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Mission and Goals of Athletic Training Education Program

Athletic Training Education Program

ATEP Mission Statement

The primary mission of the Defiance College ATEP is to prepare students to successfully challenge the Board of Certification Inc. (BOC) certification examination and to prepare them for the contemporary professional and ethical challenges of employment and practice as an entry-level certified athletic trainer.

The Defiance College Athletic Training Education Program (ATEP) shall endeavor to prepare athletic trainers of recognized excellence in the context of a small, private, liberal arts, coeducational, residential, undergraduate learning environment. The ATEP shall strive to be a program of recognized excellence by virtue of preparing athletic trainers who will:

1. Continue to learn after graduation
2. Make significant contributions to the profession
3. Serve their communities with distinction.

Goals

The Defiance College ATEP mission will be accomplished by the following goals:

1. Provide the student with a quality undergraduate, liberal arts education.
2. Provide the student with the didactic and clinical experiences to thoroughly obtain the competencies and proficiencies established by the National Athletic Trainers Association (NATA) Educational Council (5th edition, 2011)
3. Offer quality clinical experiences for students in a variety of clinical sites.
4. Provide the student with opportunities to develop into a quality citizen who will be active in the community and the profession.
The Defiance College Athletic Training Education Program (ATEP) is a unique program that combines intensive course work with hands-on clinical experience to prepare a student for a career in athletic training. The academic program is a CAATE (Commission on Accreditation of Athletic Training Education) accredited program that prepares students for the professional opportunities as BOC Certified Athletic Trainers (ATC).

Admission into the Athletic Training Educational Program is a two-step process. Students enter Defiance College as pre-athletic training majors and must complete the first year consisting of general education degree requirements and athletic training prerequisites. Students are considered pre-professional students as they enroll in the introductory courses and begin the directed observation of the athletic training program. The pre-professional phase is completed in their first two semesters on campus. Students in AT 100 and AT 200 also meet with the Program Director and/or the Clinical Education Coordinator to assure that they are enrolled in the proper courses. Directed observation hour requirement for pre-professional Athletic Training students:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Hours per Week</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman Fall</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Freshman Spring</td>
<td>5</td>
<td>50</td>
</tr>
</tbody>
</table>

As the students complete their pre-professional requirements, students apply to advance to the Professional phase of the curriculum that includes advanced courses and clinical education. Students are admitted into the Professional Phase at the beginning of their third semester at Defiance College. The program is structured in such a way that six semesters are required to complete the Professional Phase of the ATEP.

Application Requirements
Application to the professional phase of the ATEP is in the second semester of their freshman year. Students must meet the minimum requirements listed below to be considered for the Athletic Training Education Program. The selection process is competitive and based on academic performance, clinical observation and individual personal qualities. Several criteria for selection have been given a point value to establish an objective means to evaluate your application. The point value is indicated in bold. Remaining criteria are considered minimum criteria. All must be completed. Meeting minimum application requirements does not guarantee a student entrance into the program.

1. Completion of all programs application forms
2. The student must complete the following courses with a B- or better:
   - AT 100, Introduction to Athletic Training
   - AT 200, Orthopedic Pathology
3. Documentation of a minimum of 80 clinical observation hours
   - 120 hours+ = 20 points
   - 100-120 hours = 15 points
   - 80-100 hours = 10 points
4. Successful completion of Athletic Training Modules Level 1 during academic and/or clinical hours: Specific modules are assigned during AT 100 and AT 200.
5. Minimum cumulative DC GPA of 2.50 on a 4.0 scale
   - 3.76-4.00 = 25 points
3.51-3.75 = 23 points
3.26-3.50 = 21 points
3.01-3.25 = 19 points
2.76-3.00 = 17 points
2.50-2.75 = 15 points

6. Objective Evaluations from certified staff: including evaluation based on professionalism, work ethic, dependability, initiative, and attitude.
   Clinical evaluations: average of evaluation scores will be converted to a 20 point scale.
7. Provide two (2) letters of recommendation from faculty, coaches, athletic trainer’s etc. to support your candidacy into the Athletic Training Education Program.
   Letters must be from persons other than Athletic Trainers employed by Defiance College. You must use the form provided.
8. Proof of Immunizations: The immunization record includes: measles, mumps, rubella, tetanus, diphtheria and hepatitis B. The student may sign an assumption of risk waiver in lieu of receiving the Hepatitis B vaccine. The ATEP strongly recommends the student receive the Hepatitis B vaccine.
9. Ability to meet Technical Standards of the ATEP.
10. Signed statement regarding criminal background check.
11. Interview with the ATEP selection committee. Which will be scored with a minimum of 35 points.

Candidates for the ATEP must meet all twelve criteria listed above. Students are then rank ordered and a minimum score of 35 points is required to be considered for entrance into the professional phase of the program. However, meeting the minimum application requirements does not guarantee a student entrance into the program. The number of appointments may vary each year depending on the space available in the program. The number of students accepted into the ATEP is limited by the availability of clinical facilities and faculty. Limited admission will ensure that an appropriate student to clinical instructor ratio (approximately 8 to 1) is maintained. If needed, please contact the Program Director for further clarification.

Acceptance
Acceptance into the ATEP is conditional until the final grades for that semester are received. A student who is deficient in one of the eleven requirements of admission may be conditionally accepted into the ATEP on the recommendation of the Selection committee. A contract between the student and the PD is written to establish the steps the student must make to gain full acceptance into the ATEP. A student may not be in the conditional acceptance phase for more than one year.

Program application materials are returned to the Athletic Training Program Director by March 1st. Candidates are notified of their admission status no later than April 1st. The Program Director notifies each student with a letter sent to the address listed on the application. Students who are not accepted into the ATEP may reapply the following year. Due to the extensive clinical component associated with this program, students may reapply only once. Students who are not selected for the Professional phase of this program will work with the Program Director and/or their advisor to identify alternate academic programs to pursue.
**Transfer Students**

Students who have transferred to DC must complete the required professional phase of the Athletic Training Program. Prompt commencement of the directed observation period is necessary to complete the clinical courses and clinical experiences in a minimum of six semesters at Defiance College. All core courses (designated with the prefix AT) must be taken at Defiance College to ensure competency mastery. The Program Director evaluates other courses in the major on an individual basis to determine transfer of credits. Prior directed observation is evaluated and approved at the discretion of the Program Director.

Retention Criteria is listed on the Assessment Checklist that is given to the student by their academic advisor. All students at DC matriculate according to their completing their Major Assessment Checklist.
Athletic Participation

Applicants to the ATEP will be provided with a copy of this policy statement early on in the application year. It will be discussed and explained again during the application process.

Many prospective athletic training students who express interest in the Defiance College Athletic Training Education Program (ATEP) are also interested in participating in an intercollegiate sport during their college years. Many of the program's finest and most accomplished alumni were athletes while at Defiance College. Because the ATEP has a significant clinical experience component, which requires student commitment at various times throughout the week and on weekends; conflicts between sport demands and clinical experience requirements are not uncommon. The ATEP faculty is committed to encouraging athletic training students to take advantage of the rich co-curricular opportunities available on campus. They are also dedicated to ensuring students graduate on time, fulfill all major requirements, and have enough quality clinical experiences to enable them to become skilled health care professionals. The following guidelines are designed to help accomplish all of these purposes.

Policy:

1. Applicants to the ATEP will be provided with a copy of this policy statement early on in the application year. It will be discussed and explained again during AT 100/200.
2. The intention on the part of a prospective athletic training student to participate in intercollegiate athletics shall not factor into the admission decision for the ATEP.
3. Students admitted to the ATEP may participate in intercollegiate athletics.
4. Athletic training students shall limit their participation to one intercollegiate team per year.
5. Athletic training students may participate during their team's non-traditional season ONLY if participation does not conflict with the student's ATEP clinical experience responsibilities.
6. Athletic training students who participate in intercollegiate athletics must, like all students, fulfill ALL the didactic and clinical education program requirements before they can graduate. All student-athletes are strongly encouraged to consult the ATEP director early since effective planning is crucial to on-time graduation.
7. All athletic training students in the ATEP, including fall student-athletes, are required to perform at least one "equipment intensive" clinical experience (e.g. football or lacrosse). Athletic training students who participate in basketball must also fulfill the equipment intensive requirements of that rotation. This means adjustments will be necessary to both the basketball and athletic training schedules to fulfill the requirements during the athletic training students' junior or senior year.

This policy will be in effect once a student has been accepted into the ATEP at the beginning of his/her sophomore year and will be in effect as long as the student remains in the ATEP. Students with questions regarding this policy are encouraged to speak with the PD for clarification of their situation. The PD makes the final decision on the appropriate situation/experience for the student. All CAATE guidelines will be strictly enforced.
Athletic Participation Agreement

This page must be signed by the Athletic Training Student, the Head Coach for his/her intercollegiate athletic team and be given to the ATEP Program Director in accordance with the annual forms and documentation policy each academic year. The Athletic Participation Agreement is valid for one calendar year.

This is to certify that I, _____________________________, understand the Athletic Participation Agreement as stated above. I am declaring that I will be participating in _____________________________ during the 2012-2013 academic year. I understand that I am responsible for meeting all classroom and clinical expectations and my participation in athletics at Defiance College will not interfere with my clinical responsibilities and experiences.

