



# ANDERSON UNIVERSITY

## MASTER OF ATHLETIC TRAINING

### PROGRAM HANDBOOK 2023-2024

*Preparing students, within a Christian, liberal-arts tradition, as health care providers for a lifetime of service dedicated to whole-person, patient centered care.*

## TABLE OF CONTENTS

### **About this Handbook**

Introduction	3
--------------	---

### **Program Description**

Program Overview	3
Accreditation	3
Mission of Anderson University	3
Mission of the Anderson University Athletic Training Program	3
Statement of Compliance	4

### **Athletic Training Program Academic Requirements**

Student Learning Goals and Objectives	5
Athletic Training Major Course Descriptions	7
Athletic Training Major Course Sequence	10
Clinical Education	10
Student Transportation to Clinical Sites	14
Conflicts with Clinical Education	15
Graduation and Degree Requirements	15
Anderson University Athletic Training Program Awards/Scholarships	16

### **Admission to the Athletic Training Program**

Application Procedures	17
------------------------	----

### **Athletic Training Program Policies and Procedures**

Criteria for Retention in the Athletic Training Program	20
Appeal Process	20
Athletic Training Student Grievance Policy	20
Class Scheduling and Attendance	21
Anticipated Athletic Training Program Expenses	21
Athletic Training Student Health Policy	21
Infectious Disease Policy	22
Bloodborne Pathogen Exposure Control and Treatment Plan	22
Bloodborne Pathogen Exposure Incident Form	26
Therapeutic Equipment Safety Policy	27
Athletic Training Program Technical Standards	27

### **Athletic Training Student Conduct Expectations**

Nata Code of Ethics	29
BOC Code of Professional Responsibility	30
Social Media Guidelines	31
Cell Phone Policy	32
Sexual Misconduct Policy	32
Chemically Impaired Student, Drug and Alcohol Policy	32
Dismissal/Withdrawal	33

### **University Support Services**

Disability Services for Students	34
Kissinger Academic Center for Excellence	34
Center for Career and Calling	34
Health Services	34
Counseling Services	34
Cultural Resource Center	35
The Office of the University Registrar	35

### **Acknowledgments & Agreements**

Athletic Training Student Handbook Acknowledgment	36
Professional Conduct and Confidentiality Agreement	37
Communicable Disease Policy Agreement	38
Blood-Borne Pathogen Training	39
Technical Standards Certification Statement	40

# **ABOUT THIS HANDBOOK**

## **INTRODUCTION**

This handbook was created for the benefit of the students and preceptors of the Anderson University athletic training program (ATP). The purpose of the handbook is to assist students as they progress through the athletic training program at Anderson University. It is a centralized location for important information relative to the ATP. Additionally, this handbook is designed to assist faculty, staff, and preceptors in the education, guidance, and experiences of the students. Important policies, guidelines, and resources are presented. This handbook gives direction and provides guidelines to frame decisions within the ATP. The handbook should be used as a tool to help the athletic training student (ATS) get the most of their education and clinical experience at Anderson University. Please read this handbook with these thoughts in mind and follow the guidelines that are laid out here. The most up to date version of this handbook as well as additional information about the program is available on the athletic training program's website at [www.anderson.edu/academics/athletic-training/](http://www.anderson.edu/academics/athletic-training/). All incoming students are required to complete the ATS handbook acknowledgement form upon admission to the program.

## **PROGRAM DESCRIPTION**

### **PROGRAM OVERVIEW**

The athletic training program at Anderson University has a rich history. It was started in 1977 and was first accredited in 1989. The program originally led to a Bachelor of Arts degree in athletic training until the substantive change to the masters degree level was approved in 2022. The ATP at Anderson University now leads to a Master of Athletic Training (MAT) degree. The program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Accreditation by the CAATE is a requirement for graduates of the program to be eligible to sit for the national Board of Certification exam qualifying them for licensure to practice as an athletic trainer. As the first private college in Indiana with an accredited program, we have a vast network of sports medicine professionals among our alumni. Not only does the athletic training program prepare students for the certification exam, it will also prepare them for a lifetime of service dedicated to whole-person, patient centered care. The ATP at AU is centered in the Gaither Sports Medicine Center located in the Kardatzke Wellness Center.

### **ACCREDITATION**

Anderson University is accredited by the Higher Learning Commission ([hlcommission.org](http://hlcommission.org)), an institutional accreditation agency recognized by the U.S. Department of Education.

Website: [www.ncahigherlearningcommission.org](http://www.ncahigherlearningcommission.org)

Phone: 800.621.7440

The program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE)

Website: [www.caate.net](http://www.caate.net)

Phone: 844.462.2283

### **MISSION OF ANDERSON UNIVERSITY**

The mission of Anderson University is to educate for a life of faith and service in the church and society.

Established and sustained within the free and open traditions of the Church of God, this university is committed to being a teaching-learning community of the highest order, engaged in the pursuit of truth from a Christian faith perspective. Through academic and Christian discovery, we intend to graduate people with a global perspective who are competent, caring, creative, generous individuals of character and potential. We will build those quality programs that will enable each member of the university to become stronger in body, mind, and spirit, to experience what it means to love God and neighbor, and to adopt Christ-like servant ways in all of life.

### **MISSION OF THE ANDERSON UNIVERSITY ATHLETIC TRAINING PROGRAM**

The mission of the Anderson University athletic training program is to prepare students, within a Christian, liberal-arts tradition, as health care providers for a lifetime of service dedicated to whole-person, patient centered care.

## **STATEMENT OF COMPLIANCE**

Anderson University maintains compliance with applicable Federal and State statutes related to private institutions of higher education including the Family Educational Rights and Privacy Act (FERPA), as amended; the Student Right to Know Act, as amended; and the Solomon Amendment. In compliance with the Civil Rights Act of 1964 and 1991, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended, the university does not discriminate in its education programs or admissions procedures. Anderson University is a not-for-profit exempt organization as described in Section 501(c)(3) of the Internal Revenue Code. The following individuals have been designated to handle inquiries regarding non-discrimination policies: Director of Office of Work Life Engagement, 1100 E. 5<sup>th</sup> St, Anderson, IN 46012, telephone (765) 641-4133, and Director of Disability Services for Students, 1100 E. 5<sup>th</sup> St, Anderson, IN 46012, (765) 641-4223.

# ATHLETIC TRAINING PROGRAM ACADEMIC REQUIREMENTS

A strong emphasis is placed on the knowledge learned in the classroom and laboratory. Students are expected to utilize newly acquired knowledge to practice and enhance their clinical skills. Clinical education experiences challenge the student to develop and apply the knowledge and clinical skills learned in the classroom. Clinical education addresses the continuum of care that prepares the student to function in a variety of patient care settings, working with patients engaged in a wide range of activities, and managing injuries/conditions described in the athletic training knowledge, skills, Role Delineation Study/Practice Analysis, and standards of practice delineated for an athletic trainer in the profession. Clinical experiences are designed to expose students to the following areas: individual and team sports, sports requiring equipment (e.g., helmet and shoulder pads), patients of different sexes, non-sport patient populations (e.g., outpatient clinic), and a variety of conditions other than orthopedics (e.g., primary care). Settings for these clinical experiences range from Anderson University intercollegiate athletics, area high schools, area colleges, sports medicine clinics, hospitals, and rehabilitation clinics. The classroom and clinical education experiences are vital in preparing the student for employment in a variety of settings.

## **STUDENT LEARNING GOALS AND OBJECTIVES**

### **Goal #1 Patient-Care and Procedural Skills**

Athletic training students must be able to serve as an advocate for a patient's best interests while providing patient care that is compassionate, appropriate, and effective in taking into account the patient's level of functioning as a dynamic interaction between their health conditions, environmental factors, and personal factors for the treatment of health problems and the promotion of health.

- Gather essential and accurate information about the patient.
- Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment, and patient preference.
- Carry out patient management plans with the incorporation of patient education and self-care programs.

#### ***Objectives***

1. Preceptor evaluations indicate that 80% of students are at/above expected level of all sub-goals.
2. Clinical Education Coordinator summative evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.
3. Student Annual evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

### **Goal #2 Medical Knowledge**

Athletic training students must demonstrate both established and evolving knowledge of injury prevention, clinical evaluation and diagnosis, immediate care, treatment, and rehabilitation as well as demonstrate effective critical thinking skills in the application of this knowledge to whole-person, patient centered care.

- Demonstrate an investigatory and analytic approach to clinical problem solving and knowledge acquisition.
- Know, apply, and teach the basic and clinically supportive sciences appropriate for the profession of athletic training.
- Competently perform all medical procedures considered essential for the scope of practice.

#### ***Objectives***

1. Preceptor evaluations indicate that 80% of students are at/above expected level of all sub-goals.
2. Clinical Education Coordinator summative evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.
3. Student Annual evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

### **Goal #3 Practice-Based Learning and Improvement**

Athletic training students must demonstrate the ability to implement systems of quality assurance and improvement through the investigation and evaluation of their care of patients, appraisal and assimilation of scientific evidence, and continual improvement of patient care based on regular self-evaluation and life-long learning.

- Analyze practice experience and perform practice-based improvement activities using systematic methodology.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Use information technology, peer review, and self-assessment to promote life-long learning.

#### ***Objectives***

1. Preceptor evaluations indicate that 80% of students are at/above expected level of all sub-goals.
2. Clinical Education Coordinator summative evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

3. Student Annual evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

#### **Goal #4 Interpersonal and Communication Skills**

Athletic training students must demonstrate interpersonal and communication skills within the framework of the International Classification of Functioning, Disability, and Health (ICF) that results in the effective exchange of information and collaboration with patients, their families, coaching staff and other health professionals.

- Communicate effectively to create and sustain a therapeutic relationship with patients and families.
- Work effectively with others as a member of a health care team.
- Demonstrate ability to communicate through advanced writing skills.

##### ***Objectives***

1. Preceptor evaluations indicate that 80% of students are at/above expected level of all sub-goals.
2. Clinical Education Coordinator summative evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.
3. Student Annual evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

#### **Goal #5 Professionalism**

Athletic training students must demonstrate a commitment to ethical principles and carrying out professional responsibilities compliant with the BOC Standards of Professional Practice and all applicable laws and regulations of the practice of athletic training. To help accomplish this, students must be able to self-assess professional competence and plan for life-long development.

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision of clinical care, patient referral, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to a diverse patient population, including, but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

##### ***Objectives***

1. Preceptor evaluations indicate that 80% of students are at/above expected level of all sub-goals.
2. Clinical Education Coordinator summative evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.
3. Student Annual evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

#### **Goal #6 Systems-Based Practice**

Athletic training students must demonstrate awareness of the larger context of the health care system while still advocating for the profession of athletic training, as well as demonstrate the ability to call effectively on other health care and wellness professionals in the system to provide optimal patient centered care.

- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.

##### ***Objectives***

1. Preceptor evaluations indicate that 80% of students are at/above expected level of all sub-goals.
2. Clinical Education Coordinator summative evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.
3. Student Annual evaluations demonstrate a minimum of 80% of students at at/above expected level for the core competency.

