Declaration of Understanding

I have carefully read the Bloomsburg University Clinical Athletic Training Policy & Procedure Manual. By signing below, I affirm that I both understand the policies and procedures described herein, and agree to fully comply with all program policies and procedures. I further understand that failure to adhere to program policies and procedures may result in involuntary withdrawal from the Clinical Athletic Training Program.

____________________________  _________________________
Student Signature             Date
# Bloomsburg University of Pennsylvania
## Clinical Athletic Training Program
### Policy and Procedure Manual

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INTRODUCTION

Definition of Athletic Training
Athletic training is practiced by certified athletic trainers, health care professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions involving impairment, functional limitations, and disabilities.

Athletic training is recognized by the American Medical Association (AMA) as an allied healthcare profession, and the AMA recommends ATs in every high school to keep America's youth safe and healthy. Specifically, the BOC Certified Athletic Trainer has demonstrated knowledge and skill in five practice areas or domains:

- Injury/Illness Prevention and Wellness Protection
- Clinical Evaluation and Diagnosis
- Immediate and Emergency Care
- Treatment and Rehabilitation
- Organizational and Professional Health and Well-Being

As part of a complete healthcare team, the certified athletic trainer works under the direction of a physician and in cooperation with other healthcare professionals, athletic administrators, coaches and parents. The athletic trainer gets to know each patient individually and can treat injuries more effectively.

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

For information about the National Athletic Trainers’ Association and the process for becoming a member please visit the NATA web site www.nata.org. This site also contains information about accredited programs and the athletic training profession.

How to Become a Certified Athletic Trainer
To become a certified athletic trainer, you must get a degree from a college or university with an accredited athletic training program, then take and pass the exam administered by the Board of Certification (BOC). This is the only way to become a certified athletic trainer. Requirements for Recertification Include: Adherence to the BOC Standards of Professional Practice, Submission of the BOC Annual Certification Fee, Maintenance of Emergency Cardiac Care (ECC), Completion and Reporting of Continuing Education Units (CEUs).

State Regulation of Athletic Training
Currently, there are 48 states that have some form of athletic training regulation, the vast majority requiring licensure. The BOC exam is a precursor to athletic training practice. Compliance with state regulatory requirements is mandatory and the only avenue to legal athletic training practice. For specific
details regarding state regulation, please contact your state regulatory agency. Agency information is available from the BOC at http://bocatc.org, under the state regulation menu item.

References:
1. http://nata.org/
PROGRAM BASICS

Bloomsburg University Clinical Athletic Training Program Mission

Our mission is to provide students with a comprehensive didactic and clinical education to serve as a solid foundation for a career in athletic training. The knowledge, skills, and attitudes provided by our program meet and exceed the current Educational Competencies of the National Athletic Trainers' Association while maintaining our focus on the scope of practice for athletic trainers. We seek to inspire passionate, independent, lifelong learners who can effectively integrate the best empirical evidence available with critical thinking and ethical decision-making to provide optimal care for the physically active person. We challenge our students to effectively communicate in both technical and lay terms with health-care providers and the general population, respectively, in a fashion that is mindful of cultural and socioeconomic differences. We aim to foster an environment where faculty and students will be collaboratively involved with professional scholarship and service for national, regional, and local benefit.

Bloomsburg University Clinical Athletic Training Program Goals and Objectives

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| 1) To recruit diverse, intelligent, and highly motivated graduate students | a) To welcome a diverse group of graduate students including minorities, veterans, disabled students meeting the technical standards, and international students  
b) To welcome intelligent students  
c) To welcome highly motivated students |
| 2) To provide students with abundant resources for learning and practicing athletic training | a) To partner with Geisinger Health System to provide the athletic training students access to enriching educational opportunities |
| 3) To impart high quality didactic and clinical instruction | a) To provide high quality instruction in the classroom  
b) To provide high quality instruction in the clinical settings |
| 4) To ensure students are effectively learning to become entry-level athletic trainers | a) To demonstrate knowledge of an entry-level athletic trainer  
b) To demonstrate skills of an entry-level athletic trainer  
c) To demonstrate professional attitudes and ethical conduct of an entry-level athletic trainer |
| 5) To foster independent, lifelong learning through continuing education and evidence-based practice | a) To observe students participating in learning activities that are not directly tied to part of a class  
b) To observe students actively seeking the best available evidence/research for clinical decision-making |
| 6) To cultivate participation in professional activities and organizations | a) To promote professional leadership and service |
Accreditation Status of Bloomsburg University Clinical Athletic Training Program
The Clinical Athletic Training Education Program (CATP) was initially accredited from the Commission on Accreditation of Athletic Training Education (CAATE) in fall of 2010. CAATE reaccreditation is scheduled to occur during the 2014-15 academic year. Students graduating from a CAATE accredited program are eligible to sit for the National Athletic Trainers’ Association Board of Certification (BOC) examination.

Code of Conduct
Students in the Clinical Athletic Training Program have a professional responsibility to maintain. These responsibilities are framed below. Students in the Clinical Athletic Training Program are expected to:

1. Perform to the best of their ability in classroom, laboratory, and clinical experiences
2. Strive to achieve the personal qualities of allied health professionals
3. Adhere to ethical principles delineated in the NATA Code of Ethics (Appendix B) and the BOC Standards of Professional Practice (Appendix C)
4. Abide by established policies and procedures of assigned clinical site and the written memorandum of understanding with the assigned preceptor
5. Maintain a cordial and professional relationship with athletes, coaches, peers, faculty, preceptors, and any other person you interact with while representing the Bloomsburg University Clinical Athletic Training Program

Statement of Non-Discrimination
Bloomsburg University of Pennsylvania and the Clinical Athletic Training Program are committed to equal educational and employment opportunities for all persons without regard to race, religion, gender, age, national origin, sexual orientation, disability or veteran status.
BLOOMSBURG UNIVERSITY GRADUATE SCHOOL ADMISSION

Admission
Admission to the Graduate School at Bloomsburg University is determined by the applicant’s academic and program specific qualifications. Decisions are reached without regard to race, color, religion, sex, age, national origin, ancestry, sexual orientation, or disabilities. Applicants must be graduates of, or seniors in, accredited bachelor’s programs at four-year colleges or universities. International applicants must have the equivalent of a bachelor’s degree from a recognized foreign institution. Acceptance to a graduate program is determined by the Dean of Graduate Studies upon recommendation of the graduate program director. Acceptances are tentative if based on evaluations of transcripts that show work in progress; final action is taken after complete transcripts have been received and evaluated. Admission by the Bloomsburg University graduate school does not guarantee admission to the Clinical Athletic Training Program.

Entrance Requirements
Entrance requirements to graduate studies at Bloomsburg University vary according to program (http: www.bloomu.edu/gradschool/). Minimum requirements for applicants for graduate study include a baccalaureate degree from an accredited college or university or the equivalent degree from a foreign institution, and a minimum undergraduate quality point average (G.P.A.) of at least 3.0 on a 4.0 scale. The Entry-Level Master of Science in Clinical Athletic Training requires the Graduate Record Exam (GRE). Any testing fees must be paid by the student. Students not meeting the minimum admission requirements may be admitted with provisional status upon the recommendation of the graduate program director and the Dean of Graduate Studies.

International Students
Individuals from foreign countries must complete a separate Graduate Admissions Application for International Students which is available in the Office of Graduate Studies or Office of International Education. This form can also be downloaded from the BU web page. International applicants must have official results from the test of English as a Foreign Language (TOEFL), the Test of Spoken English (TSE), or the International English Language Testing System (IELTS) submitted directly to the Office of Graduate Studies. A minimum score of 550 on the paper-based TOEFL, 213 on the computer-based TOEFL, and 79 on the internet-based TOEFL or equivalent scores from other testing systems, taken within two years prior to the date of submission, is required. All international applicants must have their applications complete at least four months prior to the start of the semester for which they are applying. International students are responsible for all transportation or expenses for transportation in the CATP program to and from clinical education sites.

Admissions Categories
In addition to regular admission to graduate programs, several other admissions categories are available:

Provisional – A student may be admitted as provisional in a degree program when the student possesses a baccalaureate degree but does not meet the criteria for regular admission as specified by the program. The reasons for a student’s provisional status will be specified in the letter of admission. When these conditions are attained, transfer to regular student status is automatic upon certification by the student’s advisor. If the conditions are not met, the student may be dismissed.
Transfers – The criteria and procedures described under admissions also apply to transfer students. Transfer of credit is described under section three. The CATP will only accept internal transfer of credits.

**Transfer of Credits**

Internal transfer of credits – internal transfer of credit (attained with a grade of B [GPA of 3.0 on a 4.0 scale] or better, generally as a non-degree or adjunct student) is limited to 12 credits of course work. They must be relevant to the degree program the student is pursuing and must be approved by their program director and Dean of Graduate Studies. The CATP will only accept this type of transfer credit.

**Graduate Course and University Withdrawal**

During the Fall and Spring semesters, after the schedule change period and continuing until three weeks past mid-term, if a student withdraws from a course, a grade of “W” will be recorded.
PROGRAM ADMISSION

Program Pre-Requisites
In addition to the admission requirements set forth by The Graduate School, applicants to the Entry-Level Master of Science degree program in Clinical Athletic Training must also complete and submit appropriate application forms to the Program Director. The following prerequisites are required for admission eligibility and consideration and must be verifiable during the application process.

1. Completion of a Baccalaureate degree program from a nationally recognized accredited University
2. A minimum GPA of 3.0 in previous college and university course work
3. Graduate Record Exam (GRE) taken within seven years
4. Satisfactory completion of the following prerequisite coursework:
   a. Human Anatomy (lecture and lab)
   b. Human Physiology (lecture and lab)
   c. Exercise Physiology
   d. Biomechanics/Kinesiology
   e. Psychology of Sport/Exercise
   f. Care and Prevention of Athletic Injuries
5. A minimum of 200 hours of clinical observation/experience under a Certified Athletic Trainer within 2 years of program application
6. Current First Aid and Professional Rescuer CPR Certifications (including Adult, Child, Infant, and AED)

Application Process
Applications are accepted for summer admissions only. Application to the CATP program is a two-fold process. Applicants must complete and submit required application materials to the following areas, and complete an interview.

Application Materials to be Completed and Submitted Directly to the Graduate School:
1. On-line Graduate School Application. (Help with this process can be found at http://www.bloomu.edu/gradschool/apply).
2. Official transcripts from all institutions attended through baccalaureate degree.
3. GRE scores-Notify the testing service to send results to Bloomsburg University, Office of Graduate Studies. For admission to the CATP program, only the verbal and the quantitative scores will be considered.

Supplemental Application Materials to be completed and submitted directly to the Program Director:
1. Letter of application indicating career goals and rationale for wanting to attend Bloomsburg University.
2. Athletic Training Application. Note that copies of the syllabi from pre-requisite coursework must accompany the application form.
3. Three letters of recommendation. At least one of these must be from a Certified Athletic Trainer (ATC) who can speak to your previous clinical experiences. Individuals serving as references should be able to comment on your likelihood for success in graduate studies.
4. Statement of Goals indicating your professional development.
A personal interview is required prior to admission to the Clinical Athletic Training Program. Qualified applicants will be invited by the program director to an on-campus visit for a personal interview upon receipt of athletic training application materials. On-campus interviews are at the applicant’s expense. In extenuating circumstances, a telephone interview will be permitted.