_____________________________________ _________________________
Athletic Training Student Signature    Date

This is to certify that I, _____________________________, Head Coach of the Defiance College _____________________________ team, understand the Athletic Participation Agreement as stated above. I will support the above-named Athletic Training Student in the pursuit of his/her educational goals and his/her participation in athletic at Defiance College will not interfere with his/her clinical responsibilities and experiences.

_____________________________________ _________________________
Head Coach Signature     Date

Updated July 2011
Advising

Students should meet each semester with their advisor to determine the proper pathway for their education. The “One-stop” link at www.defiance.edu is an excellent way to keep track of your degree progress. Students should begin the process of considering future professional goals early in their admittance into the Athletic Training Education Program. High Schools are one avenue of employment in the field of Athletic Training; however, a teaching certificate is often required to work at this level. If a student is interested in the high school setting, please discuss this with your advisor as soon as possible so that a double major in education can be initiated. If your goals focus more towards graduate school (i.e., masters degree, physical therapy etc.), please make us aware of this so that you can be advised appropriately. Many professional programs require prerequisites outside of the athletic training curriculum. Students interested in continuing their education in a graduate school should begin inquiring about prerequisites early in their junior year so they are ready to commence the application process early in their senior year. Please note that the Graduate Record Exam is usually a requirement for graduate school.
Athletic Training Major
Sample Four-Year Plan

Freshman Year

Fall Semester
AT 100 – Intro. to AT (2)
PY 110 – Intro. to Psychology (3) [offered both semesters]

Spring Semester
AT 200 – Orthopedic Injury Pathology (3)
ES 190 – Medical Terminology (2)
ES 234 – Community First Aid and CPR (1)

Sophomore Year

Fall Semester
AT 210 – General Medical Conditions (3)
AT 250 – Therapeutic Modalities (3)
AT 290 – Practicum I (1)
BI 235 – Anatomy & Physiology I (4)

Spring Semester
AT 310 – Evaluation of Athletic Injuries I (3)
AT 292 – Practicum II (1)
BI 236 – Anatomy & Physiology II (4)
SW230/BA 212 – Statistics (3)

Junior Year

Fall Semester
AT 311 – Evaluation of Athletic Injuries II (3)
AT 390 – Practicum III (1)
ES 355 – Exercise Physiology (3)
ES 356 – Kinesiology & Biomechanics (3)
ES 125- Personal & Community Health (3)
ES 340 – Nutrition (2) OR Senior Year

Spring Semester
AT 420 – Therapeutic Exercise (3)
AT 392 – Practicum IV (1)
ES 330 – Pharmacology (2) OR Senior Year
ES 357 – Muscle Structure and Function (2)

Senior Year

Fall Semester
AT 490 – Practicum V (1)
AT 481 – Organization & Administration of HPE & S (3)
PY 301 – Research Methods (3) [offered both semesters]
ES 340 – Nutrition (2) OR Junior Year

Spring Semester
ES 330 – Pharmacology (2) OR Junior Year
AT 492 – Practicum VI (1)

NOTE: The remaining credit hours of each semester are used to fulfill the institution’s general education requirements and graduation requirement of 120 credit hours.
Course Requirements:

Major Requirements (64 hours)

_____ AT 100   Introduction to Athletic Training (2)
_____ AT 200   Orthopedic Injury Pathology (3)
_____ AT 210   General Medical Conditions (3)
_____ AT 250   Therapeutic Modalities (3)
_____ AT 290   Practicum I (1)
_____ AT 292   Practicum II (1)
_____ AT 310   Evaluation of Athletic Injuries I (3)
_____ AT 311   Evaluation of Athletic Injuries II (3)
_____ AT 390   Practicum III (1)
_____ AT 392   Practicum IV (1)
_____ AT 420   Therapeutic Exercise (3)
_____ AT 481   Organization and Administration of Health, Physical Education and Sport (3)
_____ AT 490   Practicum V (1)
_____ AT 492   Practicum VI (1)

_____ BI 235   Human Anatomy and Physiology I (4)
_____ BI 236   Human Anatomy and Physiology II (4)

_____ ES 125   Personal and Community Health (3)
_____ ES 190   Medical Terminology (2)
_____ ES 330   Pharmacology (2)
_____ ES 234   Community First Aid and CPR (1)
_____ ES 340   Nutrition (2)
_____ ES 355   Exercise Physiology (3)
_____ ES 356   Kinesiology and Biomechanics (3)
_____ ES 357   Muscle Structure and Function (2)

_____ PY 110   Introduction to Psychology (3)
_____ SW 230/BA 212 Statistics (3)
_____ PY 301   Research Methods (3)
Program Requirements: For students who choose to double major in athletic training and wellness.

### Athletic Training / Wellness

#### AT Major Requirements (64 hours)
- AT 100 Introduction to Athletic Training (2)
- AT 200 Orthopedic Injury Pathology (3)
- AT 210 General Medical Conditions (3)
- AT 250 Therapeutic Modalities (3)
- AT 290 Practicum I (1)
- AT 292 Practicum II (1)
- AT 300 Practicum III (1)
- AT 320 Practicum IV (1)
- AT 310 Evaluation of Athletic Injuries I (3)
- AT 311 Evaluation of Athletic Injuries II (3)
- AT 420 Therapeutic Exercise (3)
- AT 481 Organization and Administration of Health, Physical Education and Sport (3)
- AT 490 Practicum V (1)
- AT 492 Practicum VI (1)

- BI 235 Human Anatomy and Physiology I (4)
- BI 236 Human Anatomy and Physiology II (4)
- ES 125 Personal and Com. Health (3)
- ES 190 Medical Terminology (2)
- ES 234 Community First Aid and CPR (1)
- ES 330 Pharmacology (2)
- ES 340 Nutrition (2)
- ES 355 Exercise Physiology (3)
- ES 356 Kinesiology and Biomechanics (3)
- ES 357 Muscle Structure and Function (2)
- PY 110 Introduction to Psychology (3)
- PY 301 Research Methods (3)
- SW 230/BA212 Statistics (3)

#### WE Major Requirements (41 hours)
- ES 121 Foundations of HE, PE & Sport (3)
- ES 125 Personal and Com. Health (3)
- ES 234 Community First Aid and CPR (1)
- ES 237 Recreation for Special Populations (3)
- ES 355 Exercise Physiology (3)
- ES 357 Muscle Structure and Function (2)
- ES 330 Pharmacology (2)
- ES 340 Nutrition (2)
- ES 481 Org. & Admin. of HE, PE and Sport (3)
- WE 390 Wellness Program Implementation (3)
- WE 397 Field Experience (3)
- WE 490 Advanced Wellness Program Imp. (3)
- WE 491 Internship (3)
- SW 340 Health Care Issues (3)
- BI 229 Essentials of Anatomy and Physiology (4)

*Indicates extra courses to take for double major.*

### Additional General Education Requirements (32 hours)
- AH 110 Writing the Self in Culture (3)
- AH 120 Writing the World (3)
- AH 220 Global Civilizations (3)
- CA 111 Fundamentals of Comm. (3)
- RL 200 level except RL 250 (3)
- AR any course (3)
- EN Literature course (3)
- NS 200 Earth in Cosmos (4), CH (4) or PH (4)
- SO 120 Life in Society (3)
- ES Activity Requirement (1)
- IT 100 Computer Literacy (3)
**Competencies**

The NATA Educational Council has compiled a list of competencies that an entry-level athletic trainer will have mastered to perform in the field. All athletic training students will master these competencies as they matriculate through the program. A Preceptor (clinical supervisor) will monitor and approve this competency mastery. A list of all of the competencies is found in Appendix I.

**Proficiencies**

All Athletic Training students are responsible for completing the proficiencies prior to graduation. Unlike the competencies you will work on different areas depending on your clinical assignments, course work completed and your ability to assimilate information learned in the program. Your Preceptors are more than happy to help you work your way through these proficiencies. Your progression through the proficiencies will be evaluated each semester as part of your practicum course. A copy of the proficiencies is found in Appendix 2.
Major Assessment

Student Name: ___________________________  Semester / Year: ________

The Athletic Training Education Program Director will complete the following checklists at four specific times during a student’s career at Defiance College. The purpose of the assessment process is to determine whether each individual student is accomplishing, or meeting the standards established to reflect successful completion of the Athletic Training Education Program.

Failure to meet the standards established may prevent the student from achieving the status of athletic training student, withholding graduation privileges, and/or requiring further course work or other means of becoming compliant. Each case is at the discretion of the Athletic Training Program Director and faculty of the Athletic Training Education Program.

First Assessment - Following the completion of the freshmen year or 2 semesters

_____ "B-“ or better grade in AT 100 and AT 200

_____ Acquired a minimum of 80 supervised Clinical Experience hours through AT 100 and AT 200.

_____ Began collection of the “Portfolio” materials for the ATEP. 
    (Including clinical experience journals, course notes/exams, etc)

_____ Completion of application and acceptance into the ATEP.

Date of Admission: ________________

Overall Rating After Assessment:  Unacceptable - Acceptable - Outstanding

Comments / Notes: (Please list any conditions for admittance)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature of ATEP Faculty: ________________________________
    Date: ______________

Signature of this form by the student indicates that they have read and accept the conditions for progression through the ATEP.