## **ATHLETIC TRAINING MAJOR COURSE DESCRIPTIONS**

### **ATRG 5000 Athletic Training Clinical Practice I**

**2 hrs.**

This course will introduce students to the athletic training profession including history, governance, and regulation. The course will also cover principles of examination and the prevention, recognition, and management of environmental conditions. Instruction and practical application of taping, wrapping, bracing techniques, and protective equipment is also included. OFFERED: Summer

### **ATRG 5100 Applied Clinical Anatomy**

**3 hrs.**

This course is an introduction to the structural anatomical study of the human body for athletic training students focusing on the interrelationships of structure, function and human movement. Special emphasis will be given to those systems with direct and major roles in exercise performance, namely the muscular, skeletal, nervous, endocrine, cardiovascular and respiratory systems. The structure and related function of each of these body systems will be examined in detail, emphasizing the key components related to exercise and training. The major anatomical structure of other body systems (e.g., gastrointestinal) will also be covered. Gross anatomical identification of specific bones, landmarks, origins/insertions/actions, joint structures, nerves, vessels and organs will be the primary focus of this class. OFFERED: Summer

### **ATRG 5200 Advanced Emergency Management in Athletic Training**

**6 hrs.**

This course is designed to cover in-depth Emergency Management Skills. Topics addressing prevention, recognition, and management of life-threatening and/or severe injury/illness are included. Application of skills that include the environment, CPR/AED, airway management, immobilization, bleeding control and sudden illness management are also addressed. Students will be certified as an Emergency Medical Technician. OFFERED: Summer

### **ATRG 6000 Athletic Training Clinical Practice II**

**3 hrs.**

Introduction to the greater health care system and the role athletic trainers play as health care providers. Emphasis will be placed on patient centered care which includes the ICF disablement model to highlight the unique needs of each patient. Other topics will be guided by the NATA position statements. OFFERED: Sem. I

### **ATRG 6100 Clinical Integration I**

**3 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. OFFERED: Sem. I

### **ATRG 6110 Clinical Integration II**

**3 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. OFFERED: Sem. II

### **ATRG 6120 Clinical Integration III**

**3 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. OFFERED: Summer

### **ATRG 6130 Clinical Integration IV**

**3 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. Includes an immersive experience a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. OFFERED: Sem. I

### **ATRG 6140 Clinical Integration V**

**2 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. OFFERED: Sem. I

**ATRG 6150 Clinical Integration VI****2 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. OFFERED: Sem. II

**ATRG 6160 Clinical Integration VII****3 hrs.**

Course designed to refine psychomotor skills and introduce specific athletic training proficiencies integrating cognitive concepts and skills into progressively higher-level practical application. Skill integration will be achieved through successful completion and evaluation of new and existing skills/clinical proficiencies under the direct supervision of an athletic training preceptor. Includes an immersive experience a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. OFFERED: Sem. II

**ATRG 6200 Orthopedic Assessment & Diagnosis I****3 hrs.**

Course covering an in-depth study of the normal anatomical structures in the upper extremities, head, spine, and pelvis, including joint structure and musculoskeletal/nervous systems. Also discussed are common risk factors and causes of injuries as identified by contemporary epidemiological studies, common injuries to each body part, typical symptoms and common clinical signs associated with injuries/illnesses with the physically active. A lab covering the assessment techniques commonly seen will be included. OFFERED: Sem. II

**ATRG 6210 Orthopedic Assessment & Diagnosis II****3 hrs.**

Course covering an in-depth study of the normal anatomical structures in the upper extremities, head, spine, and pelvis, including joint structure and musculoskeletal/nervous systems. Also discussed are common risk factors and causes of injuries as identified by contemporary epidemiological studies, common injuries to each body part, typical symptoms and common clinical signs associated with injuries/illnesses with the physically active. A lab covering the assessment techniques commonly seen will be included. OFFERED: Sem. II

**ATRG 6250 Administration in Athletic Training****2 hrs.**

This lecture/seminar course will focus on the professional management and administrative issues in athletic training. This course will introduce the student to the advanced theory and techniques associated with the management of the more complex issues associated with athletic training. Organization and administration topics will include management and supervision of personnel, financial resources, as well as the preparation in planning, designing, developing, organizing, implementing, directing, and evaluating an athletic training health care program and facility. Current issues in athletic training related to professional conduct and practice will also be discussed. Legal concerns, risk management and insurance will also be discussed. OFFERED: Sem. I

**ATRG 6260 Behavioral Health****2 hrs.**

This course is designed to describe communication strategies, techniques and psychosocial interventions commonly used in athletic training. Included in this course is the recognition and management strategies of mental health conditions, as well as the role or personality in motivation in response to events and return to activity. The focus will be on the application of communication strategies, and development of management and referral strategies. The course will also address cultural competence in patient care and the role of various mental healthcare providers that comprise the mental health referral network. OFFERED: Sem. II

**ATRG 6300 Therapeutic Interventions I****3 hrs.**

This course is designed to provide the student with the foundational theory and principles related to injury/illness intervention. Included are topics addressing tissue healing, theories of pain and pain control, concepts of kinetic chain stability and mobility, as well as principles related to the use of therapeutic medications. OFFERED: Sem. I

**ATRG 6310 Therapeutic Interventions II****3 hrs.**

This integrated course focuses on theory, principles, physiological effects, and application of various therapeutic interventions designed to maximize patient's participation and health-related quality of life. The indications, contraindications, and operational protocols for common therapeutic interventions and pharmacological agents to manage pain, control inflammation, and restore function will be studied. Emphasis will be placed on the use of evidence-based practice to develop therapeutic goals and establish appropriate use of progression, treatment effectiveness, assessment of patient satisfaction, and ability to return to physical activity. Laboratory experiences will be used to supplement classroom instructions. OFFERED: Sem. II

**ATRG 6320 Therapeutic Interventions III****3 hrs.**

Students will develop an integrated approach to the treatment of injuries. Focus will be on the indications, contraindications, and operational protocols for therapeutic interventions relative to progressing through healing and restoring normal function and a highly competitive state for physically active individuals. Treatment effectiveness, patient satisfaction, and critical assessment of evidence in relation to patient care will be emphasized. OFFERED: Summer

**ATRG 6330 Therapeutic Interventions IV****2 hrs.**

An advanced course that allows for examination of in-depth therapeutic interventions including movement pattern development and advanced manual therapy techniques. Practical application of current concepts and research-driven rehabilitative protocols are emphasized. The course also addresses trends in sports medicine surgical procedures, research behind new rehabilitative techniques, and effective mechanisms for evaluating clinical relevance of new products. OFFERED: Sem. II

**ATRG 6400 Evidence Based Practice in Athletic Training****2 hrs.**

Introduction to research methodology with qualitative and quantitative data analysis as related to evidence-based practice of athletic training. The course addresses formulating clinical questions; searching, reading and appraising research; understanding levels of evidence; and citing and referencing works to become consumers of and designers of evidence. OFFERED: Sem. II

**ATRG 6410 Critically Appraised Topics in Athletic Training****1 hr.**

Applied research relevant to athletic training through completing a critically appraised topic. The student will synthesize research surrounding a relevant clinical question in a concise format. OFFERED: Summer

**ATRG 6420 Quality Improvement****1 hr.**

This course focuses on fundamental principles of administration and evaluation of the delivery of athletic training services in the context of the larger health care system. Strategies to achieve the best patient outcomes by collecting, analyzing, and effecting change using qualitative and quantitative information will be emphasized. Applied research relevant to athletic training through completing a quality improvement project. OFFERED: Sem. I

**ATRG 6430 Clinical Case Reports in Athletic Training****1 hr.**

This course is designed to guide the student through the development of a clinical case report focused on a case encountered in their immersive clinical experience. The student will prepare and submit a case report manuscript for publication or presentation at a professional conference. OFFERED: Sem. II

**ATRG 6500 - General Medical Conditions I****3 hrs.**

This course is designed to provide the student with the basic understanding of pathophysiology as a change from normal physiological functioning of the various systems of the human body. The course is based on illness and disease within a systems framework across the lifespan. Emphasis is placed on an overview of the etiology, pathogenesis and clinical features of common illnesses and disease most often encountered by allied health care professionals. The course will also introduce the student to therapeutic medications commonly prescribed for injury and illnesses associated with the physically active population, both prescription and over-the-counter. Included in the course will be indications, contraindications, precautions, record-keeping procedures, drug classifications, side effects and governing regulations related to the use of medication with the physically active. OFFERED: Sem. II

**ATRG 6510 - General Medical Conditions II****2 hrs.**

This is an advanced course for athletic training students as they build a foundational understanding of disease, disorders, illness and other general medical conditions affecting the health of physically active people across the lifespan. Students learn to recognize signs, symptoms and predisposing factors of pathology along with appropriate interventions for treating medical conditions. Additionally, students gain skill in analysis of evidence in relation to patient care while performing standard techniques and procedures for clinical examination and establishing appropriate referral. OFFERED: Sem. I

## **ATHLETIC TRAINING MAJOR COURSE SEQUENCE**

<b>SUMMER 1</b>	
ATRG 5000	2 Hours
ATRG 5100	3 Hours
ATRG 5200	6 Hours

<b>SEMESTER 1</b>		<b>SEMESTER 2</b>	
ATRG 6000	3 Hour	ATRG 6110	3 Hours
ATRG 6100	3 Hours	ATRG 6210	3 Hours
ATRG 6200	3 Hours	ATRG 6310	3 Hours
ATRG 6300	3 Hours	ATRG 6400	2 Hours
		ATRG 6500	3 Hour

<b>SUMMER 2</b>	
ATRG 6120	3 Hour
ATRG 6320	3 Hours
ATRG 6410	1 Hour

<b>SEMESTER 3</b>		<b>SEMESTER 4</b>	
ATRG 6130	3 Hours	ATRG 6150	2 Hours
ATRG 6140	2 Hours	ATRG 6160	3 Hours
ATRG 6250	2 Hours	ATRG 6260	2 Hours
ATRG 6420	1 Hour	ATRG 6430	1 Hour
ATRG 6510	2 hours	ATRG 6430	1 Hour

## **CLINICAL EDUCATION**

Clinical education is the cornerstone of athletic training education as it provides students with an opportunity to integrate the knowledge and skills learned in the classroom on patients under the supervision of a preceptor. The clinical portion of the students' education is housed within each of the Clinical Integration courses (ATRG 6100, 6110, 6120, 6130, 6140, 6150, 6160). The clinical education component of the program is planned to include clinical practice opportunities with varied patient/client populations. Students will have the opportunity to work with preceptors with different areas of expertise in various settings where athletic trainers commonly practice. To ensure our students work with patients with different medical conditions, our students will be placed with athletic trainers and physicians who routinely work with patients with a variety of conditions. In addition to successfully completing the clinical portion of the course, students must demonstrate clinical proficiency assigned to each course in order to pass the course.

Clinical education experience placements are made based on course sequencing, site availability, student needs and goals. A student's preference will be considered, but is not guaranteed. Students are required to complete a minimum of five (5) semesters of clinical education. Students will be given the opportunity to gain clinical experience at a variety of locations, including on- and off-campus locations. When assigned to an off-campus clinical education experience, the student should be prepared to fulfill requirements for that site (e.g. background check, immunizations, orientation) as well as plan for temporary relocation and/or transportation to that clinical site at their own expense. If a student believes that a clinical experience site poses a risk to their health and/or safety, they may cease participation at such site. If a suitable clinical site cannot be obtained as a replacement, progression through the remaining clinical experiences may be delayed and this may also potentially delay graduation.

Students are to refrain from applying skills during their clinical education experiences which have not first been instructed and evaluated either in the classroom or by the preceptor. This is to ensure safety of both the patient and the student. If, however, a learning opportunity arises where the student may gain experience with a clinical skill but the clinical skill has not yet been taught or assessed in a required course, the preceptor may instruct the student on the clinical skill so that the student may benefit from that situation.

## **Clinical Experiences**

### ***Year One***

During the first two clinical education experiences (Fall and Spring in year 1) in the program, students will engage in clinical education on campus or within a drivable distance from campus.

***Fall Semester I:*** During the first clinical integration course (ATR 6100) students will be assigned to 5 different clinical experiences each lasting approximately 3 weeks at a variety of athletic training settings. These may include, but are not limited to college/university, secondary schools, industrial, clinic/outreach, tactical, etc.

***Spring Semester II:*** During the second clinical integration course (ATR 6110), students will be assigned to either one semester long clinical experience or two clinical experiences each lasting 7-8 weeks.