**Candidate Selection Process**
Application to the CATP program is competitive. The CATP student admission committee reviews the credentials of each applicant. Final selection is based on a composite of the following criteria: academic performance (overall and prerequisites), prior clinical and allied health experiences, goal statements, quality of recommendations, and interview. No single admission criterion has a decisive influence on the applicant’s acceptability, and exceptions to the requirements can be made on recommendation of the committee. Admission to the CATP is NOT guaranteed simply upon satisfactory completion of all program pre-requisite requirements or through acceptance into the Graduate School. The number of students admitted into the program varies from year-to-year, with the number of students selected ranging from 10-16 annually.

**Admission Notification**
Students are notified, in writing, of the outcome of their application in the mid to late spring for matriculation in the upcoming summer semester. If the application is accepted, the student must respond in writing to the CATP Program Director confirming acceptance of the admission offer within 15 days, and show evidence of completion of all post-admission requirements (see following section) prior to enrollment. If the application is rejected, the student has the opportunity to re-apply the following year. Admission decisions may be appealed to the CATP Program Director within two weeks after official notification.

**Post-Admission Requirements**
The following documentation/certifications must be current and on file with the CATP Program Director prior to beginning clinical rotations in the fall semester.

1. Evidence of current liability insurance coverage for Allied Health Professionals
2. Current First Aid and Professional Rescuer CPR & AED Certifications
3. Completed Health Evaluation Form by an appropriate health care provider within one year prior to admission, including a statement that affirms the student has the physical and mental abilities to meet the CATP’s Technical Standards for Admission
4. Signed declaration of understanding and ability to meet the CATP’s Technical Standards for Admission
5. Signed declaration of understanding and acceptance of all Program Policies and Procedures as delineated in the CATP Student Policies and Procedures Handbook
6. In addition to the immunizations required by Bloomsburg University, students must also show evidence of receiving the varicella titer, completed HBV vaccination series and TB Skin Test prior to admission to clinical education courses

**Appeals Process**
If a student wishes to appeal an admission or withdrawal decision from the CATP, they should send a letter requesting an appeal to the CATP Program Director within two weeks of the postmark of the official notification. The student should also submit at that time all materials that substantiate the appeal. The student will then appear before the CATP Student Appeals Committee (comprised of the program director, one athletic training faculty, one Exercise Science member outside of the CATP, and
one approved clinical instructor) within one month of the appeal request. A majority decision of the committee is required for the final decision. The student will be notified, in writing, within one week of the committee’s decision.

**Readmission after Withdrawal**

Any student who is withdrawn or voluntarily withdraws from the program must apply for readmission through normal admission procedures.

**Transfer Policy**

Transfer credits are reviewed on a case-by-case basis. Only the following coursework (or their analogs) may be transferred to Bloomsburg University CATP: EXERSCI 587: Exercise Psychology and EXERSCI 560: Exercise Nutrition and Metabolism. Transfer credits will not shorten the duration of the program, as it is a lock-step program.

**Technical Standards**

The Clinical Athletic Training Educational Program at Bloomsburg University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged physical activity. The technical standards set forth by the Clinical Athletic Training Educational Program establish the essential qualities considered necessary for an entry-level athletic trainer, as well as meet the expectations of the program’s accrediting agency (Commission on Accreditation of Athletic Training Education Programs). The following abilities and expectations must be met by all students admitted to and enrolled in the Clinical Athletic Training Educational Program.

In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program or be allowed to remain enrolled in, or to graduate from the program. Compliance with the program’s technical standards does not guarantee a student’s eligibility for the BOC certification exam.

To be admitted or to maintain enrollment in the Clinical Athletic Training Educational Program the student must demonstrate:

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

Candidates for selection to the Athletic Training Educational Program are required to verify they understand and meet these technical standards or that they believe that, with or without reasonable accommodations, they can meet the standards.

If a student’s ability to meet the standards changes while enrolled in the program, as deemed so by the program director, a meeting(s) with the student, program director, additional faculty member and, if appropriate, a representative from the Office of Accommodative Services will be held to determine the reasonable accommodations and the best course of action.

The Office of Accommodative Services will review the appropriate documentation of a student who states he/she could meet the program’s technical standards with accommodation, as described on the ASO webpage: www.bloomu.edu/accommodative-services. The student must provide appropriate documentation of a disability and request a reasonable accommodation pursuant to University processes and applicable laws. If the stated condition is a qualified disability, the University will confer with the student to identify reasonable accommodations. The accommodation shall not jeopardize clinician/patient safety, or the educational process of the student or the University, including all coursework, clinical experiences and internships deemed essential to graduation.

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

_________________________________________  ____________________________
Signature of Applicant                        Date

OR

Alternative statement for students requesting accommodations:
I certify that I have read and understand the technical standards for admission listed above and I believe to the best of my knowledge that I can meet each of these standards with a reasonable accommodation. I will contact the Bloomsburg University Office of Accommodative Services to provide documentation of my disability, and request and identify reasonable accommodations. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted or allowed to remain enrolled in the program.

_________________________________________  ____________________________
Signature of Applicant                        Date

Immunizations
It is university policy that all students be vaccinated against measles, mumps, rubella, varicella, hepatitis B, polio, diphtheria, tetanus and pertussis; and to have a tuberculin skin test. Students are recommended to be vaccinated against hepatitis A, meningitis, and human papillomavirus. Students may refuse these immunizations, but it is necessary that they sign a waiver warning them of the potential risks. The waivers are managed through the student health center. Due to the increased risk
of disease transmission with blood and body fluid exposure we urge all students to be vaccinated against a full range of communicable diseases.
Medical Records Release Authorization Form

Student Health Center

Student’s Name ___________________________ SS# ___________________________ Telephone # ___________________________

I do hereby consent and authorize Bloomsburg University’s Student Health Center to disclose / release copies of the following information from my Student Health Center medical records:

- Immunization record(s)
- Tuberculosis Skin Testing (TST) records
- Laboratory reports (specify) ___________________________
- Health Form / History and Physical ___________________________
- X-ray reports (specify) ___________________________
- Other (specify) ___________________________
- I give permission for the Student Health Center staff to verbally discuss the indicated medical information with ___________________________

I understand that records and reports generated by other medical facilities cannot be copied and released to me (for example: Emergency Room reports). To obtain these reports, I must request copies from the originating medical facilities.

This information will be released to:

Name ___________________________ Address ___________________________

Telephone # (_____) ___________________________ Fax# (_____) ___________________________

Special Authorization

I authorize Bloomsburg University’s Student Health Center to release information related to the testing, diagnosis and / or treatment for any of the following conditions to the person(s) listed above. Student, please date and sign your name in front of the section which describes the type of information you wish to be released.

- ___________________________ Information concerning my mental health / neuro-psychological condition.
- ___________________________ Information concerning my drug abuse and related health problems.
- ___________________________ Information concerning my HIV/AIDS condition and related health problems.
- ___________________________ Information concerning my eating disorder(s) and related problems.
- Other (Specify) ___________________________

_____ I will pick up the records _____ Mail the records _____ Fax the records

I understand that I have the right to inspect material that is to be released. I understand that I may revoke this authorization at any time by notifying the Student Health Center. However, this authorization shall be effective immediately and shall expire in 60 days from the authorization.

Student’s Signature ___________________________ Date ___________________________
Witness Signature ___________________________ Date ___________________________

Student Name ___________________________ S# ___________________________ BU-ID# ___________________________
Date Records Copied: ___________________________ Copied By: ___________________________ Pick-up: ___________________________
Mailed: ___________________________ Faxed: ___________________________

Record Retention 2000
Revised 08/00

12
# Health History & Physical Examination

## Student Health Form

All Pages Must Be Completed  
(Keep a copy at home for your records)  

Student Health Center

Date of Entrance: Summer Spring Fall 20____  
(Circle One)

☐ Check here if you are a Nursing student.  
☐ Check here if you are an international student.  
All health and insurance information must be in English.

### Student Information

- **Name:**  
  - (Last)  
  - (First)  
  - (MI)
- **Social Security #:**  
- **BU ID #:**  
- **Phone #:**  
- **Cell Phone #:**  
- **Date of Birth:**  
- **E-mail address:**
- **Citizen:**  
  - USA  
  - Other (Country)
- **Home Address:**

### Emergency (Next of Kin) Information

- **Name:**
- **Relationship:**
- **Home Phone:**
- **Work Phone:**
- **Cell Phone:**

## HEALTH INSURANCE INFORMATION

- **Insurance Co. Name:**
- **Policy Holder’s Name:**
- **Insurance Co. Address:**
  - (Include entire address)
- **Policy #:**
  - (ID Number)  
  - Group #:  
- **Prescription Drug Plan:**  
  - YES  
  - NO

I hereby give permission to the Student Health Center Practitioners or Physician to prescribe necessary medication and/or perform treatments or procedures necessary in the best interest of my health needs. I understand that any charges for illness or injury at my written request or per verbal request witnessed by two Health Center staff members.

(Signature of Student)  
(Date)

### Bloomsburg University Student Health Center Office Use Only

#### Undergraduate Student

- **Insurance Complete:**  
  - Yes  
  - No  
- **Date Notice Sent:**
- **HC Staff:**
- **V A P Complete:**  
  - Yes  
  - No  
- **Date Notice Sent:**
- **HC Staff:**
- **Influenza Vaccine:**  
  - Yes  
  - No
- **Tdap or Td:**  
  - Yes  
  - No
- **Hep B 1 7 11:**  
  - Yes  
  - No
- **PF:**  
  - Yes  
  - No

#### Graduate Student

- **Insurance Complete:**  
  - Yes  
  - No  
- **Date Notice Sent:**
- **HC Staff:**
- **V A P Complete:**  
  - Yes  
  - No  
- **Date Notice Sent:**
- **HC Staff:**
- **Influenza Vaccine:**  
  - Yes  
  - No
- **Tdap or Td:**  
  - Yes  
  - No
- **Hep B 1 2 3:**  
  - Yes  
  - No
- **TST:**  
  - Yes  
  - No
- **Hs:**  
  - Yes  
  - No

#### Nursing (Health Center Office Use Only)

- **Complete:**  
  - Yes  
  - No  
- **Date:**
- **Health Center Staff Installs:**  
  - 1 2 3

---

Bloomsburg University Student Health Center  
324 Kehr Union Building • 400 East Second Street • Bloomsburg, PA 17815-1301  
(570) 389-4451/4452 • Fax (570) 389-3417  
A Member of Pennsylvania’s State System of Higher Education  
Revised 5/08

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Immunization Record

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TST by Mantoux Skin Test  (Tuberculin Skin Test)
All international students and Nursing students must have a Tuberculin skin test (TST by Mantoux method only) within the past 6 months. International Students, if you have received BCG vaccine, please indicate year: ____________.

Date of Test: ____________  Signature of Provider Testing: ____________
Date of Reading: ____________  Date mm mm
Signature of Provider Reading Test: ____________  □ Negative __ mm □ Positive __ mm
If test Positive: Chest X-ray: Date ____________  Results: □ Negative X-ray □ Positive X-ray
Any Treatment: ____________

REQUIRED IMMUNIZATION INFORMATION – List All Dates even if including copies. Without these dates, your health form will be considered incomplete which will prevent you from scheduling and/or registering for classes. Refer to gold "Required Immunizations Fact Sheet".