Signature of Student: ________________________________
    Date: ______________

(Needed only if admitted into the ATEP)
**Second Assessment** - Following the completion of the sophomore year or 4 semesters

- Cumulative GPA of 2.5
- Completed listed ATEP major classes with a minimum grade and a passing mark in the practicum courses:
  - AT 210 (3) - Grade ____/B-   AT 250 (3) - Grade ____/B-
  - BI 235 (4) - Grade ____/C   BI 236 (4) - Grade ____/C
  - AT 310 (3) - Grade ____/B-   AT 290 (1) - Grade ____/P
  - AT 292 (1) - Grade ____/P   ES 234 (1) - Grade ____/P
- Completed four (4) clinical assignments (minimum) with evaluations by supervising ACI/CI.
  (Acquired a minimum of 200 hours supervised Clinical Experience hours.)
- Continued collection of the “Portfolio” materials for the ATEP.
  (Including clinical experience journals, course notes/exams, etc)

**Overall Rating After Assessment:**  Unacceptable  -  Acceptable  -  Outstanding

Comments / Notes: (Please list any special conditions established for continuation in the ATEP)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of ATEP Faculty: ________________________________  Date: ______________

Signature of Student: ________________________________  Date: ______________
**Third Assessment** – Pre-graduation assessment

_____ Cumulative GPA of 2.5

_____ Achieve a minimum of a “B-” or higher in all Athletic Training required courses and a passing mark in the practicum courses:

- AT 311 (3) - Grade ___/B-  
- AT 420 (3) - Grade ___/B-
- ES 330 (2) - Grade ___/B-  
- OR  ES 340 (2) - Grade ___/B-
- AT 390 (1) - Grade ___/P  
- AT 392 (1) - Grade ___/P

_____ Complete at least six (6) clinical assignments with evaluations by the supervising ACI/CI.
Assignments may include off-site clinical assignments (if possible) as well as clinical assignments with equipment intensive experience, upper and lower intensive sports. (Acquired a minimum of 500 hours supervised Clinical Experience)

_____ Current CPR certification OR ES 234 (1) - Grade ___/P

_____ Continued collection of the “Portfolio” materials for the ATEP.
(Including clinical experience journals, course notes/exams, etc)

_____ NATA Student Membership (unless approved by Program Director)

**Overall Rating After Assessment:**  Unacceptable - Acceptable - Outstanding

Comments / Notes: (Please list any special conditions established for continuation in the ATEP)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of ATEP Faculty: _______________________________________
Date: ___________________________

Signature of Student: _______________________________________________
Date: ___________________________
**Fourth Assessment – Graduation Requirements**

During the final semester at Defiance College

_____ Cumulative GPA of 2.5

_____ Achieve a minimum of a “B-“or higher in all Athletic Training required courses and a passing mark in the practicum courses:

AT 481 (3) - Grade ____/B-  ES 340 or ES 330 (2) - Grade ____/B-
AT 490 (1) - Grade ____/P  AT 492 (1) - Grade ____/P

_____ Complete at least seven (7) clinical assignments with evaluations by the supervising ACI/CI. Assignments may include off-site clinical assignments (if possible) as well as clinical assignments with equipment intensive experience, upper and lower intensive sports. (Acquired a minimum of 800 supervised Clinical Experience hours for state licensure).

_____ Developed a comprehensive “Portfolio” for use in preparation for the BOC Exam.

_____ Completion and mastery of all competencies and proficiencies listed in the competency and the proficiency matrix developed by the NATA Educational Council. The ATEP faculty/staff has final approval on this completion.

_____ Current CPR certification

_____ NATA Student Membership (unless approved by Program Director)

_____ Completed / Submitted application for BOC Exam.

**Overall Rating After Assessment:** Unacceptable - Acceptable - Outstanding

Comments / Notes :

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Program Director: ____________________________
Date: __________________________

Signature of Student: ____________________________
Date: __________________________

**Post-Graduate Assessment -**

_____ Successful completion of the BOC Examination

Exam Date: ____________ Pass/Fail  Score ____________

Exam Date: ____________ Pass/Fail  Score ____________

Exam Date: ____________ Pass/Fail  Score ____________
Retention Policy

All students admitted into the professional phase of the Program must continue to meet the following guidelines:

1. Maintain an overall 2.5 grade point average
2. Must progress through the modules and competency matrix at a satisfactory rate. Each module is to be completed in specific semesters and is outlined in the course syllabi.
3. Must abide by all policies and procedures that are detailed in the DC Policy and Procedure Handbook.

Failure to complete the above guidelines will result in the following:

1. Academic Probation-

Failure to maintain a 2.5 cumulative grade point average will result in a student being placed on “Academic Probation”. Students will not be assigned to a clinical site on-campus or off-campus. Students on “Academic Probation” must return their cumulative grade point average to the appropriate 2.5 within TWO consecutive semesters. If this is not acquired, the student will be permanently suspended from the ATEP with no allowance for re-entry. Students in the athletic training major will not be placed on “Academic Probation” more than one time after they have been accepted into the Professional phase of the ATEP. Multiple “Academic Probation” status will result in permanent suspension with no allowance for re-entry.

2. Clinical Probation-

This is a trial period in which a student is given time to try to redeem poor conduct. A student is placed on clinical probation for any of the following:
   a. Failure to progress through the modules
   b. Inappropriate behavior at a clinical site
   c. Late or unexcused absence to clinical site
   d. Failure to abide by polices and procedures of the DC Policy and Procedure Manual.

Clinical probation will occur at the discretion of the supervising Preceptor, the Clinical Education Coordinator and the Program Director. The Program Director will determine the probation length.
Clinical Education

Protocol for Progression

All clinical assignments are determined on an individual basis by the Program Director and the Clinical Education Coordinator upon consultation with the athletic training staff. The athletic training student is directly assigned to a Preceptor on or off-campus. This Preceptor is responsible for the supervision and progression of the student. To enhance the athletic training students’ clinical education, every attempt is made to place students in a variety of situations.

While a student in the Athletic Training Education Program, each student is assigned to clinical assignments that include a primarily upper extremity sport, a primarily lower extremity sport, an equipment intensive sport as well as numerous exposures to general medical situations. All students accepted into the professional program are assigned to clinical experiences based on the student’s skill level, maturity, outside commitments (e.g., work), and level of responsibility. Students clinical assignments will include a mixture of high and low risk sports, a male and female team, individual and team sports, and at least one sport that requires travel to away games. Students can expect to return to campus approximately two weeks before fall semester classes begin to participate in pre-season football camp.

Clinical Field Experience

The Defiance College ATEP consists of several clinical rotations requirements. Most of the clinical rotations are on-campus. Some of the rotations are completed at off-campus athletic training settings such as the Mercy Defiance Clinic, local physical therapy clinics, and local high schools. In order to fulfill the requirements of these rotations, which are completed throughout the three-year pre-professional athletic training sequence, a student in the ATEP must have access to transportation.

Clinical Hour Requirement – All students who are assigned to a clinical rotation are required to attend all practices, games, and travel as discussed with the clinical supervisor (Preceptor). If you are unable to attend, please notify the clinical supervisor ASAP. Students should average around 20 hours per week in the clinical setting and have at least one day off. All clinical hours should be recorded on the ATS Clinical Hour Sheets as well as documentation of physician exposure. Hour sheets should be signed by the supervising Preceptor and turned into the Clinical Education Coordinator at the end of the month. Clinical hours will be monitored by the Clinical Education Coordinator. If you have a concern with the clinical hours, please contact the Clinical Education Coordinator.

Level 2 (Sophomore) - ATS are exposed to a variety of clinical assignments during their sophomore year. These clinical assignments will be under the direct supervision of an Preceptor. Students are assigned three rotations in the fall semester and two rotations in the spring semester. One of these rotations is a General Medical Rotation at the Mercy Defiance Clinic. During this rotation, the student observes a physician assistant in family practice and physicians in the Urgent Care setting. During this year, the student will also have the opportunity to observe a PT/PTA in the Physical Therapy Clinic and/or an ATC at a local high school. Additionally during the fall/spring semester, the ATS will be assigned to a Preceptor and clinical assignment with an individual sport. Students may be assigned an upper extremity or lower sport during the spring semester of their sophomore year. All students are required to return for pre-season football camp (equipment-intensive). Students not assigned a specific clinical assignment with a sport are scheduled 6-8 hours a week to continue
progress on competency/proficiency mastery. By the end of the sophomore year, the ATS will have completed a minimum of 4 clinical assignments and acquired a minimum of 200 supervised clinical experience hours.

**Level 3 (Junior)** - Students are assigned two clinical assignments each year. These clinical assignments will be under the direct supervision of a Preceptor. All students are assigned to a Preceptor and clinical assignment with an individual sport during the fall season. Students are also assigned to a Preceptor and clinical assignment with either a winter or spring sport. This includes attendance at all practices, games, and travel. This assignment will include continued exposure to the general medical category. During their junior or senior year, the student is assigned a clinical rotation with football or lacrosse, as an equipment intensive sport, and an upper or lower extremity sport. Students will also be assigned a clinical rotation with a male or female team and a team or individual sport during this junior year. All students are required to return for pre-season football camp (equipment-intensive). Students not assigned a specific clinical assignment with a sport are scheduled 6-8 hours a week to continue progress on competency/proficiency mastery. By the end of the junior year, the ATS will have completed a minimum of 6 clinical assignments and acquired a minimum of 500 supervised clinical experience hours.