### ***Year Two***

The second year in the program will include several immersive clinical experiences. During the immersive experiences, the clinical assignment is expected to be the student's primary focus. There will be asynchronous coursework that will aim to further engage the students in their clinical experience without interfering or disrupting the educational nature of the experience.

***Summer:*** The third clinical integration course (ATR 6120) is designed to include clinical experiences in various settings and an immersive experience at the end of the summer, where students will participate in pre-season practices at a secondary school or a college/university setting.

***Fall:*** The fourth clinical integration course (ATR 6130) will be an immersive experience lasting approximately 7 weeks, this experience may be with the same preceptor as at the end of ATR 6120. The fifth clinical integration course (ATR 6140) will include a 9 week clinical experience either on or off-campus within driving distance from campus.

***Spring:*** The sixth clinical integration course (ATR 6150), students will be assigned to a 9 week clinical experience either on or off campus within driving distance from campus. The final clinical integration course (ATR 6160) will be a 7 week immersive experience, which could be with the same preceptor as ATR 6150, but not necessarily.

## **Supplemental Clinical Education**

Every semester, students will have one to two days off didactic coursework, so that students may work with athletic training preceptors or engage in supplemental clinical experiences with other health care providers. This will allow students to work with physicians, athletic trainers, physical therapists, performance enhancement specialists, occupational therapists, behavioral health specialists, etc. Students will be required to get 20-30 hours with each clinician they are assigned to work with. There will be no supplemental assignments during immersion experiences. Therefore, the number of rotations per semester will vary based upon progression within the program. These interprofessional experiences will give students the opportunity to work with different patient populations with different medical concerns.

## **Clinical Education Supervision**

Although one of the major goals of a clinical experience is for students to become autonomous in their skills and decision making, students should never confuse autonomy with unsupervised practice. Autonomy, as practiced by students, refers to becoming proficient to the extent that they collaborate in making and implementing decisions regarding the care of their patients. Students should work to become competent and comfortable in decision-making, but all care-related decisions made by students must be reviewed with their preceptors prior to implementation. Clinical experiences will frequently involve student autonomy in activity and collaboration in decision making, but students are never the primary care provider for a patient or team. To this end, it is wholly incorrect for a student to see themselves as "the athletic trainer" for a team or to look at their time in clinical experience as "covering" a practice or a game. Instead, clinical experiences must be seen from an educational perspective and the students must see themselves as being there to learn, develop and/or refine clinical skills, and to foster an understanding and appreciation of all aspects of the profession.

The AU Athletic Training program does not support unsupervised clinical education experiences. Students may not represent themselves as an athletic trainer or perform athletic training activities outside of their clinical education experience. There may be unplanned times that a student is briefly unsupervised during their clinical rotations. During these uncommon times, students will not perform athletic training skills. If a student finds themselves in a situation in which he/she is unsupervised, he/she may act voluntarily as a first aid provider, which will be viewed as non-compulsory. Athletic training services may only be provided with the knowledge of the preceptor and when the preceptor can intervene.

## **Clinical Education Dress Code**

In order to promote the professionalism that is required of healthcare professionals when providing patient care, the following dress code is in effect:

1. General Information
  - Professional presentation as an athletic training student must occur at all times during clinical assignments. Professional presentation includes appropriate attire, demeanor, and proper hygiene. Discretion should be used concerning make-up, tattoos, jewelry, and piercings.
  - To ensure patient and student safety, the following jewelry items are not permitted to be worn during clinical assignments: nose rings, eyebrow rings, tongue piercings, long necklaces, excessive finger rings and bracelets, and excessive ear piercings.
  - Personal hygiene requirements include the following: hair must be clean, out of the eyes, and unobtrusive while performing athletic training duties. Long hair should be tied back so as to not interfere with clinical skills. Hands and fingernails should be clean at all times, and fingernails must be at an appropriate length as to not harm patients or serve as a potential health hazard. Facial hair should be neatly trimmed and not excessive.
  - When placed at a clinical site outside of Anderson University, please check with the preceptor to determine appropriate attire. If there is no dress code required at that site, you must follow the policy set by the Anderson University athletic training program.
  - Appropriate attire must be professional at all times and may not reveal undergarments or body areas that would be considered inappropriate in a professional environment.
  - Lockers are available for student use in the AU Sports Medicine Center.
2. Athletic Training Facility/Athletic Practices
  - Collared shirts with the AU Sports Medicine Logo or attire previously agreed upon by the preceptor is required. Clothing should be of an appropriate color when representing Anderson University. These colors include orange, black, white, gray, or khaki.
  - Pants and shorts should be of appropriate length and worn on or above the iliac crests. Khaki or black colored dress pants/shorts are acceptable. Ripped or patched clothing, rolled up pants, jeans or jean shorts, sweatpants, Capri pants, or items of clothing where undergarments are exposed will not be permitted.
  - Shoes, with appropriate socks, must be worn at all times. Shoes must be functional; open toed shoes, sandals, flip-flops, heels, etc. are not permitted.
  - Hats (with the bill forward) are only permitted for outdoor activities and must include the AU Logo. No hats are to be worn in the SMC, unless the individual is working an outdoor sport and utilizes these facilities.
  - In cold weather, the outermost layer of sweatshirts or jackets should contain either no logos or those of AU or AU Sports Medicine.
  - Rain suits and winter coats with the AUSM logo will be issued to students who are performing clinical assignments outdoors upon request. Students are responsible for the suits and coats; any loss or damage incurred to the suits or coats will be replaced at the expense of the student.
3. Clothing Attire for Event Coverage
  - For outdoor events, clothing should be based on the above guidelines and coordinated between the preceptor and the athletic training student.
  - For indoor activities, business or business-casual dress is appropriate, including skirts/dress pants for women, and ties/dress pants for men. If skirts/dresses are worn, they should be appropriate fit/length to allow ease of movement and discretion. Dress shoes should always be functional.
  - Travel attire should be consistent with the coaching staff and should be professional.

## **Emergency Action Plan**

An Emergency Action Plan (EAP) has been established in case of a medical emergency while participating in the clinical assignment, this plan is made available to you for your information. It is very important that you know the EAP for your clinical site. It is the responsibility of the preceptor at that site to discuss the EAP in detail within the first two days of your clinical assignment. However, if the preceptor does not discuss the EAP it is the student's responsibility to ask the preceptor to go over with them.

## **Clinical Hour and Patient Encounter Tracking**

All students are required to complete daily time logs and patient encounter logs in ATRACK to document the time engaged in clinical education. Students should develop the habit of logging their patient encounters and their time logs every day in order to stay current. Patient encounter logs and time logs will be checked and verified by the Clinical Education Coordinator. Preceptors will also be approving assigned student time and patient encounter logs. Failure to maintain up-to-date records will result in a grade penalty in the student's respective clinical integration course. Accurate patient

encounter tracking is vital to assessing a students' learning needs as they progress through the program. Students should only track the hours that they are engaged in clinical education. Travel time (to/from clinical education sites), food/snack breaks, homework breaks, social visits, and other miscellaneous instances should **NOT** be included in the daily time log.

### **Student Expectations for Clinical Education**

1. Model the Foundational Behaviors of Professional Practice
2. Uphold the policies and procedures contained within the AU Athletic Training Program Handbook, including professional dress at all times when providing patient care.
3. Abide by the NATA Code of Ethics and the BOC Standards of Professional Practice.
4. Model professionalism in everything you do. This includes, but is not limited to: punctuality, communication with patients, preceptors, coaches and other athletic training students.
5. Communicate any schedule changes, tardiness, or unforeseen situations (e.g. illness, personal emergency) with your preceptor as soon as possible.
6. Be an active learner who puts forth consistent and substantial effort. Ask questions and be engaged.
7. Refrain from applying skills during clinical education that have not been formally instructed and evaluated by either the classroom instructor or the preceptor.
8. Expect and understand the need for constructive criticism.
9. Have a positive attitude.
10. Communicate all things related to patient care to the preceptor. The preceptor is responsible for the care of the patient, so it is vital that you communicate results of assessments, changes in health status, or other medically related situations to the preceptor. Furthermore, seek approval from the preceptor prior to changing the patient care plan.

### **Preceptor Expectations in Clinical Education**

1. Model the Foundational Behaviors of Professional Practice
2. Uphold the policies and procedures contained within the AU Athletic Training Program Handbook
3. Abide by the NATA Code of Ethics and the BOC Standards of Professional Practice.
4. Model professionalism
5. Communicate any schedule changes, tardiness, or unforeseen situations (e.g. illness, personal emergency) with the student(s) as soon as possible.
6. Students must be supervised. As the student progresses through the program, they can be afforded greater responsibility and autonomy, but always under supervision.
7. Provide instruction and assess the current knowledge, skills and clinical abilities of the student.
8. Provide instruction and opportunities for the student to practice clinical skills, communication skills, and clinical decision-making during actual patient care.
9. Institute informal educational sessions with the student and provide feedback when appropriate. Encourage the student to ask questions and remain engaged throughout the clinical experience.
10. Evaluate the student's clinical proficiency, communication skills and clinical decision-making during patient care.
11. Complete all clinical evaluations of students in a timely fashion. All clinical evaluations should be discussed in person with the student prior to submission.
12. Orientate the student to the clinical site, which includes the following: location of bloodborne pathogen barriers and control measures, practice and review of the site's Emergency Action Plan, location of all emergency equipment (e.g. AED), and introductions to key personnel at that site.

### **Preceptor Absence Policy**

Preceptor is not on campus or absent when your clinical assignment was supposed to begin.

1. Contact your preceptor to find out when they will be returning to the clinical site.
2. If your preceptor does not return within 20 minutes, then you should let the Clinical Education Coordinator know. You may leave for the day, but before doing so please make sure you let your preceptor know. You may leave water out for the team before you leave.
3. If your clinical assignment is in a location where there are other ATs who have been preceptor trained, then you should ask one of them if they could supervise you. That preceptor may not be able to supervise, please do not assume that they are able and willing to serve as your supervisor for the day. If that AT is able to supervise you until your preceptor arrives then you may stay and work, if not then you should either wait for your preceptor to return or leave the site after the initial 20-minute wait period.
4. If you are unsupervised then you may act as a first aider only. You are only able to do treatments, injury assessments, or other athletic training duties when supervised by a preceptor trained AT.

If at any time you feel like the preceptor absence or tardiness is becoming a problem or inhibiting your learning experience, please contact the Clinical Education Coordinator to make her aware of the situation.

### **Clinical Education Evaluation**

Evaluation of each athletic training student will occur in regular intervals. The supervising preceptor will complete each required evaluation. It is the student's responsibility to ensure that the preceptor is aware that the evaluation is due, and that it needs to be completed. The student will be evaluated at the mid-point of the experience, which will provide feedback regarding the student's performance and professionalism up to that point, the preceptor should go over the evaluation with the student and provide information regarding expectations for the remainder of the clinical assignment. The student will also be evaluated at the end of the clinical experience. This evaluation will be more detailed, providing feedback regarding the student's knowledge, skills, attitudes, and behaviors. The AU end of rotation evaluation was created by utilizing the [Accreditation Council for Graduate Medical Education \(ACGME\) Milestones](#) and the [AT Milestones](#). The six general competencies and the eight specialty competencies adopted by the CAATE will be assessed allowing the student and faculty to monitor their progress over time to ensure the student is ready for unsupervised practice at graduation. The student and preceptor should meet in person to go over the evaluation before it is submitted.

