



STEPHEN F. AUSTIN STATE UNIVERSITY GRADUATE APPLICATION FOR ATHLETIC TRAINING

PLEASE TYPE OR PRINT ALL INFORMATION.

NAME _____
Last First "Nickname" MI

BIRTHDATE _____ STUDENT ID/SSN # _____

E-MAIL _____ PHONE NUMBER _____

CURRENT MAILING ADDRESS _____

Phone City State Zip

PERMANENT MAILING ADDRESS _____

Phone City State Zip

PARENT/GUARDIAN _____
Last First

PLEASE LIST ALL COLLEGES / UNIVERSITIES ATTENDED. PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY.

College/University _____ Awarded Degree _____

Major concentration _____ Attended _____

Cumulative GPA _____ Last 60 hours GPA _____

College/University _____ Awarded Degree _____

Major concentration _____ Attended _____

Cumulative GPA _____

College/University _____ Awarded Degree _____

Major concentration _____ Attended _____

Cumulative GPA _____

COURSEWORK

Please identify when you completed/will complete the following coursework:

Anatomy and Physiology I: (Identify lab grade if separate from lecture)

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

Anatomy and Physiology II: (Identify lab grade if separate from lecture)

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

Intro to Psychology:

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

Intro to Nutrition:

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

Community Health / Wellness:

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

Biomechanics:

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

Exercise Physiology: (Identify lab grade if separate from lecture)

Course / No: _____ Semester/Year: _____ Grade: _____ School: _____

List prior athletic training experience/observation (or volunteer) hours that you have acquired under an ATC or LAT (30 hours minimum).

Site _____

Site _____

Years _____ No. of hrs. _____

Years _____ No. of hrs. _____

Supervisor Signature _____

Supervisor Signature _____

Title/Credentials _____

Title/Credentials _____

Phone _____

Phone _____

OTHER ALLIED HEALTH EXPERIENCE (OBSERVATION OR VOLUNTEER HOURS).

Site _____

Site _____

Years _____ No. of hrs. _____

Years _____ No. of hrs. _____

Supervisor _____

Supervisor _____

Title/Credentials _____

Title/Credentials _____

Phone _____

Phone _____

INCLUDE A PHOTOCOPY OF CURRENT CPR / FIRST AID / AED CERTIFICATION CARDS.

DO YOU HOLD ANY OTHER CERTIFICATIONS? IF SO, PLEASE LIST.

Certification _____ Awarded/Expiration _____

Certification _____ Awarded/Expiration _____

AWARDS/HONORS: _____

ACTIVITIES: List all extracurricular activities, organizations, etc. in which you are active. Include offices/positions held.

PROFESSIONAL MEMBERSHIPS/SYMPOSIUMS/CONVENTIONS ATTENDED (LIST YEARS ATTENDED):

APPLICANT ESSAY:

Please complete the following questions by providing an honest evaluation of yourself. On separate paper, enclose your responses along with the completed application form. Please limit your total response to 1000 words or less.

1. What created your interest in SFA's Graduate Athletic Training Education Program (ATEP)?
2. How will your presence better the Graduate ATEP?
3. Select something about yourself that you feel needs improving. Explain how you will use your time here to better it.
4. What is/are you primary career goals upon completion of the ATEP?

RELEASE OF INFORMATION

I _____, permit Stephen F. Austin State University Faculty and Staff of the Graduate Athletic Training Education Program (ATEP) to access my academic information as criteria for acceptance into the program for each semester that I am enrolled in the program. I understand this information will be kept confidential and will be used only to evaluate my status in the Graduate ATEP. _____ Initials

I understand that once I have been accepted into the Graduate ATEP, I will be expected to complete clinical experiences during the week and weekend, which may include mornings, afternoons, evenings, and possibly holidays. I also understand that I may be asked to travel as part of my experience. As an athletic training student in the Graduate ATEP, the scope of my experience is limited as defined in the *Policy and Procedure Manual* and that this is a full-time academic program. _____ Initials

Student signature _____
Date _____

LETTERS OF REFERENCE

Include (2) two completed recommendation forms for each chosen person as a reference regarding your potential as an athletic training student. Please complete the top part and sign the waiver yourself, prior to giving the Recommendation form to your chosen reference. Inform those persons to place the completed Recommendation form in a SEALED ENVELOPE WITH THEIR SIGNATURE WRITTEN ACROSS THE SEAL. Include all recommendations with your completed Application form.

