

# **Stephen F. Austin State University**



## **Professional Graduate Athletic Training Program Policy and Procedure Manual**

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*Welcome to the SFA State University Professional Graduate  
Athletic Training Program (GATP).*

Enclosed is just the forefront of your future in the GATP. As defined in the title, the *Policy and Procedure Manual* addresses your clinical and classroom experiences within the GATP. In addition, other guidelines you will need to refer to and adhere by are contained in your *SFA Athletic Training Handbook* designed by the Athletic Training Department. Other university policies and procedures are the foundation of our program and can be found stated in your university bulletin and catalogue which are located on the university website, [www.sfasu.edu](http://www.sfasu.edu). **This manual should be downloaded and accessible to you during your two years in the program.** This will always be located in BRIGHTSPACE, on the GATP website, and in your Typhon student account. You will receive updates if they are made.

You have been selected for a reason. Admission to this program does not guarantee successful completion of the major and/or successful completion of the Board of Certification national examination. You must work hard to obtain these goals. May your pursuit in your chosen profession be as successful as your admittance to this program. Days will come that you may question yourself, your demands (serving water, washing towels, cleaning), and your destiny, but remember...

*Don't be afraid to give your best to what seemingly are small jobs.  
Every time you conquer one it makes you that much stronger. If you  
do the little jobs well, the big ones tend to take care of themselves.*

*--Dale Carnegie*

The purpose of this manual is to provide you with: a reference point of what is expected of you while in SFA's GATP; clearly stated educational objectives of the competencies and proficiencies for the professional athletic training student (*Standard & Guidelines, CAATE*); and examples of the paperwork you will encounter during your experiences.

- Information contained in this manual is subject to change without prior notice. The information presented is under review and can be updated annually. Changes made to the manual are on file in the Program Directors' office.
- No person shall, on the basis of race, color, religion, sex, age, national origin, handicap, or veteran status, be subjected to discrimination or be excluded from participation in or denied the benefits of employment or any educational program or activity operate by Stephen F. Austin State University (Re: SFASU 2002-04 Graduate Bulletin). All inquiries should be directed to the Office of Human Resources, Box 13039, Nacogdoches, TX 75962-3039, 936.468.2304.



### **OUR VISION**

Our vision is to develop graduates who are recognized by future students, their peers, and employers as athletic trainers who demonstrate passion for continual learning and teaching, integrity and selflessness in clinical practice, a commitment to responsible global citizenship in the community and aspire towards new levels of excellence that advance the profession in meaningful ways.

### **OUR MISSION**

Our mission of the Stephen F. Austin Graduate Athletic Training Program (GATP) is to develop effective athletic trainers through a student-focused environment that creates opportunities for student application of innovative clinical practice, diverse clinical settings and preceptors, and interactive learning in preparation for a career in global healthcare settings

### **CORE PRINCIPLES**

Our core principles are used to shape the identities of our faculty, preceptors, and students. These principles are unwavering and should be the foundation of our program.

- *Commitment:* To oneself, one another, the program, and the profession.
  - It may be demonstrated through the behaviors of reliability, resiliency, accountability, advocacy.
- *Integrity:* Guides daily actions and behaviors.
  - It may be demonstrated through the behaviors of honesty, respect, ownership, unity.
- *Selflessness:* Influences our interactions and relationships.
  - It may be demonstrated through the behaviors of servitude, compassion, patience, humility. (student centered, patient centered)
- *Excellence:* Aspire to better oneself.
  - It may be demonstrated through the behaviors of initiative, consistency, tenacity, grit.

### **CURRICULUM GOALS**

The main objective of the GATP, Master of Science in Athletic Training, is to prepare the student to become a Certified Athletic Trainer (ATC) by the Board of Certification, Inc (BOC). An athletic trainer is "a qualified health care professional educated and experienced in the management of health care problems associated with the physically active." In cooperation with physicians and other allied health care personnel, the athletic trainer functions as an integral member of the athletic health team in secondary schools, colleges and universities, professional sports programs, sports medicine clinics, and other allied health care settings. The athletic trainer functions in cooperation with medical personnel, athletic administrators, coaches, and parents in the development and coordination of efficient and responsive athletic health care delivery systems. Athletic training students will be prepared in the development and mastery of athletic training competencies and proficiencies as set forth by the Educational Council (EC) of the NATA and the Commission on Accreditation of Athletic Training Education (CAATE). These skills will include areas of prevention, recognition and evaluation, management/treatment and disposition, rehabilitation, organization and administration, and education and counseling. The development and mastery of these skills will be accomplished through a variety of didactic and clinical experiences (NATA, 2003).

The student should:

1. Demonstrate a sound understanding of evidence-based practice concepts and their application by using a systematic approach to ask and answer clinically relevant questions that affect patient care.