### **Clinical Education Student Misconduct Procedures**

If a student is behaving unprofessionally and or inappropriately while engaged in clinical education, the following procedures should be followed: (Note: these steps may be skipped if the student conduct warrants swift action)

1. Preceptor should meet privately with the student to verbally discuss the behaviors that are inappropriate. The preceptor should discuss the misbehavior and facts surrounding the misbehavior, being as specific as possible including: dates, setting, patients/others involved and specific behavior. The preceptor should give suggestions to the student regarding how the behaviors can be rectified.
2. If the misbehavior continues the preceptor will meet with the student(s) again and document the conversation, facts surrounding the misbehavior and any other pertinent information. The preceptor and student should sign the document indicating the student has been made aware of his or her conduct. The preceptor should forward the signed document to the Clinical Education Coordinator, the record of the misconduct will be placed in the student's file. The student may be required to meet with the Clinical Education Coordinator at this time.
3. If the misconduct continues, a detailed record of the behaviors should be maintained and a meeting should occur between the student, preceptor and the CEC and/or the program director. The purpose of this meeting is to discuss the continued misconduct, steps taken thus far to remediate behavior, student reaction to the feedback regarding the misconduct, and to discuss disciplinary action.

**Please note:** All cases of misconduct will be taken on a case-by-case basis and are dependent on the magnitude of the misconduct. If a behavior/action is considered professional misconduct, as identified by a violation of the NATA Code of Ethics or the BOC Standards of Professional Practice, then a student may be immediately removed from clinical education experiences until the incident is investigated. Instances of professional misconduct may result in immediate probation or dismissal from the program, as determined by the Program Director in conjunction with the Athletic Training Education Committee.

### **STUDENT TRANSPORTATION TO CLINICAL SITES**

Students will be given the opportunity to gain clinical experience at a variety of locations, including on- and off-campus locations. In the case of off-campus clinical education experiences, students will be responsible for traveling to and from their primary clinical site at their expense. Anderson University will not provide the student with transportation to or housing at these sites, nor will the university or program pay for the student's expenses related to traveling to or housing at those sites. During some clinical education experiences the student may have the opportunity to "travel" to a different location (play a game or for a patient encounter) these experiences can be very valuable and therefore encouraged. However, a student should never be sent to a different site unless the preceptor will also be present. It is the responsibility of the student to travel to and from the designated site per the arrangements made with the preceptor.

Students will be responsible for any tickets, accidents, etc. they may incur while driving to these clinical sites. Therefore, students are highly encouraged to have insurance and to drive responsibly.

### **Student Travel During Adverse Weather**

In the event of bad weather or hazardous road conditions, each individual student must evaluate if they can safely travel to the clinical site. If a student determines it is unsafe, they should contact their preceptor as soon as possible and explain why they are unable to make it. This policy should not be abused and should not be used to bail out a student's poor planning.

However, if the student is unsure of their safety then they should not drive, if possible other arrangements are made (public transportation or ride with a driver with a safer vehicle). It is the student's responsibility to reschedule the missed experience if possible. If the clinical education site is closed due to bad weather, the student is not required to attend the clinical education experience.

### **Student Transportation of Injured/Ill Patients**

Under no circumstance should a student transport an injured/ill patient in any vehicle for off-site emergency care, physician appointments, or any other reason. Preceptors should not ask or expect students to provide such services in their own, a preceptor's, or the institution's vehicle. The issues involved with such actions expose the student, preceptor, and institution to great potential liability. Just as it is the preceptor's responsibility to avoid placing students in such situations, it is also the student's responsibility to inform the program director or clinical education coordinator of any instance in which the student feels they were placed in a compromising situation. If the preceptor has made arrangements to transport an injured/ill patient to medical care or a physician appointment, and the student volunteers to accompany the preceptor and patient then they should clear it through the Clinical Education Coordinator. In this case, the student would count those hours towards clinical education.

### **CONFLICTS WITH CLINICAL EDUCATION**

The student's first academic responsibility is to attend all classes the student enrolls in each semester. Students may not voluntarily miss or be required to miss classes to engage in clinical education or for any other activity (job, extracurricular activity, etc.). Excused absences for these class sessions may only be granted by the instructor for the specific course. If there is a conflict between the scheduled time of a required class and a clinical education experience, it must be resolved with the clinical education coordinator, and the preceptor, prior to the start of the clinical education experience.

The student's second academic responsibility is to attend all scheduled clinical education experiences. A clinical experience may not supersede a class session unless the instructor for the specific course has given the student an excused absence for the class session. The preceptor may not grant an excused absence for any course. However, the preceptor has the authority to determine excused absences from clinical education for assigned students (day(s) off, personal illness, family emergency).

Upon admission to the Anderson University athletic training program, students will be required to engage in all clinical integration courses (ATRG 6100, 6110, etc.) as part of the graduate curriculum. Clinical education experiences are assigned based on the learning needs of the student as well as the requirements set forth by the program. Clinical education experiences occur outside of the classroom, but include the application of knowledge and skills learned in the classroom to patients in a health care setting. Clinical education may occur prior to the start of the academic semester and extend beyond the conclusion of the academic semester. Clinical education experiences may occur at any time class is not in session, and frequently involves mornings, afternoons, evenings, weekends, and possibly holidays. It is the student's responsibility to engage in clinical education as assigned. The occurrence of clinical education (days, hours, timing) will change based on the clinical education assignment that semester. If the student chooses to participate in extracurricular activities or commit to part-time employment, the student does so knowing the clinical education requirements are the priority as a requirement of the Anderson University athletic training program. Any other activities or commitments mentioned previously must not excessively conflict with clinical education. To the greatest extent possible, extra-curricular activities and outside commitments must be scheduled around clinical education.

Students are encouraged to work out their clinical education schedule with their preceptor prior to beginning the experience. However, due to unforeseen circumstances (e.g., weather conditions) the clinical education schedule may change unexpectedly. In that case, both the student and the preceptor need to be flexible and adapt to the circumstances as best as possible.

### **GRADUATION AND DEGREE REQUIREMENTS**

To be eligible to graduate from the Master of Athletic Training program, students must have:

1. Complete a minimum of 64 hours of required coursework, earning the grade of C or above in all required courses.
2. All courses counting toward the degree must be completed with a cumulative GPA of 3.0 or better.
3. Complete all clinical experiences as directed within Clinical Integration courses.
4. Maintain compliance with all policies and procedures as outlined in the Athletic Training Program Handbook.

## **ANDERSON UNIVERSITY ATHLETIC TRAINING PROGRAM AWARDS/SCHOLARSHIPS**

### **Steve Risinger AU Athletic Training Service Award:**

Presented to a second year athletic training student who has demonstrated outstanding service to AU athletic training through their time in the program. This is based upon peer, faculty, and staff review of performance, work ethic, attitude, leadership, and overall contribution to the program.

### **Robert W. McCurdy Award:**

Named for our previous team physician, this award is presented each year to an outstanding athletic training student who has demonstrated excellence throughout the program, both academically and clinically, throughout the year.

# ADMISSION TO THE ATHLETIC TRAINING PROGRAM

## APPLICATION PROCEDURES

Enrollment in the athletic training education program is limited and has a competitive application process. Students gain admission to the athletic training program through one of three options: Direct Admission, Early Admission, or Traditional Admission.

### **Direct Admission**

The Direct Admission option is designed for incoming freshmen who have declared the pre-athletic training concentration in conjunction with any undergraduate major. This option will inform your course selections throughout your undergraduate career to ensure completion of professional program prerequisite coursework. With acceptance into the Direct Admission process and fulfillment of all professional program criteria, you will be guaranteed admission into the Master of Athletic Training.

To be considered for the Direct Admission option, you must be admitted into any undergraduate degree program at Anderson University and meet the following:

- Cumulative high school GPA of 3.5 on a 4.0 scale
- 1 year of high school Biology with a grade of “C” or better
- 1 year of high school Chemistry with a grade of “C” or better
- 2 years of high school math with a grade of “C” or better
- Recommendation Letter

Once admitted to the Direct Admission option, students must meet the following academic standards and other requirements to keep guaranteed entry into the graduate program:

If following the Early Admission (3+2) Option, all undergraduate major and liberal arts requirements must be met before entering the graduate program, or if following the Traditional Admission (post-bachelor's degree) option, the bachelor's degree must be completed before entering the graduate program.

- Cumulative undergraduate GPA of 3.0 or higher
- Prerequisite course GPA of 3.0 or higher
- Grade of "C" or higher in all prerequisite course work.
  - NOTE: Advanced Placement (AP) Credits are not accepted as prerequisites for the athletic training graduate program.
- Submit three recommendation letters, including one from a certified athletic trainer
- Submit a two page personal statement about your decision to pursue athletic training education
- Complete an interview with the athletic training program faculty/staff, if requested
- Complete a minimum of 30 observation hours must be from at least two different ATs.
- Read and sign program technical standards

### **Early Admission**

The Early Admission (3+2) program is designed for incoming freshmen (or transfers meeting degree matriculation requirements) who are interested in an accelerated path toward the advanced degree and who want to earn their degree in five instead of six years. This option allows you to be granted permission to start athletic training coursework in your fourth year after the completion of all undergraduate and liberal arts requirements.

To qualify for this option, you must:

- Be enrolled in an Anderson University undergraduate program
- Have a cumulative undergraduate GPA of 3.0 or higher
- Have a prerequisite course GPA of 3.0 or higher
- Grade of "C" or higher in all prerequisite course work.
  - NOTE: Advanced Placement (AP) Credits are not accepted as prerequisites for the athletic training graduate program.
- Submit a letter from your undergraduate advisor stating that all designated university liberal arts, major, and prerequisite courses will be completed prior to your fourth year of college
- Submit three recommendation letters, including one from a certified athletic trainer
- Submit a two page personal statement about your decision to pursue athletic training education
- Complete an interview with the athletic training program faculty/staff, if requested
- Complete a minimum of 30 observation hours must be from at least two different ATs.
- Provide any additional items of support

- Read and sign program technical standards

### Transitional Admission

The two-year post-bachelor's degree option is designed for students who have already completed a bachelor's degree from an accredited college or university and have met the admission requirements for graduate entry. While students can be eligible for admission with any undergraduate degree, having a health-related major such as exercise science, public health education, dance science, biology, psychology, or pre-health is strongly encouraged as they help fulfill the necessary prerequisites for admission into the master's program. See below for required undergraduate courses.

The MAT program is 64 credit hours and takes two years (six semesters) to complete. For application deadlines please refer to the application process page on the [MAT program website](#). Those who are accepted will formally begin the program the following May. Students may take missing prerequisite courses in the year preceding the start of their MAT program.

For consideration of acceptance into the program, you must:

- Complete a bachelor's degree from an accredited college or university
- Complete a program application
- Have a cumulative undergraduate GPA of 3.0 or higher
- Have a prerequisite course GPA of 3.0 or higher
- Grade of "C" or higher in all prerequisite course work.
  - NOTE: Advanced Placement (AP) Credits are not accepted as prerequisites for the athletic training graduate program.
- Submit three recommendation letters, including one from a certified athletic trainer
- Submit a two page personal statement about your decision to pursue athletic training education
- Complete an interview with the athletic training program faculty/staff, if requested
- Complete a minimum of 30 observation hours must be from at least two different ATs
- Provide any additional items of support
- Read and sign program technical standards

### Admissions Policies

The Athletic Training Education committee (ATEC) will convene regularly to review applications to the MAT program. This committee will take into account the student's application materials, grade requirements, clinical observation hours, formal interview (if requested), past athletic training experience, and the student's motivation and work ethic into account when determining whether the student is accepted into the program or not. The ATEC reserves the right to deny acceptance to any student. After this committee convenes, a letter will be sent to each applicant stating whether or not he/she has been accepted into the athletic training program. Upon receiving an acceptance letter, the student is required to return the "Declaration of Acceptance" form to the program director within the stated time frame. Failure to return this form will forfeit the student's acceptance into the athletic training program.

Students must be able to meet the technical standards set forth by the Anderson University athletic training program. At the time of acceptance into the program, students must sign a declaration of knowledge of these technical standards. Technical standards requirements are published in the Athletic Training Program Handbook.