**Level 4 (Senior)** - Under the direct supervision of a Preceptor, each senior athletic training student is assigned two clinical assignments this year. All students are assigned to a Preceptor and clinical assignment with an individual sport during the fall season. Students are also assigned to a Preceptor and clinical assignment with either a winter or spring sport. This includes attendance at all practices, games, and travel. If not completed their Junior Year, a student will be assigned an equipment intensive sport (football or lacrosse) as well as an upper extremity or lower extremity sport. Students will also complete one male or female, or team or individual sport if not completed during the Junior Year. All students are required to return for pre-season football camp (equipment-intensive). If a student did not complete the equipment intensive rotation in the junior year, it must be completed during the Fall or Spring Senior Year. Students not assigned a specific clinical assignment with a sport are scheduled 6-8 hours a week to continue progress on competency/proficiency mastery. By the end of the senior year, the ATS will have completed a minimum of 7 clinical assignments and have acquired a minimum of 800 supervise clinical experience hours.

**Level 4 (Optional Senior)** - Athletic training student may complete an internship if they also have a double major in Wellness. Interns apply what they have studied at the College and apply it to real, on-the-job situations prior to graduation. If the ATS is not a Wellness major also, they are assigned to Preceptor for clinical assignment and competency/proficiency mastery. Prior to beginning an internship, most competencies as listed in (Amato 2006) should be mastered and verified by a Preceptor and approved by the PD.
Supervision

During clinical experiences, all students in the Athletic Training Education Program will be under the direct supervision of a Preceptor. Goals of directed supervision include providing students with the opportunity to:

- Learn and practice the skills necessary in Athletic Training.
- Increase opportunities for instruction in Athletic Training through direct daily contact with a Certified Athletic Trainer (ATC) or other health care professional.
- Apply theory, knowledge, and skills obtained in the curriculum under the supervision of an ATC.
- Receive a mentor experience with an ATC, and continual student development through faculty/staff instruction and evaluation.
- Assist with meeting the day-to-day health care needs of student-athletes, and physically active persons.

In accordance with CAATE guidelines (Standard 63), during the clinical experience:
- The Preceptor must be physically present and have the ability to intervene on behalf of the athletic training student to provide on-going and consistent education.

In addition:
- If an ATS is left unsupervised, the student is to act ONLY as a first responder.
  - In this situation the ATS will:
    1. Administer Emergency First Aid
    2. Call 911
    3. Contact the Preceptor
- No ATS will travel without the direct supervision of the Preceptor
- The Preceptor must consistently and physically interact with the athletic training student at the site of the clinical experience.
- The number of students assigned to a Preceptor in the clinical experience should not exceed a ratio of eight students to one Preceptor.

All DC ATC staff complete the Preceptor training upon their employment. Retraining of the Preceptor is completed every three years.
CLINICAL SKILLS POLICY and MODULES PROCEDURE

The health and safety of patients, athletes, and students associated with the educational activities of athletic training students (ATSs) must be adequately safeguarded. To comply with this statement, all athletic training students must be academically instructed in a skill and deemed clinically proficient prior to application of the skill on an athlete/student. The ATEP will use the book “Clinical Skills Documentation Guide for Athletic Training” by Amato, Hawkins and Cole, to document the completion of modules and clinical proficiencies. To achieve this goal, all ATSs must be instructed in the skill in an academic class. The ATS then reviews and discusses the information on the skill with a peer instructor. After demonstrating proficiency to the peer instructor, the ATS must demonstrate mastery of the proficiency to Preceptor. Only a Preceptor may sign off on the modules. When the student has completed a module and demonstrated mastery to the Instructor of their academic class, the ATS is allowed to apply their knowledge/skill to the athlete/student. All interaction with the athlete/student, however, must be under the supervision of the Preceptor. All progress in the module book must be signed and dated by a Preceptor.
Defiance College
Athletic Training Program
Application for Admission

Application Checklist

Check When Completed

1. _____ Application Form:
2. _____ Students must complete the following courses with a (B-) or better:
   AT 100 - Introduction to Athletic Training
   AT 200 - Orthopedic Pathology
3. _____ Documentation of a minimum of 80 clinical observation hours:
   \[ \begin{align*}
   \geq 120 \text{ hours} &= 20 \text{ points} \\
   100-120 \text{ hours} &= 15 \text{ points} \\
   80-100 \text{ hours} &= 10 \text{ points}
   \end{align*} \]
4. _____ Successful completion of Athletic Training Modules Level 1 during academic and/or clinical hours: Specific modules are assigned during AT 100 and AT 200.
5. _____ Minimum cumulative GPA of 2.50 (on a 4.0 scale) at Defiance College
   \[ \begin{align*}
   3.76-4.00 &= 25 \text{ points} \\
   3.51-3.75 &= 23 \text{ points} \\
   3.26-3.50 &= 21 \text{ points} \\
   3.01-3.25 &= 19 \text{ points} \\
   2.76-3.00 &= 17 \text{ points} \\
   2.50-2.75 &= 15 \text{ points}
   \end{align*} \]
6. _____ Signed statement regarding criminal background check.
7. _____ Objective Evaluations from certified staff: including evaluation based on professionalism, work ethic, dependability, initiative, and attitude.
   Clinical evaluations: average of evaluation scores will be converted to a 20 point scale.
8. _____ Provide two (2) letters of recommendation from faculty, coaches, athletic trainer’s etc. to support your candidacy into the Athletic Training Education Program.
   Letters must be from persons other than Athletic Trainers employed by Defiance College. You must use the form provided.
9. _____ Immunization Records:
   *The immunization record includes: measles, mumps, rubella, tetanus, diphtheria and hepatitis
   *The student may sign an assumption of risk waiver in lieu of receiving the Hepatitis B vaccine.
   *The ATEP strongly recommends the student receive the Hepatitis B vaccine.
10. _____ Ability to meet Technical Standards of the ATEP.
11. _____ Interview with the ATEP selection committee, which will be scored with a minimum of 35 points.
Defiance College
Athletic Training Program
Application for Admission

Application

**PLEASE TYPE OR PRINT LEGIBLY**

**Personal Information**
Name:____________________________________________________________________________________
Home Address:_____________________________________________________________________________
City:_______________________________________________  State:_________ Zip Code:_______________
Home Phone:(_______) _______ - _________ email address:_______________________________________
Campus/Local Address:______________________________________________________________________
City:_______________________________________________  State:_________ Zip Code:_______________
Campus Phone:(_______) _______ - _________     Student I.D. Number:______________________________
Cell Phone: (_______) ________- __________

**High School Education**
High School Name:_________________________________________________________________________
City:___________________________________________________  State:____________________________

**Defiance College Education**
Year and semester you began courses at Defiance College:__________ Fall     Spring     Summer  (circle one)
Please list all courses completed at Defiance College

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<tr>
<th>Name / Number of Course Taken</th>
<th>Grade</th>
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Additional courses may be listed on a separate sheet of paper

Current Cumulative Grade Point Average at Defiance College: (on a 4.0 scale) ______

*Please note - you must have a cumulative GPA of 2.5 or better to be admitted into the Athletic Training Education Program.

<table>
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<tr>
<th>Previous College/University (other than DC)</th>
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<td>Please list all courses taken / or currently taking at another institution</td>
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<td>Name / Number of Course Taken</td>
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Additional courses may be listed on a separate sheet of paper

Current Cumulative Grade Point Average at other institution: (on a 4.0 scale) __________

Did this institution sponsor a CAATE Accredited Athletic Training Program?  Yes_____ No_____

*Please note - Transfers will be reviewed on a case-by-case basis. The Defiance College Athletic Training Program Faculty or Staff reserves the right to make contact with members of the athletic training faculty/staff at a previous institution.
Criminal Background Check

I _____________________________ understand that I may be asked to submit to a criminal background check in order to be placed in certain clinical settings. I also understand that upon graduation, in order to practice in some states I will be required to submit to a criminal background check in order to obtain a state license to practice as an athletic trainer.

______________________________________________ _______________
Signature  Date

Criminal Background Check

New Law Affects All Initial Ohio Licenses Issued on or After March 24, 2008

Recent legislation requires applicants for licenses issued by the majority of Ohio’s occupational and professional licensing boards, including the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, to complete a criminal records check as part of the initial application process. Pursuant to Ohio Revised Code section 4755.70 (effective March 24, 2008), the Board shall not issue an initial license in the absence of a criminal records check and a determination that the results do not make the applicant ineligible for a license to practice occupational therapy, physical therapy, or athletic training. The Board cannot issue a license on or after March 24, 2008 until the results of a criminal records check conducted in compliance with the procedures established by the Ohio Bureau of Criminal Identification and Investigation (BCI) is completed.

Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?

Answer: No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.

Question: How much time will this add to the licensure process?

Answer: Records check results should get to the Board in more than 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, the results will still be 7-10 days, plus any additional mail time for delivery to BCI, assuming that the fingerprints provided are acceptable to BCI.

Question: What happens if I have a criminal history reported to the Board?

Answer: The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.