2. Demonstrate an ability to develop and implement strategies and programs to prevent the incidence and/or severity of injuries and illnesses and optimize their clients'/patients' overall health and quality of life while incorporating the importance of nutrition and physical activity in maintaining a healthy lifestyle and in preventing chronic disease (e.g., diabetes, obesity, cardiovascular disease).
3. Demonstrate the ability to perform clinical examination skills to accurately diagnosis and effectively treat their patients while applying clinical-reasoning skills throughout the physical examination process. The development of these skills requires a thorough understanding of anatomy, physiology, and biomechanics to assimilate data, select the appropriate assessment tests, and formulate a differential diagnosis.
4. Demonstrate a sound understanding and application of the knowledge, planning, and skills in the evaluation and immediate management of the acute care of injuries and illnesses.
- 5 . Demonstrate proficiency in the understanding and application of therapeutic interventions that include therapeutic modalities, therapeutic rehabilitation, and therapeutic medicines designed to maximize the patient's participation and health-related quality of life.
6. Demonstrate the ability to recognize the role of mental health in injury and illnesses using interventions to optimize the restoration of participation and to refer these individuals as necessary.
7. Demonstrate an understanding of risk management, healthcare delivery mechanisms, insurance, reimbursement, documentation, patient privacy, and facility management.
8. Assess the development of a desire for professional development, ethical behaviors and responsibilities through a progression of clinical rotations, participation with professional organizations, and understanding of effective supervision and management in the athletic training clinic.
9. Complete the Board of Certification (BOC) requirements for eligibility of the national board examination through the completion of the competencies and proficiencies as set forth and endorsed by the NATA-EC, BOC, and the CAATE.

### **CURRICULUM HISTORY**

In July 2003, the candidacy application was submitted to the CAAHEP / JRC-AT. In November 2003, the Stephen F. Austin State University Graduate Entry-Level Athletic Training Education Program (ELM) was notified of Candidacy. We were given a June 1, 2005, submission date for the Self-Study documents. After the review of the Self-Study documents, we were given an October Site Visit date during the fall of 2005, in which we also applied for Accreditation status. Notification of accreditation status was granted in March 2006. We have begun our succession of successful graduating classes. Our reaffirmation of accreditation process began with the submission of *Self-Study* documents during the summer of 2010, followed with a request for a CAATE site-visit during the 2010-2011 academic year. We had an excellent review by the CAATE; therefore, was granted the longest accreditation cycle of 10 years! We will host a site-visit during 2020-2021 academic year.



## **CODE OF ETHICS:**

### **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.

### **1. Members Shall Practice with Compassion, Respecting the Rights, Welfare, and Dignity of Others**

1.1 Members shall render quality patient care regardless of the patient's race, religion, age, sex, ethnic or national origin, disability, health status, socioeconomic status, sexual orientation, or gender identity.

1.2. Member's duty to the patient is the first concern, and therefore members are obligated to place the welfare and long-term well-being of their patient above other groups and their own self-interest, to provide competent care in all decisions, and advocate for the best medical interest and safety of their patient at all times as delineated by professional statements and best practices.

1.3. Members shall preserve the confidentiality of privileged information and shall not release or otherwise publish in any form, including social media, such information to a third party not involved in the patient's care without a release unless required by law.

### **2. Members Shall Comply With the Laws and Regulations Governing the Practice of Athletic Training, National Athletic Trainers' Association (NATA) Membership Standards, and the NATA Code of Ethics**

2.1. Members shall comply with applicable local, state, federal laws, and any state athletic training practice acts.

2.2. Members shall understand and uphold all NATA Standards and the Code of Ethics.

2.3. Members shall refrain from, and report illegal or unethical practices related to athletic training.



2.4. Members shall cooperate in ethics investigations by the NATA, state professional licensing/regulatory boards, or other professional agencies governing the athletic training profession. Failure to fully cooperate in an ethics investigation is an ethical violation.

2.5. Members must not file, or encourage others to file, a frivolous ethics complaint with any organization or entity governing the athletic training profession such that the complaint is unfounded or willfully ignore facts that would disprove the allegation(s) in the complaint.

2.6. Members shall refrain from substance and alcohol abuse. For any member involved in an ethics proceeding with NATA and who, as part of that proceeding is seeking rehabilitation for substance or alcohol dependency, documentation of the completion of rehabilitation must be provided to the NATA Committee on Professional Ethics as a requisite to complete a NATA membership reinstatement or suspension process.

### **3. Members Shall Maintain and Promote High Standards in Their Provision of Services**

3.1. Members shall not misrepresent, either directly or indirectly, their skills, training, professional credentials, identity, or services.

3.2. Members shall provide only those services for which they are qualified through education or experience and which are allowed by the applicable state athletic training practice acts and other applicable regulations for athletic trainers.

