose |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Mo/Day/Yr | Mo/Day/Yr | Mo/Day/Yr | Mo/Day/Yr | Mo/Day/Yr |
| Diphtheria, Tetanus, and Pertussis | | | | | |
| (DTaP, DTP, TD) | | | | | |
| Tetanus Booster | | | | | |
| Polio | | | | | |
| Measles, Mumps, and Rubella (MMR) | | | | | |
| Measles | | | | | |
| | | | | | |
| Mumps | | | | | |
| Rubella | | | | | |
| Hepatitis B (Hep B) | | | | | |
| Hepatitis A | | | | | |
| | | | | | |
| Meningococcal | | | | | |
| TB (Mantoux) Skin Test | | | | | |
| | | | | | |

The Athletic Training major at Truman State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. Students enrolled in the Athletic Training major must demonstrate the following:

- 1. The mental capacity to assimilate, analyze, synthesize, integrate concepts, and problem solve to formulate assessment and therapeutic judgments and be able to distinguish deviations from the norm.
- 2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
- 3. The ability to physically move equipment, assist in athlete/patient mobility and transfers, perform emergency procedures (e.g. cardiopulmonary resuscitation) and complete other physical tasks associated with the profession of athletic training. The ability to lift 25 pounds is a general guideline.
- 4. The ability to communicate effectively and sensitively with patients and colleagues, including the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
- 5. The ability to record the physical examination results and a treatment plan clearly and accurately.
- 6. The capacity to maintain composure and continue to function well during periods of high stress.
- 7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
- 8. Affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.

I feel that, based upon my physical examination, this student is medically capable of performing the above tasks and completing the clinical experiences required by the Truman State University Athletic Training Program.

| Physician or Practitioner Signature: | | |
|---|---------------------|--|
| Physician or Practitioner: (PLEASE PRINT NAME): | | |
| Address: | | |
| Phone: | Date of Examination | |

ATHLETIC TRAINING PROGRAM TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Program at Truman State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency, CAATE (Commission on Accreditation of Athletic Training Education). Compliance with the program's technical standards does not guarantee a student's eligibility for the BOC certification exam.

Technical standards for the Truman State University Athletic Training Program include:

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

Candidates for selection to the AT program will be required to verify they have read and understand the technical standards. Applicants will be asked to verify that they understand, if they are unable to meet these standards, they will most likely not be able to successfully pass the courses in the program, complete the AT program, and pass the Board of Certification (BOC) certification exam. The Disabilities Services Office will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, a committee composed of the student, personnel from the University's Disabilities Services and the Health and Exercise Sciences Department will determine if it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

STATEMENT OF UNDERSTANDING

I certify that I have read and understand the technical standards listed above. I understand that these standards are vital to successful completion of the program and the certification exam. If I am unable to meet these standards I will most likely not be able to successfully pass the courses in the program, complete the Athletic

| Training Program, and pass the BOC certification exam. | |
|--|---|
| Signature of Applicant | Date |
| ALTERNATIVE STATEMENT FOR STUDENTS REQUESTIN | G ACCOMMODATIONS |
| I certify that I have read and understand the technical standards of se best of my knowledge that I can meet each of these standards with ce order to request any accommodations at Truman State University, I r Office to determine what accommodations may be available. | ertain accommodations. I understand that in |
| Signature of Applicant | Date |

ATHLETIC TRAINING PROGRESSION INFORMATION

The Athletic Training Program at Truman State University is designed to provide the student with classroom and supervised clinical experiences that will prepare them for the Board of Certification (BOC) examination and entry into the profession of Athletic Training. The athletic training curriculum provides all of the coursework needed to progress through and graduate from the Athletic Training Education Program. The clinical experiences are provided through the six Athletic Training Practicum courses.

The Athletic Training Education Program is divided into six levels (semesters). Students do not begin progressing through these levels until they have gone through the AT program application process and are officially accepted into the major. Each level contains specific academic coursework, preceptor evaluations, and an Athletic Training Practicum course. The Athletic Training Practicum courses are designed to provide the student with observational and hands-on learning opportunities that correlate with the coursework for that semester. Each Practicum course contains a set of NATA Educational competencies that must be completed before progressing to the next level.

Below is a list of the requirements for each level. All of the requirements for one level must be met before progressing to the next level. Students who do not satisfactorily complete all of the level requirements will be required to repeat the deficient component and not progress to the next level. Since many of the level-specific courses are only offered during one semester each year, students repeating a level would be delayed an entire year in the program. Completion of all six levels is required for graduation from the Athletic Training Program. These levels must also be completed in order to obtain the AT Program Director's endorsement on the BOC examination application.