Examples of Felony charges:

Felony charges are the most serious of criminal charges.
* Assault and Battery
* Murder
* Kidnapping
* Robbery
* Arson

But felonies can also include many other types of serious crimes, even if they are not committed through an act of violence. Other types of felonies may include:
* Drug Possession
* Theft
* Burglary
* Domestic Abuse
* Fraud
* Drug Trafficking
* Gun Offenses
* Sex Crimes
* Crimes Against Children
* White Collar Offenses
* Aggravated Driving Offenses
References

Please submit two letters of recommendation for admission to the Athletic Training Education Program. Letters must be from persons other than Athletic Trainers employed by Defiance College.

*Please Note - Transfers should seek one letter from a faculty or staff member of their current institution, then the second from someone you have worked with such as an athletic trainer, coach, teacher, guidance counselor, etc.

Please list the two individuals you are requesting recommendations from for this application.

1. 
   Name: ____________________________________________________________________________  
   Organization: ___________________________  Title: ________________________________________  
   Phone: (____) _____ - _______   Email Address (optional): _______________________________

Name: ____________________________________________________________________________  
Organization: ___________________________  Title: ________________________________________  
Phone: (____) _____ - _______   Email Address (optional): _______________________________

Letters should be sent directly to the Director of Athletic Training Education (address on bottom of last page) in a sealed envelope. These letters are confidential and will be kept in the applicant’s permanent file. Signature of this form by the applicant waives their right to inspect these letters.

Signature

Signature if this form indicates that the information given is accurate to the best knowledge of the applicant, and that no information has been willfully omitted.

Applicant’s Signature: ___________________________  Date: ____________

Please submit this completed application form to:

   Director of Athletic Training  
   Defiance College  
   701 North Clinton Street  
   Defiance, OH  43512
Defiance College
Athletic Training Program
Application for Admission

Applicant Recommendation Form

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT  Please complete this section.

Applicant Name:__________________________________________ Student Number:________________

Last Name         First Name                        M

The Family Education and Privacy Act of 1974 opens many student records for the student’s inspection. The law also permits the student to sign a waiver relinquishing one’s rights to inspect letters of recommendation. The applicant’s signature below indicates the student’s choice.

I hereby waive my right of access to the information recorded below. OR I do not waive my right of access to the information recorded below.

______________________________________________________             _______________________________________________________
Signature of applicant   Date   Signature of applicant   Date

TO THE RECOMMENDER  Please complete items 1-3.

Waiver Under the provisions of the Family Educational Rights Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless such access has been waived above.

Specific Comments After responding to the items below, please comment specifically on the applicant’s strengths and limitations on the other side of this form or attach a letter. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement would be particularly helpful as would be information concerning the applicant’s academic capabilities and your estimate of the applicant’s potential as a candidate for the Athletic Training Program.

1. Please rate the applicant in the section below. These ratings should complement your specific comments, not replace them.

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2. Please indicate the strength of your overall endorsement by placing an “X” along the following scale:
3. Please give detailed comments and recommendations including how long and in what capacity you have known the applicant.
APPLICANT Please complete this section.

**Applicant Name:**__________________________________________  **Student Number:**________________

**Last Name**         **First Name**

The Family Education and Privacy Act of 1974 opens many student records for the student’s inspection. The law also permits the student to sign a waiver relinquishing one’s rights to inspect letters of recommendation. The applicant’s signature below indicates the student’s choice.

I hereby waive my right of access to the information recorded below. **OR**  I do not waive my right of access to the information recorded below.

**Signature of applicant**             **Date**

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Defiance College
Athletic Training Program
Application for Admission

Applicant Recommendation Form

PLEASE TYPE OR PRINT LEGIBLY

3. Please give detailed comments and recommendations including how long and in what capacity you have known the applicant.

Mail the completed form to: Director of Athletic Training, Defiance College, 701 N. Clinton St., Defiance, OH 43512

Name:_______________________________________________________________________________________
Organization: __________________________________________  Title:_________________________________
Phone: (______) ______ - _______   Email Address (optional): _________________________________________
Signature: ________________________________________________________ Date: ______________________
Defiance College Sports Medicine
Medical History Form

Name:__________________________________________Date:____________________

D.O.B:_____-_____-______         DC Class Rank: FR SO JR SR

Home Address:_____________________________ City:______________State:_____Zip:____________

Home Phone:(_____) ______-_______            Cell Phone:(_____) ______-_______

Father/Guardian:___________________________ Work Phone:(_____) ______-______

Mother/Guardian:__________________________ Work Phone:(_____) ______-______

Please check the appropriate answer to the questions below.

--General Medical--

Have you ever suffered from:

1. Yes___ No___ - Rheumatic Fever               7. Yes___ No___ - Mumps
2. Yes___ No___ - Scarlet Fever               8. Yes___ No___ - Epilepsy
4. Yes___ No___ - Diabetes                   10. Yes___ No___ - Tuberculosis
5. Yes___ No___ - Mononucleosis (Mono)      11. Yes___ No___ - Vomited blood
6. Yes___ No___ - Frequent Diarrhea        12. Yes___ No___ - Constipation

13. Yes___ No___ - Have you ever passed out during or after exercise?
14. Yes___ No___ - Have you ever been dizzy during or after exercise?
15. Yes___ No___ - Have you ever had chest pain during or after exercise?
16. Yes___ No___ - Do you tire more quickly than your friends during exercise?
17. Yes___ No___ - Have you ever had high blood pressure?
18. Yes___ No___ - Have you ever been told you have a heart murmur?
19. Yes___ No___ - Have you ever had racing of your heart or skipped heartbeats?
20. Yes___ No___ - Is there a history of heart disease in your family?
21. Yes___ No___ - Has a family member or relative died of heart problems or of sudden death before age 50?
22. Yes___ No___ - Have you ever suffered from painful or bloody urination?
23. Yes___ No___ - Have you ever experienced extreme weight gain or loss?
24. Yes___ No___ - Have you ever been tested for Sickle Cell Anemia?
25. Yes___ No___ - Do you suffer from asthma or allergies, such as hay fever?
26. Yes___ No___ - Are you allergic to any medications? (Aspirin, Antibiotics, Penicillin...)
27. Yes___ No___ - Are you presently taking any medications?
28. Yes___ No___ - Have you ever suffered any type of heat illness?
29. Yes___ No___ - Are you required to wear any type of brace or harness during athletic participation?
---Head/Neck---
30. Yes___ No___ - Do you wear glasses or contact lenses during play?
31. Yes___ No___ - Have you ever experienced frequent ringing in the ears or ear aches?
32. Yes___ No___ - Have you ever had dental problems requiring surgery?
33. Yes___ No___ - Do you wear any dental appliances (retainers, braces...)?
34. Yes___ No___ - Do you suffer from frequent nose bleeds?
35. Yes___ No___ - Have you ever broken your nose, or required nasal surgery?
36. Yes___ No___ - Have you ever had a head or neck injury that has kept you from athletic participation?
37. Yes___ No___ - Have you ever been hospitalized, or had surgery, for a head or neck injury?
38. Yes___ No___ - Have you ever experienced frequent headaches, or dizzy episodes?
39. Yes___ No___ - Have you ever been "knocked out", or diagnosed with a concussion?
40. Yes___ No___ - Have you ever suffered from a "pinched nerve" or "whiplash"?
41. Yes___ No___ - Have you ever suffered from "stingers" or "burners"?

---Back/Hip---
42. Yes___ No___ - Have you ever had a back or hip injury that has kept you from athletic participation?
43. Yes___ No___ - Have you ever been hospitalized, or had surgery, for a back or hip injury?
44. Yes___ No___ - Have you ever broken a bone in your back or hip?
45. Yes___ No___ - Do you suffer from back soreness frequently?

---Shoulder---
46. Yes___ No___ - Have you ever had a shoulder injury that has kept you from athletic participation?
47. Yes___ No___ - Have you ever been hospitalized, or had surgery, for a shoulder injury?
48. Yes___ No___ - Have you ever dislocated your shoulder?
49. Yes___ No___ - Have you ever broken a bone in your shoulder?

---Elbow/Wrist/Hand---
50. Yes___ No___ - Have you ever had an injury to your elbow, wrist or hand that has kept you from athletic participation?
51. Yes___ No___ - Have you ever been hospitalized, or had surgery, for an elbow, wrist or hand injury?
52. Yes___ No___ - Have you ever broken a bone in your arm, wrist or hand?
53. Yes___ No___ - Have you ever dislocated a joint in your elbow, wrist or hand (including a finger)?

---Knee---
54. Yes___ No___ - Have you ever had an injury to your knee that has kept you from athletic participation?
55. Yes___ No___ - Have you ever been hospitalized, or had surgery, for a knee injury?
56. Yes___ No___ - Have you ever injured a ligament in your knee?
57. Yes___ No___ - Have you ever broken a bone in your leg?
58. Yes___ No___ - Do you wear any protective knee brace or sleeve when you participate in athletics?

---Foot/Ankle---
59. Yes___ No___ - Have you ever had an injury to your foot or ankle that has kept you from athletic participation?
60. Yes___ No___ - Have you ever been hospitalized, or had surgery, for a foot or ankle injury?
61. Yes___ No___ - Do you sprain your ankles frequently?
62. Yes___ No___ - Have you ever broken a bone in your foot or ankle?
63. Yes___ No___ - Do you wear any protective ankle brace or sleeve when you participate in athletics?
--Female Athletes ONLY--

64. Yes___ No___ - Do you suffer from irregular, frequent or severe menstrual cramps?
65. Yes___ No___ - Do you take any prescription medication for pain associated with menstrual cramps?
66. Yes___ No___ - Have you ever had a pap smear?
67. Yes___ No___ - Have you ever had a breast cancer examination?