3.3. Members shall provide services, make referrals, and seek compensation only for those services that are necessary and are in the best interest of the patient as delineated by professional statements and best practices.

3.4. Members shall recognize the need for continuing education and participate in educational activities that enhance their skills and knowledge and shall complete such educational requirements necessary to continue to qualify as athletic trainers under the applicable state athletic training practice acts.

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

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

### **4. Members Shall Not Engage in Conduct That Could Be Construed as a Conflict of Interest, Reflects Negatively on the Athletic Training Profession, or Jeopardizes a Patient's Health and Well-Being.**

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

4.2. All NATA members, whether current or past, shall not use the NATA logo 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 and influence the score or outcome of an athletic event, or attempt to induce financial gain through gambling.

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

September 2005, Revised 2016

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Reporting of Ethics Violations: Anyone having information regarding allegations of ethical violations, and wishing to supply such information to NATA, shall supply this information, with as much specificity and documentation as possible, to NATA's Executive Director or Chair of the Ethics Committee. Information need not be supplied in writing, and the reporting individual need not identify him or herself. Information, however, that is too vague, cannot be substantiated without the assistance of the reporting person, or information where, in the opinion of the NATA Executive Director or Ethics Chair, there is no need for anonymity for the reporting individual will not be forwarded for action by the committee.

An individual may report information on the condition that the individual's name or certain other facts be kept confidential. NATA may proceed with an investigation subject to such a condition; however, NATA must inform the reporting individual that at some point in the investigation NATA may determine that it cannot proceed further without disclosing some of the confidential information, either to the applicant or member under investigation or to some other party. A reporting individual, upon receiving this information from NATA, may decide whether or not to allow the information to be revealed. If the reporting individual decides that the necessary information must remain confidential, NATA may be required to close the unfinished investigation for lack of necessary information. Individuals are strongly encouraged to provide relevant information, with as much detail as possible, in writing to:

NATA  
Ethics Investigations  
2952 Stemmons Frwy  
Dallas, TX 75247-6196

<http://nata.org/publications/brochures/ethics.htm>

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## SECTION II: CLINICAL / ACADEMIC COMPONENTS

### SFASU ATHLETIC TRAINING CONTACT INFORMATION

	<u>Office / Cell phone</u>
1. Dept. of Kinesiology & Health Science Dr. Jay Thornton, Department Chair Administration Office: Rachel Baker and Ashley MooreBox 13015 / Nacogdoches TX 75962-3015	936.468.3503
2. Linda Stark Bobo, PhD, ATC, LAT, CESProfessor / Program Director Dept of Kinesiology & Health Science 1936 N. Street, HPE Complex, Rm 224ANacogdoches TX 75962-3015 <a href="mailto:lbobo@sfasu.edu">lbobo@sfasu.edu</a>	936.468.1599 / 936.462.0873
3. Melinda Watts, PhD, LAT, ATC Asst. Professor / Coordinator of Clinical EducationDept of Kinesiology & Health Science 1936 N. Street, HPE Complex, Rm 221 Nacogdoches TX 75962-3015 <a href="mailto:wattsmm@sfasu.edu">wattsmm@sfasu.edu</a>	936.468.1721 / 972.971.8092
4. Keilea Sumrall DHSc, LAT, ATC Asst. Profession / GATP Core Faculty Dept of Kinesiology & Health Science 1936 N. Street, HPE Complex, Rm 213Nacogdoches TX 75962- 3015 <a href="mailto:Keilea.Sumrall@sfasu.edu">Keilea.Sumrall@sfasu.edu</a>	936.468.1812 / 281.728.0848
5. AJ Van Valkenburgh, MS, LAT, ATC Associate AD Sports Medicine / FB Athletic Training Department Box 13010 / Nacogdoches TX 75962-3010 <a href="mailto:vanvalkeaj@sfasu.edu">vanvalkeaj@sfasu.edu</a>	936.468.3791 / 936.615.0327
6. Jacolby Whitaker, MS, LAT, ATC, CES Assistant Athletic Trainer / MBB / Bowling Athletic Training Department Box 13010/ Nacogdoches, TX 75962-3010 <a href="mailto:Jacolby.Whitaker@sfasu.edu">Jacolby.Whitaker@sfasu.edu</a>	936.468.3745 / 903.948.1074
7. Jessica Mayol, MS, ATC, LAT Associate Athletic Trainer / WBB / TN Athletic Training Department Box 13010 / Nacogdoches TX 75962-3010 <a href="mailto:Jessica.nmayol@gmail.com">Jessica.nmayol@gmail.com</a> Coliseum	936.468.5802 / 713.560.3891 936.468.4272
8. Rob McNulty, MS, ATC, LAT. Associate Athletic Trainer / Lead FB Athletic Training Department Box 13010 / Nacogdoches TX 75962-3010 <a href="mailto:mcnultyrm@sfasu.edu">mcnultyrm@sfasu.edu</a>	936.468.4550 / 847.421.4282