1. MMR I Date: ____________  MMR II Date: ____________  or Rubella Titer □ Positive □ Negative, and
Two doses required after first birthday of birth after 1996
Mumps Titer □ Positive □ Negative

2. Varicella (Chickenpox) Year of Disease: ____________  or
Immunization: Two Doses Required: Dose #1 Date: ____________  Dose #2 Date: ____________  or
Varicella titer: □ Positive □ Negative

3. Tdap Booster (preferred) Date: ____________  Last Td Booster Date: ____________
The date of your last Td booster must be within the past 10 years.

4. Hepatitis B: 3 Doses of vaccine required.
Dose #1: ____________  Dose #2: ____________  Dose #3: ____________  or
Result of Hepatitis B Surface Antibody titer: □ Positive □ Negative

5. List completion dates of following childhood series:
   DPT (Diphtheria, Pertussis, Tetanus): ____________  Polio: ____________

6. Other immunizations recommended, but not required:
   Hepatitis A #1 ____________  #2 ____________  Gardasil #1 ____________  #2 ____________  #3 ____________

7. This Section MUST BE COMPLETED BY ALL STUDENTS:

MENINGITIS Immunization Information
Date of Most Recent Immunization: ____________
(Refer to Enclosed Meningitis Fact Sheet)

Waiver
I have received and reviewed the enclosed information regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine. I knowingly decide not to receive the vaccine at this time.

Signature of Student: ____________  Date: ____________
**Physical Examination**

<table>
<thead>
<tr>
<th>(Last Name)</th>
<th>(First Name)</th>
<th>(Mi.)</th>
<th>(Social Security No.)</th>
</tr>
</thead>
</table>

- **Gender**: Male ☐ Female ☐

- **T**: 
- **P**: 
- **R**: 
- **Ht**: 
- **Wt**: lbs.
- **BP**: /

- **Medications** (List Each Dosage):
  1. 
  2. 
  3. 

- **Irritants and Allergies** (include herbal supplements and birth control methods):
- **Type of Reaction**:

- **Immunizations completed** ☐ Incomplete List ☐

<table>
<thead>
<tr>
<th>Physical Exam</th>
<th>Abnormalities/Comments</th>
</tr>
</thead>
</table>

- **Skin**:
  - no lesions
  - normal skin texture

- **Eyes**:
  - ROM’s WNL
  - FERLA
  - cycloplegic retinal examination WNL
  - eyes symmetrical
  - Snellen

- **Ears**:
  - TM’s WNL
  - Canals WNL
  - Hearing to conversation WNL

- **Nose**:
  - Turbinates Clear
  - Nasal mucosa WNL

- **Mouth**:
  - Gums WNL
  - Tongue WNL
  - Dental Hygiene WNL
  - Pharynx WNL
  - No lesions or inflammation
  - Tonsils WNL
  - Tonsils absent
  - Uppers WNL

- **Neck**:
  - ROM/NL
  - Thyroid/NL

- **Lungs**:
  - CTA
  - Equal chest excursion

- **Heart**:
  - RRR
  - No ectopy
  - No murmur/chests

- **Spine**:
  - Curvatures WNL
  - Full ROM

- **Abdomen**:
  - Soft
  - No tenderness
  - No organomegaly
  - BS x 4 Q/WNL

- **Genitourinary**:
  - No dysuria
  - Urination WNL
  - Date of last pelvic PAP

- **Extremities**:
  - No edema
  - No discoloration
  - Warm
  - Full ROM
  - Equal strength bilat.

- **Lymphatic**:
  - No lymphedema in following:
    - cervical
    - axillary
    - popliteal

- **Neurological**:
  - Speech appropriate
  - Affect appropriate
  - Cognition WNL
  - CM T-All WNL
  - Romberg
  - Tandem walking WNL
  - Heel-Toe WNL

---

**Practitioner’s Signature**: 

**Printed Practitioner’s Name**: 

**Practitioner’s Address**:  

**Practitioner’s Phone**:  

**Practitioner’s Fax**:  

---

Date: __________
# Health History

**Personal History**

<table>
<thead>
<tr>
<th>Allergies to Medication(s): Specify Type of Reaction:</th>
<th>Check All that Apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have you been treated or hospitalized for:</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Bipolar Illness</td>
</tr>
<tr>
<td></td>
<td>Hyperactivity/ADD</td>
</tr>
<tr>
<td></td>
<td>Eating Disorders (Specify):</td>
</tr>
</tbody>
</table>

**Check All that Apply:**

- Allergy to Latex
- Seasonal Allergies
- Reactive Airway Disease (Asthma)
- Allergy Injections
- Mononucleosis
- Rheumatic Fever
- Tuberculosis (TB)
- Diabetes
- Heart Disorders
- Kidney Disorders
- Tumor Cancer
- Epilepsy/Seizure Disorder
- Stomach/Intestinal Disorder (Specify):

<table>
<thead>
<tr>
<th>Allergies to Food and Additives: Specify type of Reaction:</th>
<th>Surgical Procedures: (Check All that Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appendectomy</td>
</tr>
<tr>
<td></td>
<td>Tonsillectomy</td>
</tr>
<tr>
<td></td>
<td>Other Surgeries or Serious Injuries (Specify):</td>
</tr>
</tbody>
</table>

**Do you have a history of the following: (Check All that Apply)**

- Tobacco Use
- Alcohol Use
- Recreational Drug Use
- Performs Regular Self-Breast Exams
- Performs Regular Testicular Exams

**Family History**

<table>
<thead>
<tr>
<th>Have any of your relatives had any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholism/Drug Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any medications you take on an ongoing basis with exact dosage. (Please include daily herbal supplements and birth control methods)

<table>
<thead>
<tr>
<th>Medications (List Dosage):</th>
<th>1.</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.</td>
<td>Dosage</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>Dosage</td>
</tr>
</tbody>
</table>

**Remarks or Additional Information (Use an additional sheet for more space, if needed):**

______________________________

______________________________

______________________________
PROGRAM RETENTION

Retention Criteria
Athletic Training Students must demonstrate sustained, acceptable progress towards completion of graduate degree and program requirements. Withdrawal from the CATP will be recommended if the student:

1. Fails to register for two consecutive semesters in the CATP curriculum
2. Has an overall GPA less than a “B” average (equivalent to 3.0 on a 4.0 scale); [All grades except “S” (satisfactory) and “U” (unsatisfactory) will be counted in all courses that are attempted and carry graduate degree credit]
3. Has earned a “C” (equivalent to 2.0 to 4.0 scale) or lower in more than 6 semester hours of course work
4. Has earned a “C” in any CATP specialty course (probation period for one semester following first “C”)
   a. (588, 580, 581, 582, 583, 584, 585, 586, 587, 591, 592, 593, 594)
5. Has earned a grade lower than a “C” in any course
6. Has a GPA that indicates the inability to meet the 3.0 required for graduation
7. Does not complete requirements for the degree within a five-year period after initial registration
8. Makes unsatisfactory progress in mastering clinical proficiencies, as evidenced by evaluations
9. Receives unsatisfactory clinical evaluations from assigned preceptor
10. Is dismissed from an affiliated clinical site for inappropriate conduct or failure to fulfill required responsibilities
11. Shows evidence of unethical or immoral conduct as outlined by the NATA Code of Ethics and BOC standards of Professional Practice
12. Engages in conduct which violates the Pennsylvania Athletic Training State Practice Act, Rules and Regulations of the State Board of Medicine/Osteopathic Medicine
13. Fails to meet the CATP’s Technical Standards
14. Fails to complete or maintain first aid certification, emergency cardiac care certification, or OSHA blood-borne pathogen training
15. Fails to possess professional liability insurance
16. Violates Bloomsburg University honor code
17. Fails to adhere to the CATP policy and procedure manual

Dismissal of Students Unable to Meet Technical Standards
Students can be dismissed from the Clinical Athletic Training Program for physical and/or emotional problems that do not respond to (or with refusal to seek) appropriate treatment and/or counseling within a reasonable period of time, and that result in failure to meet the required technical standards without reasonable accommodation.

Once the physical and/or emotion problem is identified, a meeting will be scheduled with the student to develop a plan for appropriate referral, treatment and program accommodations. In consultation with the appropriate medical professional, a reasonable timeline for resolution will be determined.

Investigation and Evaluation-When faculty members identify a student who presents physical and/or emotional problems that prevent them from meeting the technical standards and are not resolved by appropriate treatment and/or counseling, they can immediately suspend the student from the course.
Faculty will notify the CATP Program Director, who will in turn notify the Department Chair. Upon determination by the faculty, Program Director and Department Chair that the physical and/or emotional problems warrant dismissal from the Clinical Athletic Training Program, the Dean of the Graduate School, and the Dean of Science and Technology will be notified.

The Deans, in consultation with the faculty, and upon review of the documentation, will make a decision regarding recommending dismissal of the student from the Clinical Athletic Training Program.

The Dean of Science and Technology will send to the Dean of The Graduate School written notification of the recommendation. If the Dean of Science and Technology recommends dismissal from the Clinical Athletic Training Program, the Dean of The Graduate School will submit a written request to the Clinical Athletic Training Program Appeals Committee. The Dean of Science and Technology will provide to the committee the accumulated correspondence or documentation related to the issue.

A request for an appeal should occur within seven working days of written notification of the decision from the Dean of The Graduate School.

The chair of the CATP student appeals committee will thereafter notify the student, the faculty member, CATP Program Director as to the time and place for a hearing to determine whether the physical and/or emotional problems result in failure to meet the technical standards and warrant dismissal.

The Committee will hold a closed hearing within ten days. At which time the faculty member, CATP Program Director and Department Chair will be present and will provide documentation and other oral or written evidence regarding the incident. The student will be present and will be given an opportunity to provide documentation and other oral or written evidence regarding the problem. The student will be allowed an advocate/support person at the hearing.

Following the factual presentation, the Committee will convene in executive session to determine whether the problem warrants dismissal from the School.

The Committee shall make its recommendation in writing to the Dean of Science and Technology and forward pertinent documentation. The Committee may recommend dismissal from the Clinical Athletic Training Program, or reinstatement in the program.

Post Hearing Process-The Dean of Science and Technology may accept, reject, or modify the Committee’s recommendation. The Dean’s decision will be made after review of the minutes of the hearing and report to the Committee. If the Dean of Science and Technology accepts the Committees recommendation to dismiss the student from the Clinical Athletic Training Program, the recommendation will be forwarded to the Dean of the Graduate School who will notify the student. The Dean of Science and Technology will notify the faculty member(s) as to the determination.

A student who has been dismissed may reapply for admission to the Athletic Training Education Program.
First Aid and Emergency Cardiac Care Training
Continuous first aid and emergency care certifications are required at all times during enrollment in the clinical athletic training program. Emergency cardiac care must consist of the following components:

- Adult & Pediatric CPR
- AED
- 2nd Rescuer CPR
- Airway Obstruction
- Barrier Devices (e.g., pocket mask, bag valve mask)

The following certifications will suffice to meet the emergency cardiac care requirement (from BOC, Inc):

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Heart Association</td>
<td>ACLS</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>BLS Healthcare Provider</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>Heartcode BLS</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>CPR/AED for the Professional Rescuer</td>
</tr>
<tr>
<td>American Safety and Health Institute</td>
<td>CPR for Professionals</td>
</tr>
<tr>
<td>Emergency Care and Safety Institute</td>
<td>Health Care Provider CPR</td>
</tr>
<tr>
<td>National Safety Council</td>
<td>Basic Life Support for Health Care and Professional Rescuers</td>
</tr>
</tbody>
</table>

Blood-Borne Pathogen Training
Blood borne pathogen infectious diseases have increased throughout the general population for the past decade. The most notable of these are HIV (human immunodeficiency virus) and HBV (hepatitis B virus). Although, experts have concurred that the risk of transmission of HIV or HBV on the athletic field is extremely low. These diseases can have catastrophic health consequences if all members of society do not ensure appropriate preventative strategies.