Please list any other medical conditions, or previous injury that might hinder your participation in this major field, or you believe the ATEP staff at Defiance College should be aware of:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of this form indicates that the information given is accurate to the best of my knowledge, and no information has been willfully omitted.

Applicant Signature:_____________________________________________________

Date:____________________
ENTRY IMMUNIZATION RECORD for ________________________________ (Student name)

Date of Birth ____________________________

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adult tetanus/diphtheria <em>(Booster every 10 years)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. MMR 1 <em>(After the first birthday)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. MMR 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tuberculosis PPD within 3 months of entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(intradermal required; tine not acceptable)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If PPD reading is positive, submit chest x-ray report.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INH Therapy <em>(Check one):</em> 0 Yes 0 No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Hepatitis B –1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Brand)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Hepatitis B – 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Hepatitis B – 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Menigitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Polio series documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Childhood DPT documentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

________________________________________
Signature:-Physician

________________________________________
Date of signature                           Stamp or Printed Name and Address
# Physical Examination

**Ht:** _____ inches  
**Wt:** _____ lbs.  
**HR:** _____ beats/min  
**BP:** _____ / _____

<table>
<thead>
<tr>
<th>Body Part</th>
<th>WNL</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.N.T</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitalia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Impression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Musculoskeletal Exam

<table>
<thead>
<tr>
<th>Flexibility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength</td>
<td></td>
</tr>
<tr>
<td>Stability</td>
<td></td>
</tr>
</tbody>
</table>

Limitations for participation:

________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Physician's Signature: _________________________________________________________

Date: _______________
Verification of Technical Standards

The Athletic Training Education Program (ATEP) strives for equality in acceptance of all potential athletic training students (ATS). The ATEP is a rigorous and demanding choice for students. The potential ATS must be able to meet the following Technical Standards. The following Guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity.

ATHLETIC TRAINING EDUCATION PROGRAM
TECHNICAL STANDARDS FOR ADMISSION

The Athletic Training Educational Program at Defiance College 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 Educational 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 (Commission on Accreditation of Athletic Training Education (CAATE). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee a student's eligibility for the NATABOC certification exam.

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

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm;
2. 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 understand and speak the English language 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 athletic training education program as outlined and sequenced;
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.
Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Human Resource Department at Defiance College 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, then the College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review and 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.

I certify that I have read and understand the technical standards for selection listed above, and I believe to the best of my knowledge that I meet each of these standards without accommodation. I understand that if I am unable to meet these standards I will not be admitted into the program.

Signature of Applicant __________________________  Date __________

Alternative statement for students requesting accommodations.

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the Human Resources Department at Defiance College to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant __________________________  Date __________

Physician Signature: ______________________________  Date:________

Note: The Physician signature is required. This signature documents the physician agreement that the student meets the Technical Standards listed above.
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.

Compete list of all NATA Code of Ethics can be located at:
Professional Dress Code
During practices and contests, athletic training students should wear Defiance College attire, or colors of Defiance College. Dress casual attire is acceptable. All shirts and pants must not be low cut and revealing skin while doing your job. Acceptable clothing colors are purple, gold, white, blue, grey, black and tan. Jeans are only acceptable for practice sessions and must not have any holes or frayed ends or be excessively baggy. Khakis, windpants or warm-up pants are acceptable, but sweatpants or yoga pants are not acceptable. Clothing advertising drugs, alcohol or inappropriate behavior is unacceptable. Closed toe shoes are required. No hats or gym shorts should be worn in the training room or at any indoor practice. It will be the responsibility of the athletic training student to be dressed accordingly for practices and contests that are held outdoors. Dress for contests should be appropriate according to coaching staff or as discussed with the Preceptor. Clothing from other schools is unacceptable. All athletic training students should be neat and have a clean personal appearance while on duty in the training room and at athletic events. If you are at an off campus site, it is your responsibility to check with your clinical supervisor as to the dress code at that clinical site. Do not neglect your responsibilities in this area or you will be sent home until the matter is corrected.

In services
All students enrolled in the ATEP major are required to attend all in-services. These are mandatory in services/staff meetings. All students will be notified in advance of these meetings.

Blood Borne Pathogen/ Infection Control In-service
All ATS attend a blood borne pathogen in-service during the fall semester. The in-service is presented by the Head Athletic Trainer. All ATS follow the Universal precautions. Specific blood borne pathogens are detailed to the ATS during the presentation. These procedures are also found in a red folder at all clinical sites.

Student Health Policy
Athletic training students should practice good health habits to maintain a healthy mind and body. Proper nutrition, exercise and adequate sleep are essential to the healthy body. The demands of an athletic training student are numerous and the time requirement immense. Staying healthy is an important goal of all athletic training students. The protection of the athletes/patients must also be considered so this policy will be instrumental in protecting them. If you are sick, contact your Preceptor as soon as possible to arrange for coverage of clinical experiences. Seek medical attention when prudent, but be sure to keep your Preceptor informed of your situation.

Infectious Disease Policy
Athletic training students are required to see a physician when they have contracted an infectious disease. Students are not allowed in the athletic training room until 24 hours after the symptoms have subsided or they are on medication to control the illness. It is the student’s responsibility to see a physician and contract the supervising Preceptor. The student also contacts the Clinical Education Coordinator (CEC) as soon as possible. If the student needs to be out of the athletic training room for more than 24 hours, the student needs to discuss the absence with the CEC.

Other Illness
The CEC and the supervising Preceptor must approve all illnesses that require students to miss time at their clinical sites. Students under a physician’s care should provide written explanation of their illness and expected time out of the clinical site. Students in the pre-professional program need to make up their hours to fulfill the semester hour requirement. Each student’s illness is
handled on an individual basis with the health of the student, the athletes, and the program all being considered. The School Nurse and the College Physician are the expert opinion in this matter.

**Liability Insurance**

All students entering the professional phase of the program will be required to obtain liability insurance from the College. Students who enroll in the practicum courses AT 290, 292, 390, 392, 490 and 492 are required to purchase the liability insurance offered as a Student Blanket Policy by the ATEP. If an athletic training student participates in the “Jacket Jog” fundraiser, the ATEP pays for the student’s premium.

**NATA Student Membership and Professional Networking**

NATA student membership is highly recommended of all athletic training students admitted into the professional phase. The National Athletic Trainers Association, Great Lakes Athletic Trainers Association and Ohio Athletic Trainers Association sponsor many scholarships and membership is required for all scholarships. Attendance at State, District and National meeting and conferences should be strongly considered. Numerous opportunities exist for students to learn, network and become involved in the Athletic Training Profession.

**CPR/First Aid**

CPR and First Aid competencies are introduced in AT 100, Introduction to Athletic Training. ATS admitted into the professional phase of the ATEP are asked to return to campus for pre-season football camp. During his time, ATS are instructed in CPR and other life saving skills. ATS repeat this course annually. First aid competences and CPR competencies are taught, reviewed and evaluated in AT 290 and 490. ATS earn first aid certification by taking ES 234, First Aid and CPR at DC. All competencies are instructed in AT courses by Preceptors.
Grievance Policy

The ATEP and its faculty recognize the rights of students to express grievances. Both staff and students shall attempt to seek solutions and answers to problems, complainants or injustices arising from day-to-day working relationships. However, differences may occur between students, off-campus instructors, faculty, staff or administration. The ATEP in both the clinical and academic experiences intends to follow this grievance procedure.

Whenever a misunderstanding or problem exists, students are urged to discuss the situation immediately with their instructor or person involved. Small problems tend to become big problems. Moreover, these situations tend to become more difficult when they are not discussed with an individual who can correct them in a timely fashion.

Step 1 - Instructor/Clinical Supervisor

In order to begin the grievance process, and to minimize a misunderstanding, students will be required to discuss their problem or complaint with the supervisor within three (3) academic days of the occurrence or situation creating the grievance. The supervisor will investigate the situation, and obtain all pertinent information. The supervisor may also decide to inform the Program Director of the situation, and thus, the Program Director will be included in the process. The supervisor will provide the student with a solution or explanation of the decision within three (3) academic days.

Step 2 - Athletic Training Faculty and Staff

If after verbal discussion, the problem, complaint or grievance is not satisfactory concluded, or explained by the supervisor, the student may appeal to the Athletic Training faculty and staff in writing. The appeal will be discussed at the next scheduled faculty/staff meeting. A decision resulting from the meeting will be provided to the student within (3) academic days after the meeting.
STUDENT AGREEMENT

I was given a copy of the Defiance College Policy and Procedures Manual for the Athletic Training Education Program. The manual information was presented to me at a mandatory Athletic Training In-service meeting. I understand that the policies and procedures will go into effect immediately until superseded by another copy of the manual or by supplements to this copy.

Furthermore, I intend to comply fully with the policies and procedures stated in the Policy and Procedures Manual as prescribed by the Athletic Training Education Program faculty and staff. Failure to follow the rules, regulations and guidelines of the program and College may result in disciplinary actions. Due process and disciplinary procedures will be initiated and followed as stipulated in the Policy and Procedures Manual, and the DC Academic Bulletin/Catalog. By my signature, I also understand my rights and responsibilities as a student in the Defiance College Athletic Training Education Program.