- Send an UNOFFICIAL copy of your transcripts along with a copy of each course syllabus for all of the listed deficiencies.**

All application materials **should be received by February 1**. Return all athletic training application material to:

Linda Stark Bobo, PhD, ATC-L
Program Director
Chair of Graduate Athletic Training Committee
Stephen F. Austin State University
Department of Kinesiology & Health Sciences
Box 13015 – SFA Station
Nacogdoches, TX 75962-3015
936.468.1599
lbobo@sfasu.edu



**STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM**

Recommendation Form

TO THE STUDENT: PLEASE DISTRIBUTE THIS FORM TO THOSE INDIVIDUALS THAT YOU HAVE ASKED TO SUBMIT RECOMMENDATIONS FOR YOUR ADMISSION TO THE SFA GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM.

Applicant's Name _____

Address _____

_____ Phone

_____ I waive the right to see submitted information recorded on my Recommendation Form.

_____ I retain the right to see submitted information recorded on my Recommendation Form.
(Family Education Rights and Privacy Act of 1974, if admitted and enrolled, allow me access to the information provided on the Recommendation Form.)

Applicant's signature _____ Date _____

TO THE EVALUATOR: The above-mentioned applicant has chosen you as a reference for admission to the SFA Graduate Athletic Training Education Program. As a competitive program, your reference could be the enabling factor for the applicant's admission. Please understand that this curriculum requires at least 20 hours a week of clinical experience, interaction with coaches, administration, athletes, physicians, and other athletic training/health care professionals. With your best knowledge and ability, please complete the following:

Name _____

Position _____

Place of employment _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

How long have you known the applicant? _____

In what capacity? _____

PLACE A CHECK IN THE BOX THAT BEST DESCRIBES THE APPLICANT.

	Excellent 4	Above Average 3	Average 2	Below Average 1	Unable to Judge
Academic potential					
Cooperation					
Dedication					
Dependability					
Punctuality					
Enthusiasm					
Initiative					
Potential as a leader					
Self confidence					
Maturity					
Professionalism					
Written communication skills					
Verbal communication skills					
Time management skills					

COMMENTS:

Please list any attributes or characteristics of the applicant that you believe would better the SFA Graduate Athletic Training Education Program.

Please list any traits or characteristics of the applicant that you believe could be improved.

Would you admit this student into your own academic program? If "No," explain your response.

Additional Comments:

Please enclose this recommendation in a sealed envelope. Sign across the seal and return to the applicant. It is the applicant's responsibility to ensure that your recommendation will be included with application package. All application materials are requested to be received by February 1st.



**STEPHEN F. AUSTIN STATE UNIVERSITY
GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM**

Application Checklist

1) WHAT TO SEND TO GRADUATE SCHOOL:

<http://www2.sfasu.edu/graduate/ProspStudents/admissions.html>

- Completed application / Paid application fee to Graduate School
- Official transcripts sent

DUE BY FEBRUARY 1ST.

2) WHAT TO SEND TO ATHLETIC TRAINING MAJOR / DR. BOBO:

- Cover letter
- Resume´
- Unofficial copy of transcripts
- Completed GATEP Application
- Applicant essay
- Two (signed & sealed) forms of recommendation
- Copy of certification cards
- Completed Physician Examination forms
- Signed Technical Standards from (*signed by Physician & Student*)
- Completed Student Medical History forms
- Copy of Immunization Records / TB skin test / Hep B vaccination
- Copy of each leveling course's syllabus (7)

DUE BY FEBRUARY 1ST.