In 1992, the Occupational Safety and Health Administration (OSHA) issued new regulations requiring employers to protect employees from blood borne pathogens. The following plan satisfies the OSHA Emergency Control Plan and is also in accordance with the guidelines of NCAA Policy 2H.

At the start of each year training will be given to educate incoming students and to refresh returning students on the program’s blood borne pathogens control plan. This policy and its procedures are to be reviewed annually.

All athletic training students are responsible for following OSHA guidelines when dealing with blood and other bodily fluids. The guidelines are available at www.osha.gov. The most important aspects to remember when working with athletes are to always wear gloves, to make use of the biohazard and sharps containers, and hand washing. Any items soaked in blood must be placed in the biohazard container. All used scalpels and other blades need to be put in the sharps container.

Liability Insurance
Professional liability insurance for Allied Health Professionals is required for all students during all phases of their clinical education and is required for all off-campus clinical experiences. Information regarding purchase of professionally liability insurance can be obtained from the Clinical Athletic Training Program Director. The declaration page of the insurance policy must be provided to the program director.
Unless hired as a paid employee, the University is not responsible for liability incurred by students. Students are therefore responsible for their own conduct when volunteering in this capreceptory and should carefully review their liability insurance policy to insure adequate coverage.

**Probation**

Students failing to meet all of the program retention criteria will be placed on probation status for one semester. While on probation the student may have his or her clinical responsibilities curtailed. Students failing to meet all retention criteria by the end of the probationary semester will be eligible for program dismissal.

**Appeals**

Any complaint concerning a *grade* must be initiated with the instructor assigning the grade and can be appealed to the head of the department, school, or college. Authority to change any grade, other than an “I” (Incomplete), rests with the Dean of The Graduate School, subject only to the authority of the Chancellor.

When an athletic training student is charged with a *violation of academic integrity policy*, these matters should be resolved in accordance with Bloomsburg University “Procedures for Handling Alleged Violations” as outlined in the University’s “Academic Integrity Policy.”

When charged with *misconduct* in any manner, athletic training students have the right:

a. To be given notice, in writing of the specific charge(s)
b. To a hearing
c. To be given adequate time to prepare a defense of charges
d. To have another person of the student’s choice present to advise or assist
e. To refuse to testify or to answer any questions if the student’s testimony or answers would tend to establish a violation of misconduct
f. To be confronted with the evidence
g. To present evidence on his/her behalf
h. To be confronted by the student’s accuser(s)
i. To have reasonable cross-examination of the student’s accusers and of the witnesses appearing
j. To have a copy of the proceedings provided at the student’s expense
k. To have sanctions imposed, that are commensurate with the violations charged

**Grievances**

If the athletic training student alleges a violation of the student rights *in the University setting*, the student should make an effort to resolve the grievance by following the Bloomsburg University “Grievance Procedures for Students”. A grievance that should be resolved under these procedures is one that rests on an allegation by a student that he/she has been treated with substantial unfairness by another student or by a faculty, staff, or student employee of the University. Such matters usually have their basis in University policy or in state or federal law through the provisions of the Department or University appeal procedures.

In situations where an athletic training student wishes to appeal a disciplinary decision *by their affiliated clinical site* or alleges any other violation of student rights in the clinical setting, he/she should request a meeting with their preceptor. If the problem is not resolved between the preceptor and the athletic
training student, he/she may request a meeting with the CATP Clinical Coordinator, and if appropriate, the supervisor to the preceptor.
## CURRICULUM

### Program Faculty

**Bloomsburg University Faculty**

- **Dr. Joseph B. Hazzard Jr., ATC**  
  Program Director, Clinical Coordinator, & Assistant Professor  
  Clinical Athletic Training Program

- **Dr. Noah Wasielewski, ATC**  
  Assistant Professor  
  Clinical Athletic Training Program

### ATC Preceptors

<table>
<thead>
<tr>
<th>ATC</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen Larsen, ATC</td>
<td>Bloomsburg University</td>
</tr>
<tr>
<td>George Salvaterra</td>
<td>Bloomsburg University</td>
</tr>
<tr>
<td>Kristin Maguire, ATC</td>
<td>Bloomsburg University</td>
</tr>
<tr>
<td>Mark Keppler, ATC</td>
<td>Bucknell University</td>
</tr>
<tr>
<td>Mike Keeney, ATC</td>
<td>Susquehanna University</td>
</tr>
<tr>
<td>Sara Swearingen, ATC</td>
<td>Susquehanna University</td>
</tr>
<tr>
<td>Roxanna Larsen, ATC</td>
<td>Geisinger Sports Medicine Program Manager</td>
</tr>
<tr>
<td>Hannah Creveling, ATC</td>
<td>Geisinger Sports Medicine/Columbia-Montour Vo-Tech</td>
</tr>
<tr>
<td>Matt Gelbaugh, ATC</td>
<td>Geisinger Sports Medicine/Danville HS</td>
</tr>
<tr>
<td>Jessica Gipe, ATC</td>
<td>Geisinger Sports Medicine/Mifflinburg HS</td>
</tr>
<tr>
<td>Jason Jarinko, ATC</td>
<td>Geisinger Sports Medicine/Central Columbia HS</td>
</tr>
<tr>
<td>Timothy Jurnak, ATC</td>
<td>Geisinger Sports Medicine/Bentont HS</td>
</tr>
<tr>
<td>Cassie Kremer, ATC</td>
<td>Geisinger Sports Medicine/Millville Jr/Sr HS</td>
</tr>
<tr>
<td>Melissa Longnecker, ATC</td>
<td>Geisinger Sports Medicine/Berwick HS</td>
</tr>
<tr>
<td>Gina Marotta, ATC</td>
<td>Geisinger Sports Medicine/Bloomsburg HS</td>
</tr>
<tr>
<td>Joe Rosell, ATC</td>
<td>Geisinger Sports Medicine/MMI Prep</td>
</tr>
</tbody>
</table>

### Physician Preceptors

<table>
<thead>
<tr>
<th>Physician Preceptor</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Brayford, DO</td>
<td>Geisinger Sports Medicine</td>
</tr>
<tr>
<td>Sergio Buzzini, MD</td>
<td>Geisinger Sports Medicine</td>
</tr>
<tr>
<td>Mike Dubartell, MD</td>
<td>Geisinger Sports Medicine</td>
</tr>
<tr>
<td>Daniel Feldmann, MD</td>
<td>Geisinger Sports Medicine</td>
</tr>
<tr>
<td>Matthew McElroy, DO</td>
<td>Geisinger Sports Medicine</td>
</tr>
<tr>
<td>Joshua Hottenstein, MD</td>
<td>Geisinger Sports Medicine</td>
</tr>
<tr>
<td>Ryan Roza, MD</td>
<td>Geisinger Sports Medicine</td>
</tr>
</tbody>
</table>
Other Preceptors
Beth Baylor, PA-C
Julie Farrow, PA-C
David Meredick, RN
Karen Mettler, RN
Mark Mordon, LPN

Affiliation
Geisinger Sports Medicine
Geisinger Sports Medicine
Geisinger Sports Medicine
Geisinger Sports Medicine

Clinical Education Sites

University
Bloomsburg University
Bucknell University
Susquehanna University

High School
Berwick High School
Benton High School
Bloomsburg High School
Central Columbia High School
Columbia-Montour Vo-Tech
Danville High School
Mifflinburg
Millville
MMI Prep

Rehabilitation Intensive Setting
Phoenix Physical Therapy

General Medical Setting
Geisinger Woodbine Lane
Columbia County Volunteers in Medicine

Course Sequence

Summer I: Session 2
EXERSCI 588: Introduction to Athletic Training
EXERSCI 580: Orthopedic Assessment I

Fall I
EXERSCI 581: Orthopedic Assessment II
EXERSCI 582: Therapeutic Modalities
EXERSCI 591: Supervised Clinical I

Spring I
EXERSCI 583: Therapeutic Exercise
EXERSCI 584: General Medical Conditions in the Athlete
EXERSCI 592: Supervised Clinical II

Summer II
EXERSCI 587: Exercise Psychology
EXERSCI 586: Advanced Sports Medicine
EXERSCI 593: Supervised Clinical III

Fall II
EXERSCI 560: Exercise Nutrition and Metabolism
EXERSCI 585: Pathophysiology/Pharmacology
EXERSCI 594: Supervised Clinical IV
Clinical Proficiency Requirement
A requirement for each of the Supervised Clinical courses (EXERSCI 591-594) is to successfully pass all of the required clinical proficiencies. Failure to complete all clinical proficiencies assigned for each course will result in an automatic failure of the course and subsequent dismissal from the Clinical Athletic Training Program.
CLINICAL EDUCATION

Introduction
The CATP faculty and preceptors collectively determine the clinical rotation assignments for all students. Rotations for first year students are assigned at the conclusion of the summer semester. Subsequent rotation assignments are determined during the semester prior to the rotation.
Note: Students are responsible for any and all travel costs associated with each clinical rotation, students are not provided transportation to each site.

Delineation of Roles
A preceptor is a medical or allied health practitioner who:
- Supervises students during clinical education;
- Provides instruction and assessment of the current knowledge, skills, and clinical abilities;
- Provides instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- Provides assessment of athletic training students clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training.

An Athletic Training Student (ATS) who is a student enrolled in the entry-level clinical athletic training program.

Determination of Clinical Education Sites
The program director and instructor of EXERSCI 591-EXERSCI 594 will determine the placement of each athletic training student. However, students may make written requests for specific clinical sites 5 weeks before the next clinical rotation will start. An attempt will be made to honor requests as long as they do not interfere with the quality of the clinical experience for any other student. Students will be notified of their clinical placements at least 3 weeks before the clinical rotation begins. The following are the prioritized criteria used to determine clinical assignments:
1. Past didactic preparation and performance in the CATP
2. Past clinical experiences (upper/lower extremity, equipment intensive, general medical; male/female, adolescents, general population; secondary school, university, medical clinic, rehabilitation facility)
3. Past student evaluations completed by preceptors
4. Future direction of the student- matching the clinical site to where the student plans to seek employment following graduation

Exposures
Upper Extremity
Volleyball
Wrestling
Softball
Baseball
Tennis
Football

Lower Extremity
Soccer
Basketball
Cross-Country
Track & Field
Lacrosse
Football

Equipment Intensive
Football

General Medical
Physician’s Office
**Male Patients**  |  **Female Patients**  |  **Adolescents**  |  **General Population**  
--- | --- | --- | ---  
Football | Volleyball | High School | Rehab Settings  
Men’s Soccer | Women’s Soccer |  | General Medical  
Men’s Basketball | Women’s Basketball |  | Settings  
Cross Country | Cross Country |  |  
Baseball | Softball |  |  
Men’s Tennis | Women’s Tennis |  |  
Wrestling | Lacrosse |  |  
| Field Hockey |  |  |  

**Time Requirement**

There is no clinical time requirement for the Clinical Athletic Training Program. However, it is recognized that limited clinical exposure will curtail learning opportunities. Conversely, an excessive period of time at the clinical site will detract from academic opportunities. Hence, we recommend that students spend 150-300 hours gaining clinical experience throughout the course of each semester. This time frame will be monitored in the Supervised Clinical courses. Athletic training students are required to have at least one day away from the clinical experience in a seven day period of time.