### Prerequisite Undergraduate Courses

Courses (grade of C or higher is required in each prerequisite course)

COURSE TYPE	ANDERSON UNIVERSITY EQUIVALENT
Biology (with lab)	Multiple courses meet this requirement
Chemistry (with lab)	CHEM 1000 or CHEM 2110
Physics (with lab)	PHYS 2140 or PHYS 2240
A&P I (with lab)	BIOL 2410
A&P II (with lab)	BIOL 2420

Biomechanics (with lab)	EXSC 3520
Exercise Physiology (with lab)	EXSC 3470
Nutrition	EXSC 2580
Psychology	PSYC 2000
Statistics	MATH 2120 or PSYC 2440

### **Criteria for Evaluation**

Each applicant will be evaluated on their academic achievement, personal statement, and remaining items of support. Academic achievement will account for 70% of the applicant's total score. Applicants will be evaluated on the successful completion of their overall undergraduate degree GPA (must be a 3.00 or higher), with specific emphasis placed on the required prerequisite courses. The students ability to articulate their thoughts on pursuing athletic training education in their personal statement and the references provided will account for an additional 20% of the applicant's score. The remaining items of support will account for the final 10% of the applicant's total score. These will include but are not limited to other activities that will support the candidate's application (e.g. community involvement, leadership opportunities, previous athletic training experiences, etc.).

# **ATHLETIC TRAINING PROGRAM POLICIES AND PROCEDURES**

## **CRITERIA FOR RETENTION IN THE ATHLETIC TRAINING PROGRAM**

Once accepted into the athletic training program, the student will be permitted to begin course work in the athletic training curriculum. All athletic training students accepted in the program must complete the program in no less than two (2) years. As long as satisfactory progress is being made, the student will be permitted to move to the following semester. If progress is unsatisfactory, the student will be placed on probation. Students on probation may be prohibited from participating in clinical experiences. Satisfactory progress includes:

1. Maintain an overall program GPA of 3.0
2. Achieving a grade of C or better in each major course.
3. Performing satisfactorily in the clinical setting as noted on clinical course syllabi.
4. Adhere to all policies and procedures contained in the Athletic Training Handbook.
5. Maintaining up-to-date health status requirements.

Students falling short in areas 4 and 5 above will be required to address their deficiencies immediately. Students falling short in one or more of the areas 1-3 as outlined above will have a minimum of one semester and a maximum of two semesters to correct their deficiencies. Students must then appeal to the Athletic Training Education Committee for removal of probationary status. Individuals who fail to correct deficiencies within two semesters or are otherwise denied appeal will not be permitted to continue in athletic training coursework and clinical assignments.

## **APPEAL PROCESS**

The student has the right to appeal the decision made by the Athletic Training Education Committee. The student must submit a letter to the program director of athletic training education within seven (7) days after receiving notification. The letter should contain the reasons that the student is appealing the decision and why the decision should be reversed. A conference will be held with the student, dean of the School of Nursing and Kinesiology, chair of the Department of Kinesiology, athletic training program director, clinical education coordinator, and the athletic training education committee representative to discuss the decision and student appeal. All appeals will be thoroughly evaluated and the program director will send notice of the findings within seven (7) days of completion of the appeal process.

## **ATHLETIC TRAINING STUDENT GRIEVANCE POLICY**

The student may, at times, believe to be subject to unfair academic and clinical evaluation. If you have any such grievances, you have the right to make an appeal and to receive a fair hearing. The following procedure outlines the steps to be taken by the student in making appeals and the manner in which complaints will be handled.

### **Grade Appeals**

For all grade appeals, the student should follow the procedure listed in the Grad Appels section of the Anderson University Graduate Catalog.

### **Clinical Experiences, Evaluation, Progression, Retention, or Related Areas**

Step 1: Grievances related to clinical experiences, evaluation, progression, retention, or related areas must be presented to the program director. This should be done at the time the grievance occurs, or within ten (10) days of the occurrence. The program director will attempt to resolve the issue through consultation with all involved parties.

Step 2: If no solution satisfactory to all parties is achieved, the grievance may be presented to the Athletic Training Education Committee in writing within fifteen (15) days following the last discussion with the program director. In filing the written petition, the grievance must be stated clearly, indicate the date or dates on which the student consulted the program director, and give a brief statement as to the interpretation of the outcome of the discussion.

Step 3: Upon receiving a petition for a review of a grievance, the Athletic Training Education Committee may seek additional information from the student (through interview or by letter) in an attempt to understand as fully as possible the nature of and the justifications for the complaint.

Step 4: When the Athletic Training Education Committee has made a thorough review of the case and has reached a decision about the grievance presented, it shall make its decision and recommendations known in writing, to the student and the program director.

Step 5: If the decision made by the Athletic Training Education Committee is not acceptable to the student or to the Athletic Training faculty, the appeal may be taken to the University Graduate Council for review.

### **CLASS SCHEDULING AND ATTENDANCE**

The Athletic Training program requires both didactic coursework and clinical experience within the educational program. It is the responsibility of the athletic training students to thoroughly read and understand course syllabi for the expectations of their courses. The athletic training student is expected to attend every scheduled class session. If a student should have a class which conflicts with the student's clinical experience, it is the responsibility of the athletic training student to communicate that conflict with the appropriate preceptor ahead of time. Appropriate arrangements will be made to work around the conflict. If it is necessary to miss a class for a clinical experience, it is the student's responsibility to communicate with the appropriate professor(s) ahead of time.

### **ANTICIPATED ATHLETIC TRAINING PROGRAM EXPENSES**

There are extra costs associated with the Anderson University athletic training program once admitted to the program. These costs are in addition to tuition, room and board, and fees charged by the university, and include the following:

- National Athletic Trainer's Association (NATA) student membership: \$75 annually
- Attendance at a professional conference - \$100 (varies annually)
- Transportation costs for off-campus clinical experiences: \$300-\$500 per semester
- Criminal background check: Up to \$50 annually
- Costs associated with maintaining current emergency cardiac care certification (adult/pediatric) for the professional rescuer (cost varies)
- Tuberculosis skin test: \$5 annually through the Anderson University Health Services
- Drug screen: Up to \$50 annually
- Flu shot: Up to \$25 available through the Anderson University Health Services
- Clothing to meet dress code requirement: Variable
- Fanny/sling pack and athletic training kit: Up to \$200
- Scissors: Up to \$10

### **ATHLETIC TRAINING STUDENT HEALTH POLICY**

The following health requirements are mandatory for all athletic training students prior to their enrollment into the athletic training program, and in particular, prior to any clinical education experiences at off-site facilities. Failure to complete these health requirements will be cause for removal from clinical experiences and may impede your progress in the completion of your degree.

The following is required of all athletic training students and must be on file with the university or program director for athletic training education:

- **Health Insurance Verification:** All incoming students must submit the Athletic Training Program Health Insurance Verification Form. This form must be submitted to the program director of athletic training education by the end of their first Fall semester
- **Physical Examination:** A physical examination is required of all athletic training students. If you have submitted the Anderson University College Entrance Physical, you have met the requirement. If the College Entrance Physical is not on file with the university, the student will be required to obtain a physical examination prior to involvement in clinical assignments.
- **Immunizations:** All immunizations must be up to date, including: Measles, Mumps, and Rubella (MMR), Tetanus and Diphtheria, Polio, Varicella, Hepatitis A, Hepatitis B, and Meningococcal per the required immunizations of Anderson University. Documentation of these immunizations must be submitted to the program directly.
- **Tuberculin Skin Test:** All athletic training students are required to maintain and submit documentation of a current tuberculin skin test (TST) by the end of their first Fall semester, prior to the start of off-campus clinical experiences. Written results of the TB test must be submitted to the program director of athletic training education. The TB test may be obtained at Student Health Services.

- **Influenza Vaccination:** Healthcare facilities are requiring their employees to have annual influenza vaccination. This is mandatory as part of our affiliation agreements with off-campus clinical experience locations. When the influenza vaccination becomes available each year students will be notified of a due date for submission of documentation. Exceptions will only be made for those students with medical documentation indicating that they cannot receive the vaccine. Influenza vaccination may be obtained through Student Health Services.
- **COVID-19 Vaccination:** Healthcare facilities are requiring their employees to have the COVID-19 vaccination. This is mandatory as part of our affiliation agreements with off-campus clinical experience locations. All athletic training students are required to submit documentation of the COVID-19 vaccination to the program director of athletic training education by the end of their first Fall semester. Exceptions will only be made for those students with medical documentation indicating that they cannot receive the vaccine. COVID-19 vaccination may be obtained through Student Health Services.

## **INFECTIOUS DISEASE POLICY**

The purpose of this policy is to protect the health and safety of the students enrolled in the athletic training program as they participate in didactic and clinical education experiences required by the program. Athletic training students have a small, but real, health risk during their clinical education experiences. They frequently come into contact with patients who are ill with potentially infectious diseases and are often required to provide care to wounds that present the potential for contact with bloodborne pathogens.

All students must attend required OSHA and bloodborne pathogen training annually to learn, practice, and be evaluated as successfully performing all skills and tasks that will assist them in limiting their exposure in health care settings. To limit exposure, students are required to use proper hand washing techniques and practice good hygiene at all times. Students are required to use universal precautions at all times when functioning as an athletic training student in a health care setting and/or when working with potential sources of infectious disease.

Students with contagious or potentially contagious illnesses should inform the faculty member/preceptor of their condition to discuss participation in classroom, laboratory, or clinical experiences. If a student feels ill enough (e.g. fever, diarrhea, other acute symptoms) to miss more than one day of class or clinical experience, that student should be evaluated by Student Health Services or their family physician. Upon review by Student Health Services or a physician, the student must furnish the athletic training program with notification of their health status and ability to participate in the required academic and clinical activities of the program. If a student develops a debilitating medical condition that may impact the safety of the student or patient, the student must inform the program director prior to direct patient care. The athletic training program technical standards for admission will be used as a guide for determining the ability of a student to continue to provide care safely.

## **BLOODBORNE PATHOGEN EXPOSURE CONTROL AND TREATMENT PLAN**

The Anderson University athletic training program requires students to receive formal education and re-training in the area of bloodborne pathogens and biohazardous guidelines on an annual basis. This training is required prior to students engaging in clinical education experiences. To this end, the program has a written policy related to bloodborne pathogens and an exposure plan. These policies are designed to eliminate or minimize exposure to bloodborne pathogens, as well as define reporting and follow-up procedures in the case of an exposure incident. This plan is developed based on Occupational Safety and Health Administration's Bloodborne Pathogens and Hazard Communications Standards (<https://www.osha.gov/Publications/osha3186.pdf>).

### **Definitions**

*Bloodborne Pathogens:* Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

*Contaminated:* The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

*Contaminated Laundry:* Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

*Contaminated Sharps:* Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

*Decontamination:* The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

*Exposure Incident:* A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

*Personal Protective Equipment:* Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment

*Potentially Infectious Materials:* The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, all body fluid that are visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

*Universal Precautions:* An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

*Personal Protective Equipment (PPE):* PPE is provided to our employees/students at no cost to them. Training is provided by the athletic training program in the use of the appropriate PPE for tasks or procedures that employees/students will perform.

The types of PPE available to employees/students are as follows:

- Gloves
- Gowns
- Face shields
- Masks
- Eye protection
- Resuscitation bags
- Mouthpieces
- Biohazard bags

Individuals in need of such items should request them from their supervisor or other designee. PPE is located at the following area: Gaither Sports Medicine Center (located in the top cabinet marked with bio-hazard sticker in the lower taping area).