**STEPHEN F. AUSTIN STATE
UNIVERSITY INCOMING
ATHLETIC TRAINING STUDENT
MEDICAL HISTORY PACKAGE**

**STEPHEN F. AUSTIN STATE UNIVERSITY ATHLETIC TRAINING STUDENT
CONTACT INFORMATION**

_____ - _____ **SCHOOL YEAR**

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ NICKNAME: _____

BIRTH DATE: ____ / ____ / ____ AGE: ____ SEX: ____ MARITAL STATUS: S / M / D

CONTACT PERSON IN CASE OF AN EMERGENCY (NON-RELATIVE): _____

HOME PHONE: (____) ____ - _____

NAME: _____ RELATIONSHIP: _____

CELL PHONE: (____) ____ - _____

FAMILY PHYSICIAN: PHONE: (____) ____ - _____

HEALTH INSURANCE INFORMATION

Students are encouraged to purchase health insurance coverage prior to enrollment and maintain it throughout the academic program. If you currently enrolled, please provide the below information.

If you do not have insurance, SFASU endorses a student health insurance policy. Visit: <http://www.sfasu.edu/healthservices/insurance.asp> for more information.

***Include a copy of Health Insurance card.**

Health Insurance Provider: _____ Group #: _____

Address: _____

Name of Policy Holder: _____ Relationship to Student: _____

ID#: _____ Effective Date of Policy: _____ Expiration: _____

Does the policy cover athletically-related injuries? Yes / No

Primary Care Provider (PCP): _____

PCP Contact Information: _____

**STEPHEN F. AUSTIN STATE UNIVERSITY ATHLETIC TRAINING HEALTH
HISTORY QUESTIONNAIRE**

NAME: _____

I. SPECIFIC MEDICAL QUESTIONS:

Y / N 1. HAVE YOU BEEN UNDER THE CARE OF A PHYSICIAN, ANY TIME IN THE PAST 3 YEARS?

IF YES, PLEASE EXPLAIN:

Y / N 2. HAVE YOU EVER HAD ANY SURGERY (INCLUDING PIN, PLATE, FRACTURE, ETC.)?

IF YES, PLEASE EXPLAIN (DATE, SITE OF INJURY, TYPE OF SURGERY)

DATE: ____ / ____ / _____ INJURY/SURGERY:

Y / N 3. HAVE YOU EVER HAD ANY MAJOR INJURIES.

IF YES, PLEASE EXPLAIN:

Y / N 4. HAVE YOU EVER HAD ANY MAJOR INJURIES.

5. HAVE YOU EVER HAD AN ILLNESS OR INJURY TO ANY OF THE FOLLOWING ORGANS?

Y / N A. EYES: _____

Y / N B. EARS: _____

Y / N C. HEART: _____

Y / N D. LUNGS: _____

Y / N E. KIDNEYS: _____

Y / N F. REPRODUCTIVE ORGANS: _____

Y / N G. LIVER: _____

Y / N H. OTHER: _____

6. IMMUNIZATIONS (DATE OF LAST BOOSTER)

TETANUS: ____ / ____ / _____

MMR(MEASLES, MUMPS, RUBELLA): ____ / ____ / _____

7. GYNECOLOGICAL EXAM (FEMALES)

DATE OF LAST PAP SMEAR: ____ / ____ / _____

II. DISEASE & ILLNESS:

HAVE YOU SUFFERED FROM, OR BEEN TOLD (BY A PHYSICIAN OR PARENT) THAT YOU HAVE HAD:

Y / N 1. DIABETES

Y / N 2. EPILEPSY

Y / N 3. HEPATITIS

Y / N 4. MARFANS SYNDROME

Y / N 5. MEASLES

Y / N 6. MONONUCLEOSIS

Y / N 7. MUMPS

Y / N 8. RHEUMATIC HEART DISEASE

Y / N 9. SCARLET FEVER

Y / N 10. TUBERCULOSIS

III. ALLERGIES / MEDICATIONS:

1. DO YOU SUFFER FROM:

Y / N A. ASTHMA: TYPE OF INHALER:

Y / N B. HAY FEVER

Y / N C. SKIN ALLERGIES:

Y / N D. OTHER ALLERGIES:

Y / N 2. HAVE YOU EVER BEEN TESTED FOR: SICKLE CELL ANEMIA TRAIT (IF APPLICABLE)?

IF YES, GIVE DATE: ____ / ____ / _____ PLEASE EXPLAIN RESULTS:

Y / N 3. ARE YOU PRESENTLY TAKING ANY MEDICATIONS?

IF YES, PLEASE EXPLAIN:

Y / N 4. ARE YOU ALLERGIC TO ANY MEDICATIONS?

(PLEASE LIST ANY PRESCRIPTION, OVER THE COUNTER, AND/OR TOPICAL.)

IV. HEAD & NECK:

Y / N 1. HAVE YOU EVER HAD A HEAD/NECK INJURY THAT HAS INTERRUPTED YOUR PHYSICAL PARTICIPATION?

IF YES, HOW LONG WERE YOU INACTIVE?

Y / N 2. DO YOU HAVE FREQUENT HEADACHES?

IF YES, HOW SEVERE ARE THEY?

Y / N DO YOU BECOME DIZZY?

Y / N 3. HAVE YOU EVER BEEN KNOCKED UNCONSCIOUS OR SUFFERED FROM A CONCUSSION IN THE PAST THREE YEARS?

IF YES, GIVE DATE: ____ / ____ / _____

Y / N 4. HAVE YOU BEEN KNOCKED UNCONSCIOUS MORE THAN ONCE?

IF YES, HOW OFTEN? _____

Y / N 5. HAVE YOU EVER BEEN HOSPITALIZED FOR A HEAD INJURY?

IF YES, WHEN: ____ / ____ / _____ HOW LONG: _____

Y / N 6. HAVE YOU EVER SUFFERED FROM A PINCHED NERVE OF THE ARM OR OF WHIPLASH?

IF YES, WHEN: ____ / ____ / _____

Y / N 7. HAVE YOU EVER BEEN HOSPITALIZED FOR A NECK INJURY?

IF YES, WHEN: ____ / ____ / _____ HOW LONG: _____

Y / N 8. DO YOU SUFFER FROM PAIN, STIFFNESS, OR LIMITED MOVEMENT OF THE NECK?

IF YES, PLEASE EXPLAIN:

Y / N 9. HAVE YOU EVER BEEN X-RAYED FOR A HEAD OR NECK INJURY?

V. EYES:

Y / N 1. DO YOU WEAR GLASSES?

Y / N 2. DO YOU WEAR CONTACTS?

IF Y, HARD OR SOFT LENSES (PLEASE CIRCLE ONE)?

Y / N 3. DO YOU WEAR EITHER OF THE ABOVE DURING PHYSICAL ACTIVITY?

IF THE ANSWERS ABOVE ARE YES, NAME THE PRESCRIBING CONSULTANT:

_____(_____)_____-_____
NAME OF PHYSICIAN PHONE

VI. DENTAL:

Y / N 1. DO YOU WEAR ANY DENTAL APPLIANCE (BRACES, CAPS, ETC.)?

IF YES, PLEASE EXPLAIN:

2. WHEN WERE YOU LAST EXAMINED BY A DENTIST (FOR REGULAR DENTAL CARE)?

DATE: ____ / ____ / _____

VII. NOSE:

Y / N 1. HAVE YOU EVER FRACTURED YOUR NOSE?