**Payment of Students**

Students are not permitted to receive remuneration of any kind for clinical experiences.

**Clinical Evaluation**

Students will be evaluated by their assigned preceptor twice during the semester: mid-semester and at the end of the semester. Students must arrange for a time to meet and discuss the evaluation with their preceptor.

**Supervision**

Athletic training students will be supervised by a preceptor continuously during their clinical experience. Constant visual and auditory interaction between the student and preceptor is necessary. The instructor shall be physically present for proficiency instruction and evaluation. The clinical athletic training program does not endorse the use of athletic training students as first responders and such a role is not an academic requirement for the program.

**Medical Coverage by the Athletic Training Student**

Students are not allowed to travel with teams unsupervised or to engage in unsupervised team coverage. At no time should an athletic training student be put in the position (whether assigned or voluntarily) to make decisions or perform duties that should be carried out by a certified athletic trainer or physician. In such cases, the athletic training student would be in violation of the state practice act and Bloomsburg University CATP policy.

**Communicable/Infectious Disease**

An infectious disease is any disease that results from a microorganism invading the body. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects). To minimize the spread of infection, athletic training students must have annual blood-borne pathogen training; use universal precautions; maintain good hygiene; and remain quarantined when infected with a communicable disease. If an athletic training student is suffering from an illness, he or she will be considered contagious. Signs or symptoms of an active communicable disease may include, but are not
limited to: fever, diarrhea, vomiting, severe headache, fatigue, muscle aches, and/or persistent cough. Athletic training students should not attend class, clinical rotations, and other activities when inoculated with a contagious communicable disease (step, flu, pink-eye, etc). When an ill athletic training student is evaluated by a physician, the student must follow the return to school recommendations provided by his or her physician. It is the student’s responsibility to communicate with all affected parties (Preceptor, Program Director, & Instructor of the Supervised Clinical Course) the reason for their absence.

Department of Exercise Science Policies and Procedures Regarding Exposure to Biological Materials
The following plan satisfies the OSHA Emergency Control Plan and is also in accordance with the guidelines of the NCAA. At the start of each year an in-service will be provided to educate new and returning students on the Department of Exercise Science Policy and Procedures Regarding Biological Materials. This policy and its procedures are to be reviewed annually. All students are responsible for following OSHA guidelines when dealing with blood and other bodily fluids. The guidelines are available at www.osha.gov.

Personnel safety - Standard precautions:
- Always wear approved gloves and personal protective equipment when handling biological material. Approved laboratory gloves and equipment will be described by the faculty.
- Change gloves after each new contact or when contaminated.
- Wash hands with warm soapy water between each new contact.
- All products potentially contaminated with bio-materials, including gloves, should be placed in the biohazard bin that is located in the laboratories.
- After an “exposure incident,” the student should immediately wash the affected area with warm soap and water for 10 minutes. If an area such as the eyes or mucus membranes comes in contact with any potentially infectious material, flush the area for 10 minutes continuously with water. DO NOT scrub the exposed area. This may cause irritation, and increase the chances of infection.
- The faculty member will initiate first aid, if necessary.
- University Police should be called (x4168) upon exposure (and with the individual’s consent) so that s/he can be transported directly to the emergency room at Bloomsburg Hospital.
- The faculty member will complete a Bloomsburg University incident report kept on file in the Department of Exercise Science.
- If an individual does not report an exposure immediately and more than 2 hours have elapsed since the exposure, s/he should seek care from their primary care provider (PCP) or the individual may go to the Student Health Center as an alternative if s/he does not have a PCP or access to one due to their status as a student.

For an explanation of post exposure testing that may be ordered, please refer to “Policy and Procedure for Management of Potential Exposure to Blood-Borne Pathogens” in the Clinical Management section of the policy manual at the University’s Student Health Center.

THE STUDENT IS RESPONSIBLE FOR THE COST OF ANY SERVICES RENDERED IN THE EMERGENCY DEPARTMENT OR OTHER CLINICAL SETTING.
Respiratory & Metabolic Equipment:
- Always wear gloves when handling components directly involved with respiratory gas collection and analysis.
- All individuals in direct contact with the test subject should wear gloves.
- Change gloves after each new contact or when contaminated.
- Wash hands with warm soapy water between each new contact.
- All products potentially contaminated with bio-materials, including gloves, should be placed in the biohazard bin that is located in the laboratories.
- Gloves must be worn while handling and removing the respiratory apparatus (breathing valves, mouthpiece, hose) from the test subject.
- The respiratory apparatus (including breathing valve, mouthpiece and breathing hose) should be completely disassembled and washed to remove any particulate matter and saliva. The mouthpiece and breathing valve should then be placed into a solution of warm-hot water and a detergent (e.g. Alconox). Finally, these items must be disinfected as per the manufacturer’s guidelines.
- In the event that saliva comes in contact with the skin, report it to the instructor, and wash the area thoroughly with warm soapy water.

Urine Collection:
- Always wear gloves when handling containers and instrumentation directly involved with urine collection and analysis.
- Urine samples should be properly disposed of in the nearest rest room.
- All specimen containers should be disposed of in the biohazard bin.
- In the event that urine comes in contact with the skin, report it to the instructor, and wash the area thoroughly with warm soapy water.

Equipment safety - Sharps:
- NEVER attempt to re-cap a needle, reuse any type of lancet, or pull a needle or lancet apart.
- After use, all needles or lancets are to be placed in the appropriate sharps containers.
- When sharps containers are full, they should be placed in the biohazard bin by the faculty member coordinating disposal.
- All other bio-materials products, including gloves, should be placed in the biohazard bin that is located in the laboratories.

In the event of a needle or lancet stick:
- Record all needle-stick injuries and cuts from sharp objects that are contaminated with blood or other potentially infectious material (as defined be OSHA 29 CFR 1910.1030).
- Notify the supervising faculty member immediately.
- Remove your gloves and dispose of them properly.
- Squeeze the puncture site to promote bleeding.
- Wash the area thoroughly with warm soapy water.
- In the event, that blood comes in contact with the skin, report it to the instructor, and wash the area thoroughly with warm soapy water.
- Record the subject number/student name.
- Immediately contact the university Health Services emergency desk (Exts: 3800/5055/2722) and follow Health Center instructions.
- Report to the Bloomsburg Hospital Emergency room.
- Contact the Department Chair regarding the incident.
Obtain an Accident/Incident Report Form from the Department Secretary, complete it, and send to the Department Chair.

The instructor will assist you in these procedures following the guidelines of Standard Precautions.

**Protocol for Any Suspected Latex Allergy Symptoms**

*Persons with concerns/symptoms of an allergic reaction should seek medical care as soon as possible. In the event of severe systemic symptoms, the emergency medical system should be activated by dialing 911.*

Any individual with an irritant contact dermatitis, a chemical sensitivity dermatitis reaction to latex or mild symptoms of a latex allergy (runny nose, itchy eyes, scratchy throat, coughing) and who is stable, (including vital signs stable, pulse oximetry equal to greater than 95% and the individual is able to converse normally), should report to the Student Health Center. If the Student Health Center is closed, the individual should be advised to go to the Bloomsburg Hospital Emergency Room. Transportation to the emergency room can be arranged by calling University Police at x4168. In case of a life-threatening reaction in the laboratory (shortness of breath/ even more pronounced respiratory symptoms, vital signs unstable, etc.), an ambulance should be summoned immediately. In either case, do not handle the victim with any latex products, monitor vital signs and stay with the student until transportation arrives. If a student or faculty member has a reaction requiring medical attention, an Anecdotal Report is to be completed and forwarded to the Exercise Science Office.

**Reference:**

[www.cdc.gov/niosh/latexalt.html#types](http://www.cdc.gov/niosh/latexalt.html#types) (accessed May 24, 2010).

In the case of injury or illness, emergency medical treatment is available but will be provided at the usual charge. No funds have been set aside to compensate you in the event of injury. You (the student) or your medical insurance will be charged for all procedures or treatment.

**General Rules:**

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of contaminant exposure.
- Food and drink shall **NOT** be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

**Refusal of Treatment**

If a student or faculty member refuses treatment, “Refusal of Treatment After Blood or Body Fluid Exposure” form (on the next page) must be completed and given to the Exercise Science Office as soon as possible to be placed in the affected individual’s record.
REFUSAL OF TREATMENT AFTER BLOOD OR BODY FLUID EXPOSURE

I, __________________________, hereby acknowledge that I may have been exposed to a potentially harmful blood borne pathogen. I further acknowledge that I informed the faculty member officials and was advised to seek testing and/or treatment at a local emergency room.

Notwithstanding receiving the forgoing advice, I knowingly, willingly, and intelligently refuse to seek further testing and/or treatment at the current time even though I understand that seeking such testing and/or treatment may prevent me from contracting a potentially life threatening disease such as Human Immunodeficiency Virus or Hepatitis.

Printed Name: __________________________
Signature: ___________________________   Date & Time: ________________
Witness: ___________________________
Bloomsburg University
Department of Exercise Science

FINGER STICK CONSENT

I give my consent to allow one of my classmates to stick my finger as a part of our class laboratory experience. I understand that only sterile needles and new supplies will be used during this procedure and that the student performing the procedure will follow standard precautions. I have been informed that the purpose of this activity is to facilitate my fellow students’ learning. Since my skin will be punctured with a needle, I fully realize all of the risks associated, including, but not limited to:

• Pain when the lancet goes into the finger (Other than this momentary pain, the discomfort of a finger stick should be minimal.)

• In rare cases, a small amount of bleeding under the skin which will produce a bruise (minute hematoma) may occur.

• The puncture site may be visible and sore to the touch for a short period of time after the collection

• Dizziness or light-headedness (syncope) may occur.

• Risk of local infection is also very rare, but possible.

Printed Name: ___________________________ Date: _________

Signature: ___________________________

Signature of Witness: ___________________________
When working in the Exercise Science laboratories, students or faculty may be exposed to latex and other allergens.

**Procedure:**
For students with known sensitivity/allergy to latex or any other element in the lab or clinical environment, it is recommended that you:

- Obtain consultation from your health care provider about your sensitivity/allergy, risks, and treatment.
- Inform the course instructor and your academic advisor of your sensitivity.
  - Latex-free gloves will be provided. However, the lab environment is not latex free.
- Inform your faculty member of your plan to handle a reaction.
- Submit this plan in writing to the faculty member to keep on file.

Faculty and staff with known sensitivities are to inform their Department Chairperson as above.

*Persons who develop a latex allergy after signing this form shall comply with the above procedure within five days of discovering the existence of such a sensitivity/allergy.*

*I have reviewed the above protocol and understand that questions regarding this plan are to be directed to the Course Instructor.*

Student/Faculty Signature: ________________________________

Printed Name: ________________________________

Date: ________________________________

Preventing Allergic Reactions to Natural Rubber Latex in the Workplace

**WARNING:**
Workers exposed to latex gloves and other products containing natural rubber latex may develop allergic reactions such as skin rashes; hives; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.