### **Universal Precaution Procedures**

Employees/students will perform their duties with the understanding that body fluids and medical waste may be infectious. When performing tasks that involve these materials, employees and students will adhere to the following universal precautions procedures:

1. Treat all situations involving potential contact with blood. Body fluids or medical waste with caution.
2. Wash hands after each contact with any bodily substance or articles contaminated with bodily substance. Use liquid soap from a dispenser, not bar soap. Employees/students must have immediate access to cleaning supplies and must not wait for appropriate washing. (i.e., If an exposure occurs during athletic event, the employee/student must be allowed to leave the event to engage in proper washing rather than waiting until half-time or the end of the game or event)
3. Wear protective gloves on both hands for anticipated direct contact with blood, body fluids, medical waste or contaminated objects or surfaces. The gloves must be replaced if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration. Disposable gloves should NOT be washed or decontaminated for reuse. Wash hands immediately after removing protective gloves.
4. Wear an impervious apron if body fluids are in large quantity and likely to get the clothing wet.
5. Wear a mask if splashing of blood or other bodily fluid is anticipated in order to protect the mucous membranes of the nose and mouth.
6. When unanticipated exposure occurs, remove contaminated substances by avoiding contact with the outer surface and washing hands and other skin surfaces immediately and thoroughly. If splashed in the eyes, nose or mouth, flush with water immediately, notify supervisor of all exposures.
7. All employees/students must take precaution to prevent injuries caused by needles or other sharp instruments. Mechanical means, such as a brush and dustpan should be used to handle such material. Report any needle punctures to supervisor immediately.
8. Soiled linens should be handled as little as possible and with minimum agitation. All linen should be bagged at the location where it is used; it should be placed in impervious bags that prevent leakage.
9. Trash must be put into impervious bags and placed in covered containers; tops should be secured when full, double bag if break through is anticipated.
10. Areas, surfaces, or articles like wash or emesis basins that are grossly soiled with blood or other body fluids must be cleaned with detergent/disinfectant.

**Prevention of Exposure Incident:** (The following is from the 2014-2015 NCAA Sports Medicine Handbook, 20th ed.)

The following recommendations are designed to further minimize risk of bloodborne pathogen transmission in the context of athletic events and to provide treatment guidelines for caregivers. These are sometimes referred to as "universal precautions", but some additions and modifications have been made as relevant to the athletics arena.

Care of the Athlete

1. All personnel involved in sports who care for injured or bleeding student-athletes should be properly trained in first aid and standard precautions.

2. Assemble and maintain equipment and/or supplies for treating injured/bleeding athletes. Items may include personal protective equipment (PPE) (minimal protection includes gloves, goggles, mask, fluid-resistant gown if chance of splash or splatter); antiseptics; antimicrobial wipes; bandages or dressings; medical equipment needed for treatment; appropriately labeled “sharps” container for disposal of needles, syringes and scalpels; and waste receptacles appropriate for soiled equipment, uniforms, towels and other waste.
3. Pre-event preparation includes proper care for wounds, abrasions, cuts or weeping wounds that may serve as a source of bleeding or as a port of entry for bloodborne pathogens. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these adequately covered to prevent transmission to or from a participant. Student-athletes may be advised to wear more protective equipment for high-risk areas, such as elbows and knees.
4. The necessary equipment and/or supplies important for compliance with standard precautions should be available to caregivers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings, and a container for appropriate disposal of needles, syringes or scalpels.
5. When a student-athlete is bleeding, the bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of activity before the student-athlete may continue participation in practice or competition. Current NCAA policy mandates the immediate, aggressive treatment of open wounds or be removed from the event as soon as it is practical. Return to play is determined by appropriate medical staff personnel. Any participant whose uniform is saturated with blood, regardless of the source, must have that uniform evaluated by appropriate medical personnel for potential infectivity and changed if necessary before return to participation.
6. During an event, early recognition of uncontrolled bleeding is the responsibility of officials, student athletes, coaches and medical personnel. In particular, student-athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
7. Personnel managing an acute blood exposure must follow the guidelines for standard precaution and presume all blood is infectious. Gloves and other PPE, if necessary, should be worn for direct contact with blood or other body fluids. Gloves should be changed after treating each individual participant. After removing gloves, hands should be washed.
8. If blood or body fluids are transferred from an injured or bleeding student-athlete to the intact skin of another athlete, the event must be stopped, the skin cleaned with antimicrobial wipes to remove gross contaminate, and the athlete instructed to wash with soap and water as soon as possible. NOTE: Chemical germicides intended for use on environmental surfaces should never be used on student-athletes.
9. Any needles, syringes or scalpels should be carefully disposed of in an appropriately labeled “sharps” container. Medical equipment, bandages, dressings and other waste should be disposed of according to facility protocol. During events, uniforms or other contaminated linens should be disposed of in a designated container to prevent contamination of other items or personnel. At the end of competition, the linen should be laundered and dried according to facility protocol; hot water at temperatures of 71 degrees Celsius (160 degrees Fahrenheit) for 25-minute cycles may be used.
10. Post-exposure evaluation and follow-up. Following the report of any incident in which an athlete has nonintact skin, eye, mouth, mucous membrane or parenteral (under the skin) contact with blood or other potentially infectious materials, the athlete should seek a confidential medical evaluation and follow-up. This evaluation must be conducted by a licensed health care professional.

#### Disinfecting of Environmental Surfaces

1. All individuals responsible for cleaning and disinfection of blood spills or other potentially infectious materials (OPIM) should be properly trained on procedures and the use of standard precautions.
2. Assemble and maintain supplies for cleaning and disinfection of hard surfaces contaminated by blood or OPIM. Items include personal protective equipment (PPE) (gloves, goggles, mask, fluid resistant gown if chance of splash or splatter); supply of absorbent paper towels or disposable cloths; red plastic bag with the biohazard symbol on it or other waste receptacle according to facility protocol; and properly diluted tuberculocidal disinfectant or freshly prepared bleach solution diluted (1:100 bleach/water ratio).
3. Put on disposable gloves.
4. Remove visible organic material by covering with paper towels or disposable cloths. Place soiled towels or cloths in red bag or other waste receptacle according to facility protocol. (Use additional towels or cloths to remove as much organic material as possible from the surface and place in the waste receptacle.)
5. Spray the surface with a properly diluted chemical germicide used according to manufacturer’s label recommendations for disinfection, and wipe clean. Place soiled towels in the waste receptacle.

6. Spray the surface with either a properly diluted tuberculocidal chemical germicide or a freshly prepared bleach solution diluted 1:100, and follow manufacturer's label directions for disinfection; wipe clean. Place towels in the waste receptacle.
7. Remove gloves and wash hands.
8. Dispose of waste according to facility protocol, the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).

#### **Reporting an Exposure Incident:**

**A. Employees of the University:** In the event of an exposure incident, please inform the Director of Sports Medicine. Follow appropriate workers' compensation guidelines including:

1. Complete the employee injury report immediately.
2. If medical treatment is required, contact the Office of Work Life Engagement to seek authorized medical care. Treatment not authorized will be at your own expense. (All exposure incidents should be medically treated).
3. Complete the Authorization to Release Medical Records form granting access to medical records. These records must be received before payment of medical charges may be considered.
4. Return all forms to Anderson University promptly. Failure to complete these forms may delay consideration of workers' compensation benefits.
5. Questions or concerns may be directed to the Office of Work Life Engagement

**B. Athletic Training Students:** In the event of an exposure incident, students should report the incident to the supervising certified athletic trainer (AT) immediately. The following procedures should be followed:

1. Upon exposure, the AT will contact the team physician for appropriate action. Treatment will be based on recommendations of the team physician.
2. Any questions or concerns may be addressed to Anderson University Office of Work Life Engagement
3. Written documentation of the incident should be completed as soon as feasible following the exposure.
4. Students: The Bloodborne Pathogen Exposure Incident Form should be used and properly filled out and returned to your supervising AT.
5. If the student is an employee of the university: Fill out an Employee Injury Report-Workers Compensation Form.
6. Students who are not employees of the university and require testing treatment, care and counseling related to a bloodborne pathogen exposure will be at the student's expense. It is recommended that all athletic training students carry health insurance. The university will assist in obtaining these services when necessary.

#### **The Infected Athletic Trainer**

An athletic trainer infected with a bloodborne pathogen should practice the profession of athletic training taking into account all professionally, medically, and legally relevant issues raised by the infection. Depending on individual circumstances, the infected athletic trainer may wish to:

1. Seek medical care and on-going evaluation
2. Take reasonable steps to avoid potential and identifiable risks to their own health and the health of his or her patients.
3. Inform, when appropriate, relevant patients, administrators, or medical personnel.

#### **Removal and Disposal of Contaminated Waste Material**

A designated person(s) will supervise marked Biohazard and Sharps containers. When full, the biohazard bag will need to be properly closed and Sharps containers properly sealed, and then taken to the Director of Sports Medicine for proper disposal.

Student Health Services	765-641-4222
OSHA, <a href="http://www.osha.gov/">http://www.osha.gov/</a>	1-800-321-OSHA (6742)
Office of Work Life Engagement	765-641-4200
Director of Sports Medicine	765-641-4517

**ANDERSON UNIVERSITY ATHLETIC TRAINING PROGRAM**

**BLOODBORNE PATHOGEN EXPOSURE INCIDENT FORM**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Give a detailed description of how the incident occurred. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of source individual (if permission granted; if not granted or not known, write “unknown”):

\_\_\_\_\_

Device(s) being used during the incident: \_\_\_\_\_

Personal protective equipment used during the incident: \_\_\_\_\_

\_\_\_\_\_

Actions taken (first aid, clean-up, reporting, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This report is to be kept in the Anderson University Sports Medicine medical records. A copy may be given to the student or their department as requested and consent given.**

### **THERAPEUTIC EQUIPMENT SAFETY POLICY**

The Anderson University athletic training program, along with CAATE, requires that therapeutic equipment at all clinical sites is inspected, calibrated, and maintained according to the manufacturer's recommendations. This is required to safeguard the health of the patient and the safety of the student and clinician.

#### **Maintenance of Therapeutic Equipment**

1. A qualified technician will annually inspect and calibrate applicable therapeutic equipment at all clinical sites. This includes all sites at Anderson University and all off-campus clinical sites where athletic training students are placed.
  - a. All pieces of therapeutic equipment that have electrical power should be inspected annually for safety.
  - b. All therapeutic modalities that have electrical power and are used to administer specific dosage-based treatment should be inspected for safety, as well as calibrated.
  - c. Sites accredited by the Joint Commission, Accreditation Association for Ambulatory Health Care, or other recognized external accrediting agencies are exempt from this requirement but are expected to follow the policies of those agencies.
2. The preceptor(s)/staff at each clinical site must arrange inspection and calibration for the therapeutic equipment.
3. The preceptor(s)/staff at each clinical site must arrange payment (if required) for the inspection and calibration. Anderson University is not responsible for payment or reimbursement for inspection and calibration at clinical sites.
4. Verification of inspection and calibration will be maintained as follows:
  - a. Hard or electronic copies of inspection and calibration records by the preceptor(s) at each clinical site; the method may be determined by the site but the information must be readily accessible at any time by the preceptor(s) for presentation to the Clinical Education Coordinator of the athletic training program.
  - b. Visible notification (e.g., sticker, signage) on applicable therapeutic equipment is ideal but not required.
5. The preceptor(s) at each clinical site are also responsible for ongoing maintenance of therapeutic equipment. Any equipment that appears to be unsafe for patient or clinician use shall not be used and shall be clearly marked as not for use until it can be properly inspected and calibrated.
6. The Clinical Education Coordinator will verify regular inspection and calibration of all applicable therapeutic equipment at each clinical site during routine site visits and/or prior to placement of athletic training students at a site.