_____________________________________
Student Signature

_____________________________________
Student’s Printed Name

_____________________________________
Date
ATS Name: ___________________________  Preceptor assigned: ________________

Please use the following scale to rate the athletic training student listed above as they have worked under your supervision.

4-Always performs correctly, 3-Usually performs correctly
2 -Occasionally performs correctly  1 –Rarely performs correctly
NA - Not Applicable (unable to evaluate the ATS on this skill or duty)

Final Evaluation Date _______________

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences. __________
2. Displays professionalism in both appearance and behavior when at practice, games or other situations. __________
3. Demonstrates initiative according to skill level. __________
4. Demonstrates the ability to take directions, suggestions or criticism from superiors. __________
5. Displays ability to work cooperatively with other ATS's. __________
6. Maintains the Clinical Site. __________
7. Demonstrates proper use of time. __________
8. Demonstrates diligence in completing modules. __________
9. Follows policies and procedures. __________

General Comments: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This form is kept in the ATS's personal file in the Athletic Training office. It may be reviewed by the ATS or staff athletic trainer at any time.

Preceptor Signature: ___________________________  Date of Completion: _______________
ATS Signature: _______________________________  Date of Completion: _______________
Defiance College Athletic Training
Athletic Training Student Evaluation Form
Level 2

ATS Name: ________________________ Preceptor assigned: ________________________

Site of Experience _________________________________________________
(please indicate sports worked with if applicable)

Primary Category (UE, LE, GM, EI) _________________ Rotation #: 1  2  3  4  5  6

Please use the following scale to rate the athletic training student listed above as they have worked under your supervision.

4-Always performs correctly,    3-Usually performs correctly
2 –Occasionally performs correctly      1 –Rarely performs correctly
NA - Not Applicable (unable to evaluate the ATS on this skill or duty)

**Midterm Evaluation Date ______________**

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences. __________
2. Displays professionalism in both appearance and behavior when at practice, games or other situations. __________
3. Demonstrates initiative according to skill level. __________
4. Communicates effectively with athletes, coaches and supervisors. __________
5. Demonstrates the ability to take directions, suggestions or criticism from superiors. __________
6. Displays ability to work cooperatively with other ATS's. __________
7. Maintains the Clinical Site. __________
8. Demonstrates proper use of time. __________
9. Demonstrates competency administering treatment protocols. __________
10. Demonstrates competency of taping skills and wraps. __________
11. Demonstrates diligence in completing competencies. __________

General Comments: ______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This form is kept in the ATS's personal file in the Athletic Training office. It may be reviewed by the ATS or staff athletic trainer at any time. Please use the back of this form for comments.

Preceptor Signature: __________________________ Date of Completion: __________

ATS Signature: __________________________ Date of Completion: __________
### Final Evaluation Date

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences.

2. Displays professionalism in both appearance and behavior when at practice, games or other situations.

3. Demonstrates initiative according to skill level.

4. Communicates effectively with athletes, coaches and supervisors.

5. Demonstrates the ability to take directions, suggestions or criticism from superiors.

6. Displays ability to work cooperatively with other ATS's.

7. Maintains the Clinical Site.

8. Demonstrates proper use of time.


10. Demonstrates competency of taping skills and wraps.

11. Demonstrates diligence in completing competencies.

**General Comments:**

__________________________________________________________________________

__________________________________________________________________________

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Preceptor Signature:_______________________ Date of Completion:_____________

ATS Signature:__________________________ Date of Completion:_____________
### Defiance College Athletic Training

**Athletic Training Student Evaluation Form**

**Level 3**

<table>
<thead>
<tr>
<th>ATS Name: __________________________</th>
<th>Preceptor assigned: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site of Experience ____________________</td>
<td>(please indicate sports worked with if applicable)</td>
</tr>
<tr>
<td>Primary Category (UE, LE, GM, EI) ____________</td>
<td></td>
</tr>
</tbody>
</table>

Please use the following scale to rate the athletic training student listed above as they have worked under your supervision.

- **4** - Always performs correctly
- **3** - Usually performs correctly
- **2** - Occasionally performs correctly
- **1** - Rarely performs correctly
- **NA** - Not Applicable (unable to evaluate the ATS on this skill or duty)

**Midterm Evaluation Date: _____________**

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences.

2. Displays professionalism in both appearance and behavior when at practice, games or other situations.

3. Demonstrates initiative according to skill level.

4. Communicates effectively with athletes, coaches and supervisors.

5. Demonstrates leadership skills and is a positive role model

6. Demonstrates the ability to take directions, suggestions or criticism from superiors.

7. Displays ability to work cooperatively with other ATS’s.

8. Demonstrates the ability to delegate authority appropriately.

9. Demonstrates organizational skills with paperwork and medical documents.

10. Demonstrates competency with evaluation of acute injuries.

11. Demonstrates competency administering treatment protocols.

12. Demonstrates competency with administering rehabilitation protocols.

13. Demonstrates competency of taping skills and wraps.

14. Demonstrates competency with operation and use of modalities.

**General Comments:**

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

This form is kept in the ATS's personal file in the Athletic Training office. It may be reviewed by the ATS or staff athletic trainer at any time. Please use the back of this form for comments:

<table>
<thead>
<tr>
<th>Preceptor Signature: __________________________</th>
<th>Date of Completion: _____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATS Signature: __________________________</td>
<td>Date of Completion: _____________</td>
</tr>
</tbody>
</table>
Final Evaluation Date: 

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences.

2. Displays professionalism in both appearance and behavior when at practice, games or other situations.

3. Demonstrates initiative according to skill level.

4. Communicates effectively with athletes, coaches and supervisors.

5. Demonstrates leadership skills and is a positive role model.

6. Demonstrates the ability to take directions, suggestions or criticism from superiors.

7. Displays ability to work cooperatively with other ATS’s.

8. Demonstrates the ability to delegate authority appropriately.

9. Demonstrates organizational skills with paperwork and medical documents.

10. Demonstrates competency with evaluation of acute injuries.

11. Demonstrates competency administering treatment protocols.

12. Demonstrates competency with administering rehabilitation protocols.

13. Demonstrates competency of taping skills and wraps.

14. Demonstrates competency with operation and use of modalities.

General Comments: ________________________________________________________________
_________________________________________________________________________________
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This form is kept in the ATS's personal file in the Athletic Training office. It may be reviewed by the ATS or staff athletic trainer at any time. Please use the back of this form for comments:

Preceptor Signature: ________________________ Date of Completion: ________

ATS Signature: ____________________________ Date of Completion: ________
**Defiance College Athletic Training**  
*Athletic Training Student Evaluation Form*  
*Level 4*

**ATS Name:** ________________  **Preceptor assigned:** ________________

**Site of Experience** ________________________________________________  
*(please indicate sports worked with if applicable)*

**Primary Category (UE, LE, GM, EI)** ________________

Please use the following scale to rate the athletic training student listed above as they have worked under your supervision.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Always performs correctly</td>
</tr>
<tr>
<td>3</td>
<td>Usually performs correctly</td>
</tr>
<tr>
<td>2</td>
<td>Occasionally performs correctly</td>
</tr>
<tr>
<td>1</td>
<td>Rarely performs correctly</td>
</tr>
<tr>
<td>NA</td>
<td>Not Applicable (unable to evaluate the ATS on this skill or duty)*</td>
</tr>
</tbody>
</table>

**Midterm Evaluation Date:** ________________

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences.  
2. Displays professionalism in both appearance and behavior when at practice, games or other situations.  
3. Demonstrates initiative according to skill level.  
4. Communicates effectively with athletes, coaches and supervisors.  
5. Demonstrates leadership skills and is a positive role model.  
6. Demonstrates the ability to take directions, suggestions or criticism from superiors.  
7. Displays ability to work cooperatively with other ATS's.  
8. Demonstrates the ability to delegate authority appropriately.  
9. Demonstrates organizational skills with paperwork and medical documents.  
10. Demonstrates competency with evaluation of acute injuries.  
11. Demonstrates competency administering treatment protocols.  
12. Demonstrates competency with administering rehabilitation protocols.  
13. Demonstrates competency of taping skills and wraps.  
14. Demonstrates competency with operation and use of modalities.  
15. Assumes responsibility for duties.  
17. Work with underclassmen on competencies.  
18. Overall Management of Healthcare of the team assigned.