Workers with ongoing exposure to natural rubber latex* should take the following steps to protect themselves:

1. Use nonlatex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, maintenance, etc.).

2. Appropriate barrier protection is necessary when handling infectious materials. If you choose latex gloves, use powder-free gloves with reduced protein content.\(^{1}\)

3. When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration) unless they have been shown to reduce latex-related problems and maintain glove barrier protection.

4. Frequently clean work areas contaminated with latex dust (upholstery, carpets, ventilation ducts, and pleat seams).

5. Frequently change the ventilation filters and vacuum bags used in latex-contaminated areas.

6. Learn to recognize the symptoms of latex allergy: skin rashes; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and shock.

7. If you develop symptoms of latex allergy, avoid direct contact with latex gloves and products until you can see a physician experienced in treating latex allergy.

8. If you have latex allergy, consult your physician regarding the following precautions:
   - Avoid contact with latex gloves and products.
   - Avoid areas where you might inhale the powder from the latex gloves worn by others.
   - Tell your employers, physicians, nurses, and dentists that you have latex allergy.
   - Wear a medical alert bracelet.

9. Take advantage of all latex allergy education and training provided by your employer.

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*In this warning sheet, the term “latex” refers to natural rubber latex and includes products made from dry natural rubber. Natural rubber latex is the product manufactured from a milky fluid derived mainly from the rubber tree, Hevea brasiliensis.

**CDC:** Centers for Disease Control and Prevention [1987]. Recommendations for prevention of HIV transmission in health-care settings. MMWR (36:2).

**Note:** The goal of this recommendation is to reduce exposure to allergy-causing proteins (antigens). Until well accepted standardized tests are available, total protein serves as a useful indicator of the exposure of concern.

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Please tear out and post. Distribute copies to workers. See back of sheet to order complete Alert.
**Privacy**
Students are expected to maintain confidentiality in accordance with federal laws (Health Insurance Portability and Privacy Act & Family Educational Rights and Privacy Act), professional standards (BOC Standards of Professional Practice), and institutional policies and procedures. Medical and health-related information is not to be released without written permission from the patient. Each release must be specific to the entity who requests the information (coach, media, parents [if 18 years or above], outside health care providers, etc).

**Substance Abuse**
Athletic training students (ATS) should act in a responsible manner at all times in relationships with patients. The ATS should not engage in drug or alcohol use or be under the influence of such during clinical education/field experience hours.

**Amorous Relationships**
Amorous relationships between the ATS and athletes are highly discouraged. Should an athletic training student begin a relationship with a patient or team member, he or she should notify the supervising PRECEPTOR and instructor of the Supervised Clinical Course for clinical reassignment.

**Dress Code**
Professional appearance is required of all athletic training students during their clinical rotations. The dress code at each clinical site may vary, however, the CATP dress code is the minimum expectation. If a clinical site allows for attire that violates the CATP dress code students are expected to following our stringent guidelines. If a clinical site requires attire that goes beyond the CATP minimum requirement the student must follow the sites dress code. Students should abide by the following dress code for all clinical rotations:
1. Khaki shorts/pants
2. Site-specific shirt/T-shirt (cannot have another school’s name/logo)
3. No jeans
4. No open-toed shoes
5. No hats indoors
6. No tank tops
7. If you are working with a sport that has specific dress requirements you must adhere to the team’s dress code

Appearance while traveling: Team Policy/Business Casual Attire

**Memorandum of Agreement**
A memorandum of agreement will be signed between the student and the assigned preceptor. The intent of this agreement is to clarify behaviors and expectations of the clinical assignment for all parties involved.
STUDENT

Student Name: ___________________________  Semester/Year: ___________________________
Clinical Level:  1  2  3  4
Email Address: _____________________________
Mobile Phone Number: _______________________
Home Phone Number: _________________________
Liability Insurance Company: ___________ Policy Number: ___________ Exp: ___________
Blood-Borne Pathogen Training Expiration Date: ___________________________ (Expires Annually)
Emergency Cardiac Care Expiration Date: ___________________________

PRECEPTOR

Name: _____________________________
Clinical Site: _____________________________
Email Address: _____________________________
Mobile Phone Number: _______________________
Office Phone Number: _________________________  Preferred Mode of Contact: ___________________________

CLINICAL SITE

Start Date for Clinical Experience: ___________________________
Date(s) and time(s) of mandatory meetings prior to clinical experience: ___________________________
Date(s) and time(s) of special events (physicals, equipment fitting, tournaments, etc): ___________________________
Clinical experience plan during university breaks/vacations (for host school and Bloomsburg): ___________________________

Typical daily timetable for clinical experience (based in-part on student class schedule):

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>

Student received a copy of the site’s policy and procedure manual: ☐ Yes  ☐ No
Student reviewed each site’s emergency action plans: ☐ Yes  ☐ No
Student was shown how to access and use BBP barriers and control measures at each site:
☐ Yes  ☐ No

Student was shown how to access and use sanitation equipment at each site:
☐ Yes  ☐ No

Policy for student attendance/tardiness:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Policy for student requesting for days off from clinical experience:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Policy for student dress code (hats, denim, piercings, facial hair, etc):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Policy for student professionalism (personal cell phone use, behavior, etc):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other student policies (level of autonomy, on-field assessment, travel with teams, regular duties, etc):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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STUDENT GOALS DURING THE CLINICAL ROTATION

1. __________________________________________________________
   Plan for attainment:________________________________________
   How may the clinical instructor help? __________________________

2. __________________________________________________________
   Plan for attainment:________________________________________
   How may the clinical instructor help? __________________________

3. __________________________________________________________
   Plan for attainment:________________________________________
   How may the clinical instructor help? __________________________
Plan for attainment: __________________________________________

How may the clinical instructor help? __________________________________________

______________________________________________________________

CLINICAL PROFICIENCY DEMONSTRATION

The approximate number of clinical proficiencies the student will need to demonstrate as a requirement for Supervised Clinical course is: ________________

The approximate number of clinical proficiencies the student will need to demonstrate per week to keep pace with the course requirement: ________________

The best time of the day/week/schedule to work on clinical proficiencies is: ________________

If the student falls behind in demonstrating the appropriate number of clinical proficiencies, the make-up plan will consist of: __________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

MEMORANDUM OF UNDERSTANDING

By signing this document, it is understood that both the student and supervising preceptor have discussed all of the items listed and should honor the decisions that were made prior to the commencement of the clinical experience.

Student: __________________________ Date: ________________

Preceptor: __________________________ Date: ________________

Faculty Supervisor: __________________________ Date: ________________
FINANCIAL ISSUES

Associated Costs of the Clinical Athletic Training Program
Students are responsible for all tuition, fees, and other expenses associated with the Clinical Athletic Training Program.

1. Tuition: Please see the Bloomsburg University Graduate School Website for current tuition and fees.
2. Transportation: Students are required to provide their own transportation to clinical rotations.
3. Liability Insurance: Evidence of current liability insurance coverage through the Student Insurance Policy for Allied Health Professionals. Incoming students can purchase this policy through the Program Director’s Office. It should be noted that the cost of this policy is approximately $35 annually.
4. Certifications: Students are responsible for any fees associated with obtaining and maintaining current First Aid and Professional Rescuer CPR Certifications.
5. Physical Exam: Students are responsible for any costs associated with obtaining the required physical exam necessary to affirm that the student has the physical and mental abilities to meet the CATP’s Technical Standards for Admission.
6. Immunizations: Students are responsible for any fees associated with obtaining the immunizations required by the University and those required by the CATP.
7. Criminal background and child abuse checks: Required for clinical rotations at high schools. Criminal background check is good for 2 years while the child abuse check expires after 1 year.
8. Professional memberships: Student’s are required to pay for the costs associated with professional memberships and their respective conference costs.
9. Personal health insurance: Is not required for admission to Bloomsburg University, but is suggested as a worthwhile purchase to help the athletic training student in case of serious medical conditions.

Graduate Assistantship
A limited number of graduate assistantships are available for students enrolled in the CATP. Applications are available from the graduate school or graduate school website. The assistantships are competitive and are awarded using the same criteria used to select students for the CATP. Ten hours of work per week are required as part of the assistantship, which go beyond the student’s academic and clinical responsibilities. Compensation consists of a 6 credit tuition waiver and standard graduate assistant stipend. Assistantships are renewed each semester and may be revoked if the student is unable to strike an adequate balance between academic, clinical, and work responsibilities.

Scholarships
National Athletic Trainers Association Research and Education Foundation
The NATA Research and Education Foundation offers an opportunity for committed athletic training students to obtain financial assistance for the cost of their education. The application process is now online. Applicant may enter the online system multiple times to review and finalize application. However, all Scholarship material MUST be submitted prior to the deadline, which is generally in the winter.

General Information:
• NATA Membership is a requirement (NATA Membership)
• Need shall not be a factor in granting NATA Foundation scholarships. Assistance from other sources will not make the applicant ineligible for an NATA Foundation scholarship.
Consideration will also be given to the applicant’s participation in campus activities other than academic and athletic training, in which s/he has demonstrated qualities of leadership and has been a positive example to fellow students.

- The selected applicant must provide proof of enrollment in an appropriate undergraduate, entry level master’s, master’s or doctoral program for the academic year before a check will be issued. Proof of enrollment can come from a variety of University sources, but must be official documentation. The recipient is expected to remain enrolled as a full time student in that program. NOTE: An exception may be granted if the recipient is assigned to active military service or due to other extenuating circumstances acceptable to the NATA Foundation Scholarship Committee.

The Entry Level (Undergraduate or Master’s) Scholarship applicant must:

- Become a NATA member.
- Have a cumulative overall GPA of at least 3.2 (based on a 4.0 maximum) for ALL undergraduate courses and ALL graduate courses (if applicable). In order to qualify, all applicants MUST have a minimum of 5 semesters or 7 quarters of college course work completed.
- Be enrolled in a CAATE accredited undergraduate program requiring four years for a baccalaureate degree, may apply during his/her junior year, or immediately prior to his/her final undergraduate academic year (provided that the submission due date requirement is met)... OR ... be enrolled in a CAATE accredited entry level master’s program and may apply during their first year of entry level graduate study.
- Have performed with distinction as a participant in his/her athletic training program, academic major, institution and intercollegiate athletics.
- Confirm his/her intent to pursue the athletic training profession as his/her primary means of livelihood

Eastern Athletic Trainers’ Association (http://www.goeata.org)

The Eastern Athletic Trainers’ Association, Inc. has inaugurated a scholarship program honoring outstanding students from the EATA membership who have excelled academically and clinically as entry-level athletic training students. At present, ten $2500 grants are awarded annually to students in entry-level accredited programs who have participated with distinction in a college or university athletic training program. These awards are meant to encourage the recipients to continue their education toward an entry-level athletic training degree.

Each Certified Athletic Trainer supervisor can nominate no more than one candidate for this award. In presenting the candidate, the athletic training supervisor must forward forms completed by the student, the team physician or an academic professor, the AT Education Program Director, and the AT/supervisor. Complete criteria for candidacy may be found below.