2. DO YOU SUFFER FROM:

Y / N A. SINUS PROBLEMS?

Y / N B. FREQUENT NOSE BLEEDS?

Y / N C. NASAL BLOCKAGE?

VIII. HEART:

Y / N 1. HAVE YOU EVER BEEN TOLD YOU HAVE A HEART MURMUR OR PALPITATION?

IF YES, PLEASE EXPLAIN:

Y / N 2. HAVE YOU EVER HAD ANY TESTING DONE ON YOUR HEART?
(EX: STRESS TEST, EKG, ECHOCARDIOGRAM, ETC.)

Y / N 3. DO YOU HAVE CHEST PAIN DURING OR AFTER ATHLETIC ACTIVITY?

IX. SKELETAL STRUCTURE:

Y / N 1. SHOULDER - HAVE YOU SUFFERED FROM A SHOULDER INJURY THAT HAS
INCAPACITATED YOU (FOR MORE THAN TWO WEEKS) DURING THE PAST THREE
YEARS?

IF YES, PLEASE EXPLAIN:

R / L _____

2. ELBOW -HAVE YOU SUFFERED FROM:

Y / N A. SPRAINS R / L

Y / N B. HYPEREXTENSION R / L

Y / N C. DISLOCATION R / L

Y / N D. OTHER: R / L

3. WRIST & HAND -HAVE YOU SUFFERED FROM:

Y / N A. FRACTURES R / L

Y / N B. SPRAINS R / L

Y / N C. DISLOCATIONS R / L

Y / N D. OTHER: R / L

4. BACK

Y / N A. HAVE YOU EVER SUFFERED FROM A BACK INJURY?

Y / N IF YES, DID YOU SEE A PHYSICIAN?

Y / N WAS YOUR BACK X-RAYED?

Y / N B. DO YOU EXPERIENCE FREQUENT BACK PAIN?

Y / N C. HAVE YOU EVER SUFFERED FROM AN INJURY TO THE VERTEBRAL COLUMN?

Y / N D. HAVE YOU BEEN TOLD THAT YOU HAVE SCOLIOSIS?

5. KNEE

Y / N A. HAVE YOU EVER SUFFERED FROM A KNEE INJURY? R / L

Y / N B. WERE YOU EVER TOLD YOU HAD A LIGAMENT INJURY? R / L

Y / N C. WERE YOU EVER TOLD YOU HAD A MENISCUS (CARTILAGE) INJURY? R / L

Y / N D. HAVE YOU EVER SUFFERED FROM OSGOOD-SCHLATER'S DISEASE? R / L

IF YES, WHEN?

6. ANKLE

Y / N A. HAVE YOU SPRAINED AN ANKLE IN THE PAST THREE YEARS,
WHICH INCAPACITATED YOU FOR MORE THAN TWO WEEKS? R / L

Y / N B. HAVE YOU EVER HAD AN INJURY INVOLVING THE ACHILLES TENDON? R / L

7. FOOT -HAVE YOU SUFFERED FROM:

Y / N A. FRACTURES R / L

Y / N B. SPRAINS R / L

Y / N C. ARCH PROBLEMS R / L

Y / N D. OTHER: R / L

X. GENERAL MEDICAL DATA:

Y / N 1. WERE YOU EVER ADVISED TO WEAR A BRACE OR HARNESS DURING
PHYSICAL ACTIVITY?

IF YES, WHAT TYPE:

Y / N 2. HAVE YOU EVER EXPERIENCED ILLNESS OR INJURY DUE TO HEAT EXPOSURE?

IF YES, EXPLAIN:

Y / N 3. HAVE YOU EVER BEEN TREATED FOR ULCERS?

Y / N 4. HAVE YOU EVER SUFFERED FROM OR BEEN TOLD YOU HAVE A HERNIA?

IF YES, WHERE: _____

Y / N WAS IT SURGICALLY REPAIRED? WHEN: _____

Y / N 5. HAVE YOU EVER SUFFERED FROM KIDNEY INFECTIONS?