This document must be signed as a part of the application to the AT program. The document will be kept in the student's file. The Program Director will use the following list at the end of each semester to determine whether a student may progress to the next level.

| - | oplication | Student has satisfactorily completed all application requirements and been accepted |
|----|---|---|
| | B or higher in ES 205 – Community First Aid and CPR | to the athletic training education |
| | B or higher in ES 120 – Introduction to Athletic Training | |
| | Completion of 75 observation hours | program |
| | Meeting with Program Director date | |
| | Completion of application essay | <u> </u> |
| | Completion of application packet | Program Director Date |
| | Acceptance into the Athletic Training Education Program | |
| Le | C or higher in AT 220 – Principles of Athletic Training C or higher in BIOL 365 – Human Anatomy C or higher ES 245 – Nutrition in Health, Fitness, and Sport C or higher in AT 112 – Athletic Training Practicum 1 Completion of <u>all</u> Practicum 1 competencies with a grade of 1 or higher Score of 3/5 or higher on each level-dependent skill included in the second (end of semester) Athletic Training Student Evaluation | Student has satisfactorily completed this level Program Director Date |
| Le | evel Two | |
| | C or higher in AT 320 –Injury Evaluation – lower extremity | Student has satisfactorily |
| | C or higher in AT 210 – Athletic Training Practicum 2 | completed this level |
| | Completion of all Practicum 2 competencies with a grade of 1 or higher | |

Program Director Date

Score of 3/5 or higher on each level-dependent skill included in the second (end of

semester) Athletic Training Student Evaluation

| | C or higher in AT 321 – Injury Evaluation - upper extremity | Student has satisfactorily |
|-----|---|--------------------------------------|
| | C or higher in ES 342 – Concepts of Biomechanics | completed this level |
| | C or higher in ES 345 – Introduction to Exercise Physiology | - |
| | C or higher in AT 350 – Therapeutic Modalities | |
| | C or higher in AT 212 – Athletic Training Practicum 3 | Program Director Date |
| | Completion of <u>all</u> Practicum 3 competencies with a grade of 1 or higher | _ |
| | Score of 3/5 or higher on each level-dependent skill included in the second (end of semester) | Athletic Training Student Evaluation |
| Le | vel Four | |
| | C or higher in BIOL 325 – Human Physiology | Student has satisfactorily |
| | C or higher in ES 445 – Assessment and Prescription I | completed this level |
| | C or higher in AT 360 – AT Administration | 1 |
| | C or higher in AT 310– Athletic Training Practicum 4 | |
| | Completion of <u>all</u> Practicum 4 competencies with a grade of 1 or higher | Program Director Date |
| | Score of 3/5 or higher on each level-dependent skill included in the second (end of | |
| | semester) Athletic Training Student Evaluation | |
| T o | vel Five | |
| | · · | 1 |
| | C or higher in AT 420 – Physical Rehabilitation | Student has satisfactorily |
| | C or higher in AT 450 – Advanced Athletic Training | completed this level |
| | C or higher in ES 460 - Assessment and Prescription II C or higher in ES 365 – Injury and Rehabilitation Psychology | |
| | C or higher in AT 312 – Athletic Training Practicum 5 | |
| | Completion of <u>all</u> Practicum 5 competencies with a grade of 1 or higher | Program Director Date |
| | Score of 3/5 or higher on each level-dependent skill included in the second (end of | |
| _ | semester) Athletic Training Student Evaluation | |
| | Semester) / kinetic Training Student Evaluation | |
| Le | vel Six | Ctd. at her satisfactor:1 |
| | C or higher AT 460 – Capstone in Athletic Training | Student has satisfactorily |
| | C or higher in AT 410 – Athletic Training Practicum 6 | completed this level |
| | Completion of <u>all</u> Practicum 6 competencies with a grade of 1 or higher | |
| | Score of 3/5 or higher on each level-dependent skill included in the second (end of | Program Director Date |
| | semester) Athletic Training Student Evaluation | Frogram Director Date |
| | - - | |

Level Three

EXPOSURE CONTROL TRAINING

All athletic training students in the athletic training program at Truman State University are trained in the handling of blood and other potentially infectious materials. This training occurs each fall before the students are exposed to any blood or bodily fluids.

Trainer:

The training is performed by a licensed athletic trainer.

Contents:

During the training, all participants are given a copy of the exposure control plan. The details of the plan are explained and demonstrated. The participants are taught the dangers of occupational exposure to bloodborne pathogens. The participants practice safe handling of potentially infectious materials and proper glove removal. The locations of Personal Protective Equipment (i.e. glove, cleaning supplies, and biohazard disposal units) are identified. The participants are also informed of the dangers of Hepatitis B and given the opportunity to be vaccinated.