#### **Procedures for Safe Use of Therapeutic Equipment by Athletic Training Students**

1. Athletic training students must be instructed in and must demonstrate competence in the use of specific therapeutic equipment before using said specific therapeutic equipment in the treatment or care of any patient.
  - a. Instruction and evaluation shall occur in the classroom/laboratory setting.
  - b. If a learning opportunity arises where the student may gain experience with therapeutic equipment but formal classroom/laboratory instruction has not yet taken place, the preceptor may instruct the student on the knowledge and skills associated with the therapeutic equipment so that the student may benefit from that situation.
2. Athletic training students will only use therapeutic equipment while under direct supervision of a preceptor.
3. Athletic training students will only apply therapeutic equipment according to manufacturer guidelines

### **ATHLETIC TRAINING PROGRAM TECHNICAL STANDARDS**

Anderson University is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, are capable of performing the technical standards of the educational program in which they are enrolled. It is the policy of each academic program to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students and applicants with disabilities. Under these laws, no otherwise qualified individual with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability. In accordance with federal regulations established by the Americans with Disabilities Act, the following standards are described to assist each candidate in evaluating their prospect for academic and clinical success.

The athletic training program at Anderson University is a rigorous and physically intense program that places specific requirements and demands on the students enrolled in the program. These are the technical standards needed to achieve the knowledge, skills and abilities 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). During completion of the athletic training program all students must be able to satisfy the requirements and expectations set forth in the technical standards below. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be permitted to continue participation in the program.

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

To successfully participate in the athletic training program students will be asked to:

- assimilate, analyze, synthesize, and integrate concepts that form the basis for making diagnoses, therapeutic judgments, and distinguishing deviations from the norm;
- problem solve and choose appropriate judgments for assessment and therapeutic situations;
- distinguish deviations from the norm;
- perform appropriate, effective and complete physical examinations and treatments including the safe and efficient use of equipment and materials; this includes, but is not limited to the ability to convey and set-up equipment for clinical or on-field use, to reach in a timely fashion injured patients who are down on athletic fields, to assess their condition where they lie, to perform appropriate emergency procedures, to participate in patient extrication and transport, to perform appropriate therapeutic and prophylactic procedures, and to demonstrate rehabilitative exercises;
- communicate effectively and sensitively, at a competent and professional level with patients and colleagues, including individuals from different cultural and socioeconomic backgrounds; this includes, but is not limited to, establishing rapport with patients and communicating judgments and treatment information effectively;
- document physical examination results, treatment plans, patient notes, and outcomes clearly and accurately;
- maintain composure and function well during emergency situations and periods of high stress;
- demonstrate flexibility and adjust to changing situations and uncertainty in clinical situations;

Athletic Training Students must certify that they have read and understand the technical standards for completion of the Anderson University athletic training program listed above, and believe to the best of their knowledge that they will be able to meet each of these standards with or without reasonable accommodations. This is accomplished using the Technical Standards Certification Statement.

Students requesting accommodation must provide documentation of their disability to the Office of Disability Services for Students (DSS) in the Kissinger Academic Center for Excellence located in the Nicholson Library. After reviewing the documentation, DSS will notify the program director for athletic training education whether or not the student has a disability under applicable laws that qualifies the student for reasonable accommodations. As needed, DSS staff will work with the student and Athletic Training faculty to determine reasonable accommodations. NOTE: There are some instances in which requested accommodations may not be reasonable, including, but not limited to, when the accommodation poses a direct threat to the health or safety of others or when an accommodation would make a substantial change in an essential element of the curriculum.

## CONDUCT EXPECTATIONS

All students, faculty, staff, and preceptors in and associated with the ATP are charged with upholding the [National Athletic Trainers' Association \(NATA\) Code of Ethics](#), the Code of Professional Responsibility within the [Board of Certification \(BOC\) Standards of Practice](#), and the [Indiana Athletic Training State Practice Act](#). If any of these individuals fail to maintain compliance with these standards they may be dismissed from their role in the athletic training program.

### **NATA CODE OF ETHICS**

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.

#### **1. MEMBERS SHALL PRACTICE WITH COMPASSION, RESPECTING THE RIGHTS, WELL-BEING, AND DIGNITY OF OTHERS**

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

#### **2. MEMBERS SHALL COMPLY WITH THE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF ATHLETIC TRAINING, NATIONAL ATHLETIC TRAINERS' ASSOCIATION (NATA) MEMBERSHIP STANDARDS, AND THE NATA CODE OF ETHICS**

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

#### **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 the applicable state athletic training practice acts and other applicable regulations for athletic trainers.
- 3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.
- 3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

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

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

**4. MEMBERS SHALL NOT ENGAGE IN CONDUCT THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST, REFLECTS NEGATIVELY ON THE ATHLETIC TRAINING PROFESSION, OR JEOPARDIZES A PATIENT'S HEALTH AND WELL-BEING.**

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

4.2. All NATA members, whether current or past, shall not use the NATA logo or AT 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 well-being and shall not participate in any arrangement that exploits the patient.

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

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

**BOC CODE OF PROFESSIONAL RESPONSIBILITY**

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

**CODE 1: PATIENT CARE RESPONSIBILITIES**

The Athletic Trainer, specialist or applicant:

1.1 Renders quality patient care regardless of the patient's age, gender, race, religion, disability, sexual orientation, gender identity, or any other characteristic protected by law.

1.2 Protects the patient from undue harm and acts always in the patient's best interest and is an advocate for the patient's welfare, including taking appropriate action to protect patients from health care providers or athletic training students who are, impaired or engaged in illegal or unethical practice.

1.3 Demonstrates sound clinical judgment that is based upon current knowledge, evidence based guidelines and the thoughtful and safe application of resources, treatments and therapies.

1.4 Communicates effectively and truthfully with patients and other persons involved in the patient's program, while maintaining privacy and confidentiality of patient information in accordance with applicable law.

1.4.1 Demonstrates respect for cultural diversity and understanding of the impact of cultural and religious values.

1.5 Develops and maintains a relationship of trust and confidence with the patient and/or the parent/guardian of a minor patient and does not exploit the relationship for personal or financial gain.

1.6 Does not engage in intimate or sexual activity with a patient and/or the parent/guardian of a minor patient.

1.7 Informs the patient and/or the parent/guardian of a minor patient of any risks involved in the treatment plan.

1.7.1 Does not make unsupported claims about the safety or efficacy of treatment.

1.8 Does not practice athletic training, or otherwise render patient care, while under the influence of alcohol, drugs, or any other substance that may or is likely to impair the Athletic Trainer's ability to render quality, skilled care to the patient.

**CODE 2: COMPETENCY**

The Athletic Trainer, specialist or applicant:

2.1 Engages in lifelong, professional and continuing educational activities to promote continued competence.

2.2 Complies with the most current BOC recertification policies and requirements.

**CODE 3: PROFESSIONAL RESPONSIBILITY**

The Athletic Trainer, specialist or applicant:

- 3.1 Practices in accordance with the most current BOC Practice Standards.
- 3.2 Practices in accordance with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training including, without limitation, applicable state licensing and ethical requirements.
- 3.3 Practices in collaboration and cooperation with others involved in a patient's care when warranted; respecting the expertise and medicolegal responsibility of all parties.
- 3.4 Provides athletic training services only when there is a reasonable expectation that an individual will benefit from such services.
- 3.5 Does not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services or the skills, training, credentials, identity or services of athletic training.
  - 3.5.1 Provides only those services for which they are prepared and permitted to perform by applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training.
- 3.6 Does not guarantee the results of any athletic training service.
- 3.7 Complies with all BOC exam eligibility requirements.
- 3.8 Ensures that any information provided to the BOC in connection with exam eligibility, certification, recertification or reinstatement including but not limited to, exam applications, reinstatement applications or continuing education forms, is accurate and truthful.

## **SOCIAL MEDIA GUIDELINES**

Social media comes in many forms, each has their own means of communication, and all can be used to advance or halt your career. Please remember that as an AU athletic training student you are to conduct yourself as a professional. It is not the purpose of this policy to infringe on a student or faculty member's freedom of expression; however, the Anderson University athletic training program has ethical, legal (such as HIPAA and FERPA), and regulatory obligations to protect the confidentiality of patients, students, and employees. The following are guidelines the Anderson University athletic training program recommends for appropriate behavior regarding social media should be followed:

When using social media:

- Do not send or accept vulgar, hateful, offensive or disparaging videos, pictures or words.
- Do not post pictures/videos of yourself or other athletic training students doing something that is against the policies of Anderson University or the AU athletic training program.
- Do not post pictures of yourself or other athletic training students dressed in AU athletic training clothing doing something that is not associated with AU athletic training.
- Do not disparage Anderson University, Central Indiana Orthopedics, AU athletic training or the AU athletic department in any way. Likewise, do not openly complain about or negatively comment on any preceptor, affiliate site, or professional organizations.
- Do not use social media to "stalk". Online stalking can be documented very easily, and that documentation is admissible in a court of law. Stalking is a criminal act.
- Do not use social media during your clinical hours. You are not permitted to post on any social media site while you are engaging in clinical experiences.

Any infraction of the previous guidelines can result in penalties ranging from suspension to dismissal from the Anderson University athletic training program.

When using social media:

- Do join the AU Athletic Training Facebook page. This is a great resource for jobs and internships!
- Do be aware that 70% of future employers reported that they WILL check your posts BEFORE they call you for an interview...so it is best to keep your posts "vanilla".
- Do keep in mind the golden rule of social media: Would I want my grandmother to see this post? Or in our case...Do I want the program director or dean of Students to see this post?
- Do think before you post.
- Do check (at least monthly) that your privacy settings have not changed.
- Do...be you! Social media is a great way to show off the only "you" that God made!

## **CELL PHONE POLICY**

Having access to a workable phone is important for enacting Emergency Action Plans. Cell phones with enough power and tower accessibility assists in early response and better outcomes for people who are suffering a life-threatening emergency. As such, cell phone use should be used for emergencies only.

Certainly there are times when others need to have access to you and vice versa, however; excessive texting or talking on the phone will not be tolerated. Using smartphones to access any apps, social media sites, or to play games is strictly prohibited in all settings.

With the camera and video abilities available on smartphones violations of HIPAA, and other privacy statutes could exist. Therefore, video-taping and/or picture taking is not permitted without expressed written consent by the patient and cannot include any defining characteristics (name, face, school logos etc.).

Violation of any portion of this policy may result in loss of clinical hours, removal from clinical setting (temporarily or permanently), failure of clinical course, and in rare cases removal from the athletic training program.

## **SEXUAL MISCONDUCT POLICY**

Anderson University affirms its commitment to Christian higher education and a work/learning environment that encourages and enables individuals to strive for excellence. Sexual misconduct is damaging to this environment and a violation of law and university policy. The conduct standards and expectations for those who choose to be part of the Anderson University community are informed by the university's core values and our Church of God heritage (see the Anderson University Ethos Statement). Student, faculty, and staff handbooks contain specific conduct expectations and policies. Sexual misconduct in any form will not be tolerated and will be dealt with promptly. When an allegation of misconduct is reported, protective and other remedial measures will be used to reasonably ensure such conduct ends, is not repeated, and the effects on the victim and community are remedied, including serious sanctions when a responding party is found to have violated this policy.

\*Please refer to the Anderson University Student Handbook for details on the Sexual Misconduct Policy.

## **CHEMICALLY IMPAIRED STUDENT, DRUG AND ALCOHOL POLICY**

Anderson University prohibits the use or possession of alcohol and the use or unlawful possession of drugs during any clinical activity. In the university setting, athletic training students involved in clinical activities must uphold the standards of the athletic training profession to ensure safe, effective, and supportive patient care. Because an impaired athletic training student may have altered judgment and skills, appropriate management of abuse and addiction is critical for athletic training education and practice.

Anderson University and the athletic training program are committed to providing a quality education for admitted students. To protect the integrity of the program and the athletic training profession, and to safeguard the welfare of athletic training students and patients receiving treatment from students, this policy addresses drug and alcohol testing of athletic training students involved in clinical activities based on reasonable suspicion of drug or alcohol use.