**General Comments:**

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

This form is kept in the ATS's personal file in the Athletic Training office. *It may be reviewed by the ATS or staff athletic trainer at any time.* Please use the back of this form for comments:

**Preceptor Signature:** ________________  **Date of Completion:** ____________

**ATS Signature:** ________________  **Date of Completion:** ____________
Final Evaluation Date: ________________

1. Attendance at all practices, games or work sessions without tardiness or unexcused absences. _______
2. Displays professionalism in both appearance and behavior when at practice, games or other situations. _______
3. Demonstrates initiative according to skill level. _______
4. Communicates effectively with athletes, coaches and supervisors. _______
5. Demonstrates leadership skills and is a positive role model. _______
6. Demonstrates the ability to take directions, suggestions or criticism from superiors. _______
7. Displays ability to work cooperatively with other ATS’s. _______
8. Demonstrates the ability to delegate authority appropriately. _______
9. Demonstrates organizational skills with paperwork and medical documents. _______
10. Demonstrates competency with evaluation of acute injuries. _______
11. Demonstrates competency administering treatment protocols. _______
12. Demonstrates competency administering rehabilitation protocols. _______
13. Demonstrates competency of taping skills and wraps. _______
14. Demonstrates competency with operation and use of modalities. _______
15. Assumes responsibility for duties. _______
16. Recognition of Injuries. _______
17. Work with underclassmen on competencies. _______
18. Overall Management of Healthcare of the team assigned. _______

General Comments: ____________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

This form is kept in the ATS's personal file in the Athletic Training office. It may be reviewed by the ATS or staff athletic trainer at any time. Please use the back of this form for comments:

Preceptor:________________________  Date of Completion:__________

ATS Signature:__________________________ Date of Completion:__________
Preceptor Evaluation by Athletic Training Student

| Preceptor | Clinical Site
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Semester of Assignment</td>
<td>Clinical Assignment</td>
</tr>
</tbody>
</table>

It is very important to the Athletic Training Education Program (ATEP) that we receive your input on each of your clinical rotation assignments by providing us feedback on each of the Preceptors in which you have been placed. Your information will remain anonymous; general comments will be shared, at the end of each year, with the clinical instructors to help them improve their clinical site and their teaching methods while educating the students in the ATEP.

Use the following scale to respond to the criteria listed below for this standard:
1 = Never 2 = Seldom 3 = Occasionally 4 = Usually 5 = Always

1. Did you have a clear understanding of what was expected of you?
   - 1 2 3 4 5 Unknown

2. The Preceptor used appropriate forms of communication to clearly and concisely express him/her self to you, (this may have included both verbally and in writing).
   - 1 2 3 4 5 Unknown

3. The Preceptor provided appropriately timed and constructive feedback to you and other athletic training students (ATS).
   - 1 2 3 4 5 Unknown

4. The Preceptor facilitated communication with you and other ATS through open-ended questions and directed problem solving.
   - 1 2 3 4 5 Unknown

5. The Preceptor communicated with you and other ATS in a non-confrontational and positive manner.
   - 1 2 3 4 5 Unknown

6. The Preceptor let me know if there were changes in schedule, practices, etc in a reasonable time frame.
   - 1 2 3 4 5 Unknown

7. The Preceptor was a positive role model and/or mentor for you and other ATS.
   - 1 2 3 4 5 Unknown

8. The Preceptor demonstrates respect for gender, racial, ethnic, religious, and individual differences when interacting with people.
   - 1 2 3 4 5 Unknown

9. The Preceptor had an open and approachable demeanor to you and other ATS when working in the clinical setting.
   - 1 2 3 4 5 Unknown

10. The Preceptor understood the athletic training academic curriculum, level of didactic preparation, and current level or performance, relative to the goals of the clinical education experience.
    - 1 2 3 4 5 Unknown

11. The Preceptor took advantage of teachable moments during planned and unplanned learning experiences by instructing skills or content that was meaningful and immediately applicable.
    - 1 2 3 4 5 Unknown

12. The Preceptor employed a variety of teaching styles to meet individual students’ needs.
    - 1 2 3 4 5 Unknown

13. The Preceptor was enthusiastic about teaching you and other athletic training students.
    - 1 2 3 4 5 Unknown

14. The Preceptor communicated complicated/detailed concepts in terms that students can understand based on their level of progression within the athletic training education program.
    - 1 2 3 4 5 Unknown
15. The Preceptor directly supervised athletic training students during practice, and evaluation of the Clinical Proficiencies.

| 1 | 2 | 3 | 4 | 5 | Unknown |

16. The Preceptor encouraged athletic training students to arrive at clinical decisions on their own according to their level of education and clinical experience.

| 1 | 2 | 3 | 4 | 5 | Unknown |

17. The Preceptor presented clear performance expectations to ATS at the beginning and throughout the learning experience.

| 1 | 2 | 3 | 4 | 5 | Unknown |

18. The Preceptor treated the athletic training students’ presence as educational and not as a means for providing medical coverage.

| 1 | 2 | 3 | 4 | 5 | Unknown |

19. I took the opportunity to learn and increase my skills as much as possible.

| 1 | 2 | 3 | 4 | 5 | Unknown |

20. Rate your experience.

Excellent  Above Average  Average  Needs Improvement  Poor

My Preceptor helped me in the development of knowledge and skills in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk management</td>
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<td>Pharmacology</td>
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<tr>
<td>Injury Prevention</td>
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<td>Modality Application</td>
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<td>Taping</td>
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<td>Motivational Techniques</td>
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<td>Equipment fitting</td>
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<td>Rehabilitation</td>
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<td>Injury Evaluation</td>
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<td>Conditioning</td>
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<td>First Aid</td>
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<td>Nutrition</td>
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<td>Communication</td>
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<tr>
<td>Gen Med Conditions</td>
<td></td>
<td></td>
<td>Record Keeping</td>
<td></td>
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</tr>
</tbody>
</table>

Did you have anytime or days you were left unsupervised? _____Yes _____No  If YES, please explain the circumstances.

Did you travel with a team during your assignment with this Preceptor? _____Yes _____No

Comments regarding strengths, weaknesses, and/or suggestions for improvement.

ATS ID # _____________________________________ Date_______________
DEFIANCE COLLEGE ATHLETIC TRAINING
EVALUATION FORM-CLINICAL SITE

Name of Clinical Site______________________________________

Use the following to rate the clinical site that you have been assigned:
1-Seldom, 2-Occasionally, 3- Most of the time, 4-Almost always, 5-Always

1. The clinical site provided me with a stimulating learning environment. _____
2. The clinical site provided me with opportunities to utilize my skills. _____
3. The clinical site provided me with challenges to improve my skills. _____
4. The clinical site provided me the opportunity to master the assigned competencies. _____
5. The experiences that I had during my time at the clinical site reinforced the information and skills I learned in the classroom. _____
6. Protocols and procedures of the clinical site were explained to me. _____
7. Proper OSHA guidelines were used at the clinical site. _____
8. Please provide constructive suggestions on how to improve this clinical site:

ATS Signature____________________________________        Date_______________
General Medical Rotation Evaluation

Did you have a difficult time completing the required hours for this rotation?  Yes or No

Did you honestly make an effort to complete the hours in a timely fashion?  Yes or No

If you answered no above, how or what could have been done to make it easier to complete these hours?

Tell me who you worked under during your Gen Med rotation. Then rank your experience with them from 1-5, with 1 being the worst situation and 5 being the best. You can comment further below.

1. 1 2 3 4 5
2. 1 2 3 4 5
3. 1 2 3 4 5
4. 1 2 3 4 5
5. 1 2 3 4 5

Do you feel the experience helped to reinforce things learned in this class? Why or why not?

What would you like to see different with this rotation?

Additional comments:
Defiance College Athletic Training Education Program
CONFIDENTIALITY AND PRIVACY POLICY

Defiance College, and the Athletic Training Education Program is committed to safeguarding the confidentiality of protected health information and other confidential information which is or may be contained in the records of Defiance College and to ensuring that protected health information and other confidential information is used and/or disclosed only in accordance with Defiance College policies and procedures and applicable state and federal law including the Health Insurance Portability and Accountability Act (HIPAA).

All members of the Defiance College Athletic Training Education Program (staff and students) must hold in confidence information used or obtained in the course of their duties or education. All protected health information and other individually identifiable health information must be treated as confidential in accordance with professional ethics, accreditation standards, and legal requirements. All staff and students with access to confidential information, including patient or student-athlete medical records information, employment information, and/or information systems must read and sign the Confidentiality and Security Agreement, which will be kept on file with the Director of Athletic Training Education.

Everyone with access to health information and other confidential information is responsible for safeguarding its confidentiality. Health information and other confidential information may be in paper, electronic, verbal, video, oral, or any other form, and must be protected regardless of form.

Access to health information in any format must be limited to those persons who have a valid business or medical need for the information, or otherwise have a right to know the information. Staff and students who gain access to clinical records from other organizations affiliated with the Defiance College Athletic Training Education Program are expected to follow these policies.

Any knowledge of a violation of this confidentiality policy must be reported to the Head Athletic Trainer or Clinical Education Coordinator immediately. Staff and students noncompliant with this policy may result in discontinuation of observation or clinical assignment and subject to penalties as identified under law.

POLICY ELEMENTS:

- Discuss patient / student-athlete information with authorized personnel only and in a private location.
- Keep medical records and other confidential information secure and unavailable to persons not authorized to review or obtain those records.
- Follow specified procedures for use of electronic information systems, including use of individual passwords, logging off when finished, proper data entry techniques, and protection of displayed or printed information from unauthorized users.
- Omit the patient / student-athlete’s name and other unique identifiers when using case reports or “hypothetical” for educational or training purposes.
- Verify with the patient / student-athlete what information may be given to the patient/student-athlete’s family and friends with the patient/student-athlete’s knowledge and permission.
- Screen requests for access to all patient / student-athlete and other confidential information so that the minimum necessary amount of information is made available and made available only to those persons who are legitimately involved in patient care, billing or administrative operations.
- Release patient / student-athlete medical records and other confidential information to external sources only upon receipt of written authorization from the patient/student-athlete.
- Use appropriate information security procedures for users of electronic information systems.

By signing, I pledge that I have read, understand, and will comply with the confidentiality and privacy policy identified above:

________________________________________  __________________________
Signature                                      Date