Y / N 6. DO YOU SUFFER FROM FREQUENT BLISTERS OR SHIN SPLINTS?

Y / N 7. HAVE YOU EVER HAD ANY SIGNIFICANT INJURY OR ILLNESS (RELATED OR UNRELATED TO ATHLETICS) NOT COVERED BY ANY OF THE ABOVE QUESTIONS?

IF YES, EXPLAIN:

Y / N 8. HAS A PHYSICIAN EVER ADVISED YOU NOT TO PARTICIPATE IN PHYSICAL ACTIVITY?

IF YES, EXPLAIN:

XI. FAMILY HISTORY:

CHECK THE FOLLOWING DISEASE, IF PRESENT, IN ANY BLOOD RELATION FAMILY MEMBER. IF CHECKED, STATE WHOM WAS AFFECTED. RELATION

Y / N 1. CANCER _____

Y / N 2. DIABETES _____

Y / N 3. HEART DISEASE _____

Y / N 4. HIGH BLOOD PRESSURE _____

Y / N 5. BLOOD DISEASE _____

Y / N 6. SICKLE CELL _____

Y / N 7. SUDDEN DEATH, UNEXPLAINED _____

I HEREBY CERTIFY THE ABOVE QUESTIONS ARE ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF OUR KNOWLEDGE.

STUDENT'S SIGNATURE:

DATE: ____ / ____ / _____

**Stephen F. Austin State University Athletic Training Education Program
Physical & Immunization Verification Form**

I, _____ (print your name) hereby authorize Stephen F. Austin State University Student Health Services and Athletic Training facilities to provide information from my physical and immunization records to the Stephen F. Austin State University Athletic Training Education Program.

Signed _____ Date _____

Phone _____ E-mail _____

Hepatitis B Vaccination

I, _____ (print your name), understand that due to my potential exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

_____ I have already received the Hepatitis B vaccination series.

_____ I am in the process of completing the Hepatitis B vaccination series. I have left _____

_____ I understand that I am being given the opportunity to be vaccinated with the Hepatitis B vaccine through the SFASU Student Health Services at no cost upon acceptance into the GATEP.

_____ I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B vaccine, I can receive, at my own expense, the vaccination series.

Signature

Date

I, _____ (print your name), understand that there may be additional immunization, laboratory testing, or security clearance expenses necessary for me to obtain depending on specific clinical educational site requirements.

Signature

Date

If your physical or immunization records are incomplete, you will be told what is missing and asked to update your documents.

**STEPHEN F. AUSTIN STATE UNIVERSITY
ATHLETIC TRAINING
PHYSICAL EXAM**

Name: _____ Date of Exam: ____ / ____ / ____

Year in Program: _____ Student ID: _____ Age: ____ Sex: M / F

Height: ____ ' ____ " Weight: ____ /bs. Blood Pressure: ____ / ____ Pulse: ____ bpm

Urine -	Glucose		Upper Extremities	
	Alb. / S.C. / Micro		ROM / Atrophy	
Blood -	hgb / WBC / hct		Hx. of Dislocation	
Heart -	Rhythm		or significant trauma?	
Lungs -	Ausc.		Flexibility	
	Percuss.		Abdomen - LKS Palp?	
	TBC test (date / results)		Hernia?	
Lower Extremities			Scars?	
	Assymetry / Atrophy		Genitalia / Rectal	
	Hamstrings / Quadriceps		Skin	
	Valgus / Varus Legs		Ears - Canal / Drum	
Knees (1 - 3 degrees)			Hearing - Spoken	R
	Instability (MCL / LCL)		Voice	L
	(ACL / PCL)		Nose - Septum	
	Effusion / ROM		Obstruction	
	Past Surgeries		Throat - Mouth	
	Significant History?		Thyroid, Nodes	
Feet / Ankles				
Spine			Required Medication	
Dental - (Teeth)				
	Cavities Index		Remarks	
	Occlusion		Other Significant Info.	
	T - M Joint			
	3rd Molar Position		Limitations or	
	Hygiene		Special Equipment	
Eyes -	Pupil / Reflex			
	Versions / Fields	/	Neuro / Psychiatric	
	Vision Uncorrected	/		
	Vision Corrected	/		
	Objective Refraction	/		
	Internal Health		HOLD - Further Testing	
	External Health		Please explain	
Other Remarks:				
			"OK" - M.D. Signature	