The Certified Athletic Trainer supervisor should see that all forms are completed (typed) and forwarded in one package with an official transcript of the candidate’s academic record to the Chair of the EATA Scholarship Committee at the address listed on the cover of this booklet.

The EATA Scholarship Committee will screen the candidates and announce its selections to the EATA membership at the annual meeting in January.
A maximum of two applicants from one Athletic Training Education Program may be selected as EATA scholarship recipients each year. Program Directors are encouraged to submit the two best qualified candidates for the award.

To be eligible for consideration, an applicant shall:

1. Distinguish oneself academically
   a. Record shall be judged on their semester grade index at the completion of the Spring and/or Summer Semester of their Sophomore or Junior year in a four year program
   b. Students engaged in undergraduate programs requiring more than four years of a baccalaureate degree shall be considered for an EATA scholarship during the fourth year
   c. Students in entry-level Master’s degree programs shall be considered after the completion of at least the first year of study (applicants must send both undergraduate and graduate transcripts).

2. Perform with distinction as a member of the Athletic Training Education Program. NOTE: The degree of the student’s athletic training clinical achievement shall be weighed at least equally with the degree of their academic performance

3. Signify an intention to continue academic work toward a baccalaureate or Master’s degree as a full-time entry-level athletic training student and have been judged capable of this study by a major professor and major department head or Dean of the college. NOTE: The recipient of an EATA scholarship is expected to remain enrolled in an entry-level program except for military service or religious obligations.

4. Signify an intention to pursue the profession of athletic training as a means of livelihood

5. Conduct oneself both on and off the field in a manner which has brought credit to themselves, their institution, intercollegiate athletics, and the ideals and objectives of American higher education

6. Must be a current member of either NATA District 1 or District II at the time of application

Pennsylvania Athletic Trainers’ Society (http://www.gopats.org)

The Pennsylvania Athletic Trainers’ Society, Inc. is accepting applications to honor the outstanding students from the membership of P.A.T.S., Inc. These scholarships will be awarded to students who have demonstrated success academically and excel as athletic training students at their institutions. P.A.T.S., Inc. will present four awards ($2,000.00 each) to deserving students. The scholarship is meant to encourage the recipient to pursue their education in athletic training or a related field.

Any Certified or Certified-Retired member of P.A.T.S., Inc. is to nominate no more than one candidate for this award. Additionally, no more than two candidates can be nominated from any one institution. The P.A.T.S., Inc. Certified or Certified-Retired member is responsible for establishing the candidate’s eligibility.

All materials are to be completed (forms typed) and forwarded in one package to the Chair of the P.A.T.S., Inc. Honors and Awards Committee. This is the responsibility of the applicant.
The P.A.T.S., Inc. Honors and Awards Committee will evaluate the candidate’s applications, conduct formal interviews of the qualified candidates, and announce its selections to the membership at the P.A.T.S., Inc. annual meeting in May/June.

To be eligible for consideration for a P.A.T.S., Inc. Scholarship, an applicant shall:

• have been a student member of PATS for a minimum of six months prior to the application deadline.
• currently enrolled in a CAATE accredited curriculum in the Commonwealth
• signify an intention to pursue the profession of athletic training as a means of livelihood
• distinguish oneself academically
• be judged on their overall GPA and athletic training GPA
• perform with distinction as a member of the Athletic Training Student Program at their institution.
• conduct oneself both on and off the field in a manner which has brought credit to themselves, their institution, and/or intercollegiate athletics and higher education
BLOOMSBURG UNIVERSITY GRADUATE SCHOOL ACADEMIC POLICIES

Student Responsibility
It is the responsibility of each graduate student at Bloomsburg University to:

- Take the initiative to be aware of all university policies as described in this catalog and in class schedules.
- Take responsibility for satisfying requirements for graduation in his or her field.
- Make decisions on courses and other matters with the advice and assistance of advisers and staff.
- Identify any undergraduate weakness or deficiency and discuss them with graduate advisers. (Such weaknesses might include, but are not limited to, not having proper undergraduate prerequisites for the desired graduate program.)
- Attend all classes and take all examinations. Absences from graduate classes are granted only for urgent and verifiable reasons; students granted an absence from class can expect assistance from professors in making up work or examinations.

Advisors
Students who are provisional, regular or candidates for a degree, along with students enrolled in the supervisory certificate programs, are assigned graduate advisers. The duties of the adviser are:

- to serve as a consultant in planning the student’s program;
- to help students choose courses to certify the courses students do choose are part of their degree program;
- to endorse the student’s application for degree candidacy and graduation (if appropriate to your program);
- and to arrange for a comprehensive examination (if required by the graduate program selected).

Upon acceptance into a program of study, the program coordinator is usually assigned as a temporary adviser. A permanent adviser is selected by the student and temporary adviser, taking into account the student’s research and career interests. If this individual accepts the student as advisee, she/he is formally appointed permanent adviser by the assistant vice president and dean of graduate studies and research upon recommendation of the department involved.

Non-degree students are not assigned advisers. They may regard the assistant vice president and dean of graduate studies and research as their adviser for choosing courses and interpreting academic regulations.

Scheduling, Drop/Add
Students schedule graduate courses through their program director, except for students in non-degree status who submit their registration materials directly to the Office of Graduate Studies. Any graduate student who does not attend class for which he or she has been properly scheduled and does not submit a request for add/drop/withdraw courses by the appropriate dates is liable for billing and will not be eligible for a refund.

Course Withdrawal
During the fall and spring semesters, after the schedule change period and continuing until three weeks past mid-term, if a student withdraws from a course, a grade of "W" will be recorded. For summer
sessions and courses not taught on a regular semester basis, the Registrar will prorate the date appropriately.

Prior to the last week of classes, in exceptional circumstances, for compelling, justified and documented reasons, the Dean of Graduate Studies and Research may waive these restrictions. Poor academic performance will not constitute grounds for late withdrawal. If withdrawal is granted after the deadline, the grade is W providing the student is passing the course, and F otherwise.

A limit of two (2) withdrawals during the degree program shall be permitted. Re-registration for withdrawn courses requires the approval of the program coordinator. Students withdrawing from the university may exceed the two-course withdrawal limit.

Refund of tuition for withdrawn courses are prorated based on week of withdrawal. The refund policy is published annually by The State System of Higher Education.

Course Information
The course load each semester for a full-time student is 12 semester hours (for financial aid purposes, full time is 9 credits and over). For students employed full time, however, the maximum course load each semester is 6 semester hours. For half-time graduate assistants, the course load is 6 to 12 semester hours; for quarter-time graduate assistants, 9 to 12 semester hours.

For summer sessions, the maximum course load is 1 semester hour per week of full-time course work. (For example, if the summer session is six full weeks, the maximum course load during that session is 6 semester hours).

Credit is measured in terms of semester hours, at the rate of 1 semester hour for 15 hours of lecture/discussion work plus final examinations.

Courses numbered 500 or higher in this catalog (the last three digits of the course number) are graduate courses. Courses numbered lower than 500 that are listed in this catalog are open to both graduate students and advanced undergraduates. Graduate students may apply only 12 semester hours of courses numbered 400 to 500 that are listed in this catalog toward a master's degree.

Swing Courses / Dual Listed Courses
Swing Course - A 400-level course designated by BUCC as satisfying both graduate and undergraduate level degree requirements. No distinction is made in the syllabus for effort expected of graduate or undergraduate students. Students must be admitted and scheduled through to the graduate school in order to receive graduate credit.

Dual Listed - A single instructional setting in which undergraduate students take a course that is parallel to a graduate course. Generally, the courses are numbered separate with the tens and units digit being the same and the hundreds digit being "4" for undergraduate and "5" for graduate (e.g. 490 and 590). Distinct syllabi guide the work of graduate and undergraduate students in the dual listed course. The graduate version requires more and higher-level work than the undergraduate. Many elements of the course may be common to the 400- and 500-version, such as lectures, readings and lab work.
Transfer of Credits
No more than 12 credits earned, with a grade of B or higher, outside of a degree program may be applied to the program in which the student is matriculating. Students may transfer up to nine hours of graduate course work, in which a grade of B or higher is earned, from another college or university, with the approval of their graduate program coordinator and the assistant vice president and dean of graduate studies and research. Credits applied to an undergraduate degree cannot be applied to a graduate degree. Credits not applying to an earned degree such as credits earned in non-degree status or credits earned in a program from which the student has withdrawn, may apply to a degree program. Internal transfers are limited to 12 credits of courses, which must be relevant to the degree program the student is pursuing, and must be approved by the graduate program coordinator and the assistant vice president and dean of graduate studies and research. Transferred courses taken at Bloomsburg University will contribute to the student’s QPA when determining academic standing. Graduate courses taken at Bloomsburg University but not transferred into a degree program do not contribute to the student’s QPA when determining academic standing. A request for credits must be submitted on an application form available in the Office of Graduate Studies.

Under certain conditions, credits applying to an earned degree may apply to a subsequent degree. Courses transferred must be relevant to the program in which the student is matriculating. The transfer must be approved by the graduate program coordinator and assistant vice president and dean of graduate studies and research. Transferred credits must not reduce the number of credits earned in the program below 24. Credits transferred in this manner do not contribute to the QPA when determining academic standing.

Repeat of Courses
A maximum of one course in which a grade of less than C has been recorded or a maximum of two courses in which a grade less than B and greater than C has been recorded (totaling not more than 6 semester hours) may be repeated upon application to the assistant vice president and dean of graduate studies and research. The application shall be approved upon written request by the student’s graduate program coordinator and department chairperson.

The initial grade remains on the transcript as part of the student's permanent record. The grade of the repeated course is part of the permanent record and is used to calculate the student's quality point average. A course may be repeated only once. A course taken at Bloomsburg University in which a grade of D or E has been earned must be repeated at Bloomsburg University. Although this is a general graduate school policy, individual departments or graduate programs may implement more stringent requirements.

Academic Grievance Procedure
Alleged academic injustices relating to grades or professional conduct should be resolved informally, if possible. The student should first discuss the matter with the concerned faculty member, appropriate chairperson, and college dean or the assistant vice president and dean of graduate studies and research. In order for the matter to be resolved expeditiously, the consultation(s) should take place as soon as possible after the alleged incident has occurred. If informal attempts to resolve the matter are unsuccessful, the student should consult with the assistant vice president and dean of graduate studies and research who will inform the student of procedures for initiating a formal grievance with the academic grievance coordinator for a hearing before the Academic Grievance Board.
**Academic Probation**

A graduate student not maintaining satisfactory academic progress may be placed in academic probationary status. Enrollment is limited to a maximum of 9 semester hours for the grading period in probationary status. A student on academic probation is not eligible to hold a graduate assistantship. To be removed from academic probation, a graduate student with a quality point average deficiency must attain the minimum overall quality point average of 3.0 as required by the School of Graduate Studies for regular graduate students and degree candidates. A student who attains a 3.0 Q.P.A. or higher for the first grading period in academic probationary status, but does not attain the required overall Q.P.A., may be recommended by his or her academic adviser, the graduate program coordinator, and the department chairperson to the assistant vice president and dean of Graduate Studies and Research for continuation on probation for one additional grading period.