This document serves as official documentation of exposure control training. By signing this form, you acknowledge that dangers of blood borne pathogens were explained and you were trained in the handing of blood and other bodily fluids.

| Exposure control training was | performed on this date | |
|-------------------------------|------------------------|-------------------------|
| Date | Instructor's Name | Instructor's Signature |
| Date | Participant's Name | Participant's Signature |

HEPATITIS B VACCINE RECOGNITION

Within the athletic training profession, there is a potential for occupational exposure to blood or other bodily fluids. Blood and bodily fluids may contain a virus known as Hepatitis B. This virus can cause serious illness. The Occupational Safety and Health Organization (OSHA) requires that institutions offer the Hepatitis B vaccine to those who may be exposed to this virus as a part of their job or educational requirements. At this time, you are being asked to decide if you wish to be vaccinated for Hepatitis B. Please read the following 3 choices and select the one with which you feel most comfortable.

| choices and select the one with which | you leef filost co | imortable. | | |
|--|--|--|--|--|
| Hepatitis B Vaccine Acceptance Because of my occupational exposure acquiring the Hepatitis B virus. I have vaccine at no cost to myself. These vacincludes a series of 3 shots that must be | been given the coinations must be | opportunity and ha | ive accepted | to receive the hepatitis B |
| Name (Drinted) | | Date | of shot #1 | |
| Name (Printed) | | | | |
| | | Date | of shot #2 | |
| Signature | Date | Date | of shot #3 | |
| | | | | |
| Hepatitis B Vaccine Declination (I and I understand that due to my occupation risk of acquiring hepatitis B virus (HB) virus. Documentation of this vaccinating application. | nal exposure to be V) infection. I h | lood or other poter ave already been v | vaccinated ag | ainst the Hepatitis B |
| Name (Printed) | | | | |
| Signature | | Date | | |
| Hepatitis B Vaccine Declination (I de I understand that due to my occupation risk of acquiring hepatitis B virus (HB) hepatitis B vaccine, at no cost to mysel that by declining this vaccine, I continu I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccinated with hepatitis B vaccine, I continue to have occupational exposuraccine and the c | tal exposure to be V) infection. I he left However, I do not be at risk of the to blood or other to blood or other left. | lood or other poter ave been given the ecline hepatitis By f acquiring hepatit ther potentially info | e opportunity vaccination a is B, a seriou ectious mater | to be vaccinated with t this time. I understand s disease. If in the future rials, and I want to be |
| Name (Printed) | | | | |
| Signature | | Date | _ | |

| Running Total, previous | | | Hours for Athletic | NAME c Training Stude | nts | | - |
|-------------------------------|--------|---------|--------------------|--------------------------|---------------|----------|-------------|
| Month | | Year | | _ Sport | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
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| | | | | | | | |
| Preceptor Signature | | | | - c Training Stude | Monthly Total | | - |
| Month | | _ Year | | _ Sport | | - | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
| <u></u> | | | | | | | |
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| | | | | | | | |
| Preceptor Signature | | Date | | | Monthly Total | | |

| Running Total, previous | | | Hours for Athletic | NAME c Training Stude | nts | | - |
|-------------------------------|--------|---------|--------------------|--------------------------|---------------|----------|-------------|
| Month | | Year | | _ Sport | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
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| Preceptor Signature | | | | - c Training Stude | Monthly Total | | - |
| Month | | _ Year | | _ Sport | | - | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total |
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| | | | | | | | |
| Preceptor Signature | | Date | | | Monthly Total | | |

PROSPECTIVE ATHLETIC TRAINING STUDENT CLINICAL EVALUATION Truman State University

| S | TUDENT'S NAME: | | |
|------|---|-------------|----|
| P | RECEPTOR'S NAME: | | |
| C | LINICAL ROTATION: FOOTBALL SOCCER VOLLEYBAL | L | |
| | | YES | NO |
| 1. | Student maintained patient confidentiality | | |
| 2. | Student demonstrates time management skills (e.g., punctuality, completing scheduled observation hours, planning for other activities). | | |
| 3. | Student shows initiative in learning and completing daily tasks/responsibilities | | |
| 4. | Student shows initiative in interacting within the clinical setting by engaging with other students, patients, and instructors | | |
| 5. | Student shows an initiative and desire to learn new information and improve their skills or knowledge | | |
| 6. | Student displayed professionalism by being courteous, respectful, dressing appropriately, and using appropriate language. | | |
| 7. | Student projected a sincere interest in the profession of athletic training | | |
| 8. | Student demonstrates ability to accept and utilize feedback/criticism to improve skills and behavior | | |
| 9. | Student displayed effectively communication skills with supervisor and others | | |
| 10 | . Student has shown improvement since the beginning of the rotation | | |
| | | | |
| ease | e list any traits/characteristics that would <u>hinder</u> the applicant from being a successful athletic traini | ng student. | |
| | | | |
| | | | |
| | PRECEPTOR'S SIGNATURE DATE OF REVIEW | | |
| | STUDENT'S SIGNATURE | | |