*Physician signature required for authorization of technical standards.

**STEPHEN F. AUSTIN STATE UNIVERSITY GRADUATE ATHLETIC
TRAINING EDUCATION PROGRAM (SFASU GATEP)**

PHYSICIAN FORM

The physical examination must be completed and signed by the physician who performed your physical examination, along with the release form by the physician stating that you, _____, are able to perform the typical skills needed to complete essential skills and tasks.

Examples of Typical Skills Needed to Complete Essential Tasks

- Students typically sit for 2-6 hours daily in the classroom, stand for 1-2 hours daily at practice and must be able to ambulate approximately 10 yards indoor or outdoor over rough terrain.
- Students frequently lift less than 10 pounds and occasionally lift between 10-20 lbs. overhead.
- Students occasionally carry up to 25-30 lbs. while walking up to 10-20 feet.
- Students frequently exert 25 pounds of push/pull forces to objects up to 50 feet.
- Students frequently twist, bend, stoop and kneel on the floor up to 15 minutes.
- Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and injured athletes.
- Students frequently stand and walk while providing support to an injured athlete.
- Students frequently coordinate verbal and manual activities with gross motor activities.
- Students use auditory, tactile, and visual senses to receive classroom instruction and to evaluate and treat injured athletes.
- Students often work within an electrical field.
- Students will need to have 20/40 vision (or corrected to) to view activities.
- Students frequently need basic neurological function to perceive hot, cold, change in contour of surface/body part.
- Students need to possess the ability to make and execute quick, appropriate and accurate decisions in a stressful environment.

This section is to be completed by physician indicating the applicant meets the Stephen F. Austin State University Graduate Athletic Training Educational Program Technical Standards. Please complete the following information in regards to the participation of this athletic training student in our Athletic Training Program.

_____ is **ABLE** to meet the technical standards for
(Athletic Training Student Name)

Admission and/or continuation in the SFASU GATEP.

_____ Date _____
Physician Signature

_____ is **UNABLE** to meet the technical standards
(Athletic Training Student Name)

for Admission and/or continuation in the SFASU GATEP.

_____ Date _____
Physician Signature

GUIDELINES for TECHNICAL STANDARDS FOR ENTRY-LEVEL ATHLETIC TRAINING EDUCATION PROGRAM

Part 1 - History and Rationale

The landmark Americans with Disabilities Act of 1990, P.L. 101-336 (“ADA” or “the Act”), enacted on July 26, 1990, provides comprehensive civil rights protections to qualified individuals with disabilities. The ADA was modeled after Section 504 of the Rehabilitation Act of 1973, which marked the beginning of equal opportunity for persons with disabilities. As amended, Section 504 “prohibits all programs or activities receiving federal financial assistance from discrimination against individuals with disabilities who are ‘otherwise qualified’ to participate in those programs.” With respect to post-secondary educational services, an “otherwise qualified” individual is a person with a disability “who meets the academic and technical standards requisite to admission or participation in the recipient’s education program or activity.”

Under the Americans with Disabilities Act, Title II and Title III are applicable to students with disabilities and their requests for accommodations. Title II covers state colleges and universities. Title III pertains to private educational institutions; it prohibits discrimination based on disability in places of “public accommodation,” including undergraduate and postgraduate schools.