Students will be tested for the use of alcohol and drugs upon "reasonable suspicion." Reasonable suspicion is defined to mean that the student's instructor, supervisor, or their designee believes that the behavior, speech, body odor, or appearance of a student is indicative of the use of alcohol or drugs. Reasonably suspicious behavior could include conduct that prevents the student from performing the essential functions of his or her role or which poses a direct threat to the safety of others.

Other behavior which could lead to a reasonable suspicion of drug or alcohol use includes, but is not limited, to odor of alcohol or drugs, unsteady or staggering gait, rapid or slurred speech, pinpoint or dilated pupils, unresponsiveness, bloodshot eyes, fine motor tremors, difficulty participating in activities, nausea, vomiting, sweating, erratic behavior, incoherent speech, verbal or physical outbursts, self-report of drug use or alcohol abuse, unsafe behavior, unsatisfactory care for others, and threats to harm self or others.

If drug use or alcohol abuse is suspected, the faculty member/preceptor will take the following steps:

1. Remove the student from the clinical activity.
2. Confront the student in a private setting and in the presence of a witness, if possible.

3. Discuss the suspicious behavior with the student and allow the student to explain.
4. Notify the dean of the School of Nursing and Kinesiology.
5. The dean will notify the vice president for Student Life/dean of students or one of the associate deans of students.

In cases where drug use is suspected, Anderson University reserves the right to require students to undergo testing for the presence of illegal substances. This decision will be made by the vice president for Student Life/dean of students or one of the associate deans of students. A positive test will serve as evidence of possession and use. Test results indicating a dilute specimen will be viewed as evidence of possession and use. Students will be informed that refusal to submit to testing will be evidence of guilt and make the student subject to disciplinary consequences, including dismissal from the university. In cases where possession or use of alcohol is suspected, the director of Security Services or designated university staff may use an alco-test to determine alcohol use. A positive alco-test will serve as evidence of possession and consumption. Students will be informed that refusal to take an alco-test when use is suspected will be evidence of guilt.

### **DISMISSAL/WITHDRAWAL**

If a student is found to be in violation of an Anderson University Athletic Training Program Handbook policy, the NATA Code of Ethics, or the BOC Standards of Professional Practice, or if the student demonstrates academic dishonesty or professional misconduct, the situation will be reviewed by the Athletic Training Education Committee and appropriate actions (warning, probation, dismissal from program) will be taken. Depending on the committee's decision, students may be removed or prevented from taking athletic training courses as well as removed or prevented from engaging in clinical education. All actions of the Athletic Training Education Committee will be documented and discussed with the student.

Students who withdraw from the athletic training program will need to re-apply to be readmitted. On an individual basis, the required application materials may be slightly modified (as approved by Athletic Training Education Committee). If a student wishes to withdraw from a course, they should discuss this with the program director before taking the necessary steps, as this decision could affect their ability to graduate on-time.

# UNIVERSITY SUPPORT SERVICES

## **DISABILITY SERVICES FOR STUDENTS**

Anderson University offers learning-support services for all students who qualify under the ADAAA/Section 504 of the Rehabilitation Act of 1973. To secure reasonable accommodations, students must notify the appropriate institutional representative of the disability, provide current documentation of the disability, and request the specific accommodations needed. Certain accommodations may require advance notice to the director of disability services for students.

Documentation/evaluations must be completed by an appropriately trained professional and provide information about the current impact of the disability. Documentation/evaluations should also include recommendations for appropriate accommodations. The institution must be given reasonable opportunity to evaluate requests. Accommodations are considered based on individual need. Accommodations may be denied in cases that cause an undue burden to the institution or that fundamentally alter the nature of the program. Students requesting reasonable accommodations or learning-support services should contact the Director of Disability Services for Students, Kissinger Academic Center for Excellence.

## **KISSINGER ACADEMIC CENTER FOR EXCELLENCE**

The KACE promotes academic success and excellence by providing a variety of free services for all Anderson University students. The center has individual and group-oriented resources, including self-directed, audio, audiovisual, and computer-assisted instructional support materials. The center focuses on helping all students achieve and/or exceed their academic goals. This assistance may be related to specific courses; to the improvement of skills, including reading, writing, and specific study skill competencies; and to preparing for special exams, such as the Core and Casa. From peer and online tutoring for virtually all courses to general assistance with reading and study skills, the center staff is eager to help students with their academic goals. In addition, Disability Services for Students is located within the center.

## **CENTER FOR CAREER AND CALLING**

The Center for Career and Calling assists students in selecting a major and/or career path based on individual personalities, skills, abilities, and interests. To prepare for a competitive and rapidly changing job market, students may take advantage of one-on-one coaching appointments, résumé reviews, resources for networking and job search strategies, employer information sessions, and career fair opportunities. Additional information is available at [anderson.edu/career](http://anderson.edu/career).

## **HEALTH SERVICES**

Anderson University Health Services is committed to providing free comprehensive services to students and as part of the health benefits for eligible faculty and staff.

Health Services offers immediate care, health counseling, referrals, and wellness education. Care and resources are provided free to full-time AU students in partnership with Community Hospital Anderson, and all Health Services staff members are trained specialists from the Community Health Network. **Services are offered by appointment only.** Health Services is located at 307 Cottage Ave (behind Myers Hall).

All undergraduate students entering Anderson University are required to submit an up-to-date copy of Immunization Records via the online [Report of Health History](#) form to the Department of Student Life by Aug. 1. Health requirements for students at Anderson University exist primarily to protect students from diseases, which are infectious, and to secure medical information concerning students should they need assistance from the Health Services Department. This information is strictly for the use of Anderson University Health Services and will not be released without your knowledge or consent.

## **COUNSELING SERVICES**

### ***Morrison House, ext. 4203***

The college experience is demanding in every way. The academic and extra-curricular obligations are continual, and students live in constant community with others. Family members, professors, and others often expect tremendous things from students, and sometimes they expect even more of themselves. College life involves a wide array of difficult decisions, stressful situations, and natural losses. Students commonly struggle with anxiety, depression, interpersonal conflicts, family of origin issues, abuse/trauma, substance abuse, disordered eating/ED, loss and grief, identity issues, etc.

The staff of Counseling Services is composed of highly qualified individuals who strive to minister with wisdom and compassion to the emotional, physical, spiritual, psychological, and relational aspects of the student's struggle. Counseling Services provides comprehensive support services and a safe confidential space that is free to all full-time, traditional undergraduate students. Records are kept confidential and maintained as required by state law. At the discretion of the director, referrals may be made to service providers within the local community or in the student's home community for the purpose of further evaluation and follow-up.

### **CULTURAL RESOURCE CENTER**

The Cultural Resource Center (CRC) strives to intentionally increase awareness, sensitivity, knowledge, and understanding of diverse cultures. Their mission is to pursue and model reconciliation through encouraging acceptance, affirming identity, building community, and cultivating leadership. The Offices of International Student Services and Multicultural Student Services are located in the Cultural Resource Center. ***Decker Hall 235, ext. 4193***

#### *Multicultural Student Services*

The Office of Multicultural Student Services serves multi-ethnic students through facilitating relationships, programming, academic encouragement, advocacy, and leadership development. Its purpose is to enhance the academic, spiritual, social, and cultural development of multi-ethnic students. The office promotes a diverse environment where students, faculty, and administrators learn from and value each other's differences without abandoning one's own cultural uniqueness.

#### *International Student Services*

International students are citizens of countries around the world, U.S. citizens who grew up in another country, TCKs (Third Culture Kids such as kids of military or international business people who have lived overseas), and MKs (missionary kids). Services offered include orientation, F1 Visa immigration compliance, Optional Practical Training (OPT), Curricular Practical Training (CPT), and student programming. Workshops and counseling on culture shock and transition are also provided.

### **THE OFFICE OF THE UNIVERSITY REGISTRAR**

The Office of the University Registrar provides direct support to students, staff, and faculty through services such as student registration, organization and maintenance of student academic records, implementing and monitoring academic policies, and the development of useful information systems. It is the desire of the office to provide these services in a timely, accurate and helpful manner.

Anderson University adheres to Family Educational Rights and Privacy Act (FERPA) and the Student Right-to-Know Act (SRTK). Students are asked to sign a Release of Information Form to allow non-university personnel to view educational records.

## ATS HANDBOOK ACKNOWLEDGEMENT

I \_\_\_\_\_ have received a digital copy of the Anderson  
(name of student - *please print*)

University Athletic Training Handbook and understand that I am responsible for reading its content. I understand if I have a question about the policies in the handbook, it is my responsibility to seek clarification from a faculty member of the Anderson University athletic training program. I agree to abide by the written policies and procedures contained within the handbook.

\_\_\_\_\_  
Athletic Training Student Signature

\_\_\_\_\_  
Date

## PROFESSIONAL CONDUCT AND CONFIDENTIALITY AGREEMENT

*Please read the following and sign below stating that you are aware of the confidentiality policy and agree to abide by the governance of this policy*

My signature below indicates that I, as an athletic training student, in compliance with both HIPAA and the NATA Code of Ethics, recognize that I have an obligation to myself, the athletes, patients, coaches with whom I work, preceptors, and to Anderson University, to withhold from anyone, other than my immediate supervisors or other appropriate medical health professionals, any information I acquire professionally or personally which is considered confidential. This includes any information about an athlete's medical condition, the treatment of a medical condition, any information which I may acquire in locker rooms, athletic training facilities, physician's offices or otherwise which is considered to be non-public information. The unique opportunity that I have to observe and participate as an athletic training student will be jeopardized if I violate this confidentiality, may irrevocably destroy the rapport I establish with athletes, patients, coaches, and physicians, and may result in my immediate dismissal from my clinical assignment, the athletic training program, and/or Anderson University. I also understand that I represent the Anderson University athletic training program at all times, and, as a result, I will conduct myself in a professional manner at all times. I understand that if I fail to abide by this professional conduct statement and the statutes included in the NATA Code of Ethics, I will incur consequences for my actions and accept that penalty.

---

Athletic Training Student Signature

---

Date

## COMMUNICABLE DISEASE POLICY AGREEMENT

I have received a digital copy of the Anderson University Athletic Training Student Handbook containing the communicable disease policy, and agree to abide by the written policies and procedures.

By signing below, I attest to the following:

- I attended the face-to-face training on the communicable disease policy for the Anderson University athletic training program
- I have read and understand the Anderson University athletic training program's policies and procedures on Communicable Diseases
- I know where to access the Anderson University athletic training program's policies and procedures on Communicable Diseases

---

Athletic Training Student Signature

---

Date

## **BLOOD-BORNE PATHOGEN TRAINING**

I have received a digital copy of the Anderson University Athletic Training Student Handbook containing the blood-borne pathogen exposure control and treatment plan, and agree to abide by the written policies and procedures.

By signing below, I attest to the following:

- I attended the face-to-face Blood-borne pathogen training for the Anderson University athletic training program
- I have read and understand the Anderson University athletic training program's policies and procedures on Blood-borne pathogens
- I know where to access the Anderson University athletic training program's policies and procedures on Blood-borne pathogens

---

Athletic Training Student Signature

---

Date

## TECHNICAL STANDARDS CERTIFICATION STATEMENT

I certify that I have read and understand the technical standards for completion of the Anderson University athletic training program listed above, and I believe to the best of my knowledge that I will be able to meet each of these standards with or without reasonable accommodations. I understand that if I am now or at any time in the future unable to meet these standards, I will not be permitted to continue in the program. I further understand that there are some instances in which requested accommodations may not be reasonable, including, but not limited to, when the accommodation poses a direct threat to the health or safety of others or when an accommodation would make a substantial change in an essential element of the curriculum.

---

Athletic Training Student Signature

---

Date