Graduate students who fail to meet the minimal standards for satisfactory progress will be notified by the assistant vice president and dean of Graduate Studies and Research. Failure to request academic probation will result in academic dismissal. Such students may submit a request in writing to their academic advisers to be granted academic probation. Upon recommendation of the academic adviser, graduate program coordinator, and department chairperson, and approval by the assistant vice president and dean of graduate studies and research, probationary status will be granted. Exceptions to these procedures under extraordinary circumstances will be by written request to the assistant vice president and dean of graduate studies and research.

**Academic Dismissal**

A graduate student not maintaining satisfactory progress, who is not permitted to enroll in probationary status, is excluded from registration, and the student's academic record is marked "academic dismissal." Dismissal is automatic if the overall Q.P.A. is below the minimum after two grading periods in probationary status or after failing to pass the comprehensive examination two times while in probationary status. Dismissal is also automatic upon receipt of grades below a C in two graduate courses. A graduate student under academic dismissal is not eligible to attend courses offered in the School of Graduate Studies for a period of at least one calendar year.

A dismissed graduate student may, after a period of one year, reapply to the School of Graduate Studies in order to undertake studies in a new degree program or to further their studies in non-degree status. A graduate student is not permitted to register for any courses in a program from which he or she was dismissed.

Under exceptional circumstances and with the approval of the assistant vice president and dean of graduate studies and research, a program may readmit a dismissed student. In the latter instance, the normal six-year limitation for expired courses shall be applied. Graduate students dismissed for academic reasons may appeal their dismissal within one year, in writing, to the Graduate Council. The decision of the council is final.

**Human or Animal Research**

In cases where a student research requires the use of any human or animal subjects, the student must seek appropriate approvals through the Institutional Review Board for Human Subjects and/or the Institutional Animal Care and Use Committee. Students should discuss the application process with their faculty adviser and obtain the appropriate approval application forms from the Office of Research and Sponsored Programs.
**Time Limitation**
Each student is expected to complete the requirements for a master's degree within six calendar years. This includes courses accepted by transfer. Bloomsburg University will grant extensions for sufficient reason, upon application to the assistant vice president and dean of Graduate Studies and Research and with the approval of the student's adviser. This extension must be requested before the six-year period ends.

**Graduation Requirements**
Students who are completing degree programs must apply for graduation at the Office of the Registrar, Warren Student Services Center, telephone (570) 389-4263, prior to the deadline listed in the university calendar. Each program that leads to a master's degree at Bloomsburg University requires at least 30 semester hours of graduate credit. Courses with grades below C earn no credit toward a master's degree and any course with a grade below C must be repeated.

Students must have a cumulative Q.P.A. of 3.0 or higher to graduate with a master's degree from Bloomsburg University. The graduate calendar gives deadlines for applying for graduation, completion of thesis and departmental papers, comprehensive examinations, etc. These are deadlines, but students should plan to complete each segment before the due date, whenever possible.

**Graduate Transcripts**
Students may request a graduate transcript through the Registrar's Office. This may be done by letter, or by filling out a form available from the Registrar's Office.

**Application for Graduation**
A candidate for a degree must complete the student portion of the application, sign the form and submit it to the program director for verification of degree requirements. After the program director’s approval, the application needs to be submitted to the Registrar’s Office by November 1 for each degree whether or not participating in a commencement ceremony.

Visit the Registrar’s webpage for Graduation/Ceremony information http://www.bloomu.edu/registrar.
APPENDIX A

Pennsylvania Practice Act for Athletic Training

Authority
The provisions of this Subchapter M issued under section 7.1(d) of the Osteopathic Medical Practice Act (63 P. S. § 271.7a(d)), unless otherwise noted.

Source
The provisions of this Subchapter M adopted July 13, 2007, effective July 14, 2007, 37 Pa.B. 3230, unless otherwise noted.

§ 25.701. Purpose.

This subchapter implements section 7.1 of the act (63 P. S. § 271.7a) to provide for the certification of athletic trainers.

§ 25.702. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs—An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services—The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a certified athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

BOC—The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Certified athletic trainer—A person who is certified to perform athletic training services by the Board or the State Board of Medicine.
Direction—Supervision over the actions of a certified athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Physically active person—An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral—An order from a licensed physician, dentist or podiatrist to a certified athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription—A portion of the written protocol or a separate document from a supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol—A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the certified athletic trainer, describes the manner and frequency in which the certified athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and certified athletic trainer, which the certified athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 25.703. Certification requirement.

(a) A person may not use the title of “athletic trainer” or “certified athletic trainer” or use any abbreviation including “A.T.C.,” “C.A.T.,” or “A.T.” or any similar designation to indicate that the person is an athletic trainer unless that person has been certified by the Board.

(b) Except as otherwise provided by this subsection, a person may not perform the duties of an athletic trainer unless that person has been certified by the Board. This provision is not intended to prevent the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth on a visiting basis, who provides athletic training services to the members of their respective athletic team or organization.

(3) An athletic training student who practices athletic training that is coincidental to required clinical education and is within the scope of the student’s education and training.
(c) Former athletic training certificateholders under the Physical Therapy Practice Act (63 P. S. §§ 1301—1313) prior to July 14, 2007, are deemed certified by the Board.

(d) Athletic training certificateholders certified by the State Board of Medicine are deemed certified by the Board.


(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 25.231 (relating to schedule of fees).

(2) Verification of professional education in athletic training in accordance with § 25.705 (relating to educational requirements).

(3) Documentation of passage of the National examination in accordance with § 25.706 (relating to examination requirement).

(4) Documentation of practice as an athletic trainer, if licensed or certified in another jurisdiction, and verification as to whether there has been disciplinary action taken in that jurisdiction.

(b) To qualify for certification, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 25.7EXERSCI Educational requirements.

An applicant for certification shall comply with one of the following:

(1) Be a graduate of an approved athletic training education program.

(2) Hold current credentialing as a Certified Athletic Trainer (ATC) from the BOC or another credentialing body approved by the Board.

Cross References
This section cited in 49 Pa. Code § 25.704 (relating to application for certification).

§ 25.706. Examination requirement.

An applicant for a certificate to practice as a certified athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC certification examination for athletic trainers or its equivalent, as determined by the Board.

Cross References
This section cited in 49 Pa. Code § 25.704 (relating to application for certification).

An applicant who is a graduate of an approved athletic training education program and who has applied to take the certification examination may be granted a temporary certificate to practice athletic training under the onsite direct supervision of a certified athletic trainer. The temporary certification expires 1 year from issuance or upon certification as an athletic trainer by the Board, whichever comes first, and may not be renewed.

§ 25.708. Renewal of certificate.

(a) A certificate issued under this subchapter shall be renewed biennially. An application form will be mailed to the most recent address of the certificateholder as it appears on the records of the Board. The certificateholder shall complete the renewal application and return it to the Board with a renewal fee before December 31 of the year in which the application was received. Certificates other than temporary certificates expire on December 31 of each even-numbered year. Upon receipt of an application and renewal fee, the Board will verify the accuracy of the application and issue to the applicant a certificate of renewal for the next biennial period.

(b) When a certification is renewed after December 31 of an even-numbered year, a penalty fee of $5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee, as set forth in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. § 1401—225).

(c) As a condition of renewal, a certificateholder shall comply with the continuing education requirements in § 25.711 (relating to continuing education).


(a) Athletic trainers certified by the Board or by the proper licensing or certification authority of another state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral or prescription from a licensed physician, dentist or podiatrist or is subject to a written protocol for treatment by a certified athletic trainer from a licensed physician.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by the referring physician, dentist or podiatrist.

(4) Keep a copy of the referral or prescription and the results of the medical diagnostic examination in the physically active person’s file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.
(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers certified by the Board or by the proper licensing authority of another state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, the standing written prescription or written protocol.

(c) An athletic trainer shall obtain the standing written prescription or written protocol annually from the supervising physician and review it at least annually. This standing written prescription or protocol must be in writing and retained at or near the treatment location or preceptorility. An individual referral or prescription from a referring physician, dentist or podiatrist is required in the absence of a written protocol.

§ 25.710. Refusal, suspension or revocation of certificate.

(a) The Board may refuse to issue a certificate, and after notice and hearing, may suspend or revoke the certificate of a person who is subject to disciplinary action under section 15(b) of the act (63 P. S. § 271.15(b)).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a certificate are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law).

§ 25.711. Continuing education.

(a) Beginning with the biennial period commencing on the next biennial renewal period following July 14, 2007, athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(b) Applicants for renewal of a certificate shall provide a signed statement verifying that the continuing education requirement has been met.

(c) Proof of completion of the required continuing education shall be retained for 4 years after completion.

Cross References
This section cited in 49 Pa. Code § 25.708 (relating to renewal of certificate).
APPENDIX B

NATA CODE OF ETHICS
September 28, 2005

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

PRINCIPLE 1:
Members shall respect the rights, welfare and dignity of all.
1.1 Members shall not discriminate against any legally protected class.
1.2 Members shall be committed to providing competent care.
1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient’s care without a release unless required by law.

PRINCIPLE 2:
Members shall comply with the laws and regulations governing the practice of athletic training.
2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
2.2 Members shall be familiar with and abide by all National Athletic Trainers’ Association standards, rules and regulations.
2.3 Members shall report illegal or unethical practices related to athletic training to the appropriate person or authority.
2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

PRINCIPLE 3:
Members shall maintain and promote high standards in their provision of services.
3.1 Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity or services.
3.2 Members shall provide only those services for which they are qualified through education or experience and which are allowed by their practice acts and other pertinent regulation.
3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.
3.4 Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge.
3.5 Members shall educate those whom they supervise in the practice of athletic training about the Code of Ethics and stress the importance of adherence.
3.6 Members who are researchers or educators should maintain and promote ethical conduct in research and educational activities.
PRINCIPLE 4:
Members shall not engage in conduct that could be construed as a conflict of interest or that reflects negatively on the profession.
4.1 Members should conduct themselves personally and professionally in a manner that does not compromise their professional responsibilities or the practice of athletic training.
4.2 National Athletic Trainers’ Association current or past volunteer leaders shall not use the NATA logo in the endorsement of products or services or exploit their affiliation with the NATA in a manner that reflects badly upon the profession.
4.3 Members shall not place financial gain above the patient’s welfare and shall not participate in any arrangement that exploits the patient.
4.4 Members shall not, through direct or indirect means, use information obtained in the course of the practice of athletic training to try to influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.
APPENDIX C

BOC Standards of Professional Practice

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

Accordingly, the BOC provides a certification program for the entry-level Athletic Trainer that confers the ATC® credential and establishes requirements for maintaining status as a Certified Athletic Trainer (to be referred to as “Athletic Trainer” from this point forward). A nine member Board of Directors governs the BOC. There are six Athletic Trainer Directors, one Physician Director, one Public Director and one Corporate/Educational Director.

The BOC is the only accredited certification program for Athletic Trainers in the United States. Every five years, the BOC must undergo review and re-accreditation by the National Commission for Certifying Agencies (NCCA). The NCCA is the accreditation body of the National Organization for Competency Assurance.

The BOC Standards of Professional Practice consists of two sections:
I. Practice Standards
II. Code of Professional Responsibility

I. Practice Standards

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

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

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

The BOC does not express an opinion on the competence or warrant job performance of credential holders; however, every Athletic Trainer and applicant must agree to comply with the Standards at all times.
Standard 1: Direction
The Athletic Trainer renders service or treatment under the direction of a physician.

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

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

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

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

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

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

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

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

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

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

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

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

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