Given the intent of Section 504 and the ADA, the development of standards of practice for a profession, and the establishment of essential requirements to the student’s program of study, or directly related to licensing requirements, is allowable under these laws. In applying Section 504 regulations, which require individuals to meet the “academic and technical standards for admission,” the Supreme Court has stated that physical qualifications could lawfully be considered “technical standard(s) for admission.”

Institutions may not, however, exclude an “otherwise qualified” applicant or student merely because of a disability, if the institution can reasonably modify its program or facilities to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or facilities such that (a) would “fundamentally alter” and/or (b) place an “undue burden on” the educational program or academic requirements and technical standards which are essential to the program of study.

Part 2 - Use of the Guidelines

The following Guidelines embody the physical, cognitive, and attitudinal abilities an Entry-Level Athletic Trainer must be able to demonstrate in order to function in a broad variety of clinical situations; and to render a wide spectrum of care to athletes and individuals engaged in physical activity. The Guidelines serve to recognize abilities essential to the development of these Entry-Level abilities. Further, the Guidelines reflect the necessary and required skills and abilities identified for the Entry-Level

Athletic Trainer as detailed in the NATA Athletic Training Educational Competencies and the BOC, Inc., Role Delineation Study.

Institutions and programs should use these Guidelines as a reference point in the development of specific requirements, “technical standards,” for admission to, and completion of, their educational program. Requirements should be objective, measurable, and should be applied to student admission to the program.

Institutions and programs should provide their students with the applicable technical standards in a timely fashion. This could be prior to admission to the institution (for those programs that admit students directly to the program) or soon after the student has entered the institution (for those programs that admit students through a secondary admission process).

While technical standards should be applied to student admission to the institution and/or program, some programs may, additionally, apply technical standards as the student moves through the program, and/or use technical standards as a measure of the student's attainment of criteria for graduation.

Entry-Level Athletic Training Education Programs must contact and work with their institution's ADA Compliance Officer, Office of Affirmative Action, or appropriate institutional office in the development and implementation of technical standards specific to their institution. This document is only intended as a guide or reference point for the development and implementation of technical standards. The ADA Compliance Officer (or appropriate person) at your institution is a valuable resource in the development and implementation of technical standards. It is strongly encouraged that programs not develop and implement technical standards without this important advice and counsel.

Part 3 - Sample Technical Standards

The following sample technical standards are presented in three sections. The introduction explains the rationale for the technical standards and how they may be used by the program. The main section includes the technical standards. The final section includes a statement that the student has read the technical standards and, by their signature, acknowledges an understanding of the implications of the standards.

Institutions and programs should use these sample technical standards as a reference point in the development of more detailed and/or specific standards for their program.

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

ATHLETIC TRAINING EDUCATIONAL PROGRAM TECHNICAL STANDARDS FOR ADMISSION

The Graduate Athletic Training Educational Program at Stephen F. Austin State University is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education [CAATE]). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

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

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

1. the mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients.
3. the ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. the ability to record the physical examination results and a treatment plan clearly and accurately.
5. the capacity to maintain composure and continue to function well during periods of high stress.
6. the perseverance, diligence and commitment to complete the athletic training education program as outlined and sequenced.
7. flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care.
9. **This will be re-evaluated for each academic year the student is enrolled in the curriculum and maintained in the student's file in the program director's office.**
10. **A *Returning Student Medical History* will be completed for each academic year the student is enrolled in the curriculum with the privilege of a physician examination available through the Student Health Services if there is a change in technical standards status. This will be maintained in the student's file in the program director's office.**

TECHNICAL STANDARDS FORM

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or that they believe that, with certain accommodations, they can meet the standards.

The Disability Services department will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the University will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review a whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.

Acceptance of Technical Standards

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

Signature of Applicant

Date

ONLY SIGN ONE IF YOU ARE REQUESTING ACCOMMODATIONS.

Student request for accommodations.

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

Signature of Applicant

Date