- |     |  |   |
|-----|--|---|
| 9.  | Alex Rodriguez, MS, ATC, LAT, CES<br>Associate Athletic Trainer / FB<br>Box 13010 / Nacogdoches TX 75962-3010<br><a href="mailto:Rodriguea37@sfasu.edu">Rodriguea37@sfasu.edu</a>  | 936.468.3784 / 713.677.9580   |
| 10. | Aidan Pool, MEd, ATC, LAT<br>Asst. Athletic Trainer / SOC/ SB<br>Athletic Training Department<br>Box 13010 / Nacogdoches TX 75962-3010<br><a href="mailto:poolal1@jacks.sfasu.edu">poolal1@jacks.sfasu.edu</a>   | 936.468.4550 / 817.304.4870   |
| 11. | Matt Pawlik, MEd, ATC LAT<br>Asst. Athletic Trainer / BSB<br>Athletic Training Department<br>Box 13010 / Nacogdoches TX 75962-3010<br><a href="mailto:@sfasu.edu">@sfasu.edu</a>   | 936.468.4550 / 248.930.5358   |
| 12. | Kasey Fissette, ATC, LAT – Intern/ CC/ Track and Field<br>Asst. Athletic Trainer / BSB<br>Athletic Training Department<br>Box 13010 / Nacogdoches TX 75962-3010<br><a href="mailto:Kasey.Fissette@sfasu.edu">Kasey.Fissette@sfasu.edu</a>                                | 936.596.6780  |
| 13. | SFA Post Grad Interns<br>TBA - Intern / Court VB/ Beach VB<br>Cameron Handley, MS, ATC, LAT – Intern / Football<br>Elisabeth Bird, MS, ATC, LAT- Intern / Baseball<br>Madison Graves, MS, ATC, LAT- Intern / Spirit<br>Kaylee Wood, MS, ATC, LAT -Intern/ Softball & CC. | TBA<br>256.777.4151<br>913.707.9241<br>731.418.0637<br>254.715.8138 |
| 13. | Mike Randle, MD<br>Medical Director, SFA Athletics<br>Nacogdoches Neurosurgery PA<br>5500 North Street<br>Nacogdoches, TX 75965  | 936.560.6999  |

### **PRECEPTORS / Primary Contacts**

- |    |   |              |
|----|---|--------------|
| 1. | Bonnie Ryan, PA-C SFA Health<br>Services2106 Raguet Street<br>Nacogdoches, TX 75962                   | 936.468.4008 |
| 2. | Eddy Furniss, MD Nacogdoches Health<br>Partners4800 NE Stallings Drive #109<br>Nacogdoches TX 75965   | 936.559.0700 |
| 3. | Kelley Moon, MD<br>MD <sup>2</sup> Family Medicine<br>1320 N University Drive<br>Nacogdoches TX 75961 | 936.559.9225 |

4. Carey Lindemann, MD (Pending)Lindemann  
Family Practice  
4800 A NE Stallings Dr. Suite 1500  
Nacogdoches, TX 75965 936.568.3141
  
5. Steven Overturf, MD  
Overturf Orthopedics  
3816 N. University Drive  
Nacogdoches TX 75965 936.560.2990
  
6. Vanessa Jimenez, MS, ATC, LAT  
Head Athletic Trainer  
Lufkin High School  
309 South Medford Drive/ Lufkin, TX 75901 936.632.7656 / 602.527.2936  
[vjjimenez@lufkinisd.org](mailto:vjjimenez@lufkinisd.org)
  
7. Shelby Clark. MS, LAT, ATC  
Athletic Trainer  
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[sclark@nacisd.org](mailto:sclark@nacisd.org)
  
8. Howard Krohn, MS, ATC, LAT  
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[hkrohn@angelina.edu](mailto:hkrohn@angelina.edu)
  
9. Jacky Andreatta, MAT, LAT, ATC  
Athletic Trainer  
Panola College  
110.9 W. Panola St.  
Carthage, TX 75633 903.693.1157/  
[jandreatta@panola.edu](mailto:jandreatta@panola.edu) 940.452.0807
  
10. Erica Ballard  
Preceptor for ER/ EMS/ Surgery  
Emergency Room Manager  
Nacogdoches Memorial Hospital ER  
1204 North Mound Street, Nacogdoches, TX 75961 936.568.8592  
Charge Nurses – Carmen and Sheila 936 568 8848
  
11. Wade Blake  
EMS Point of Contact  
EMS Manager/ Paramedic  
Nacogdoches Memorial Hospital  
2723 Durst Rd, Nacogdoches, TX 75961  
[blakew@nacmem.org](mailto:blakew@nacmem.org) 936.559.5156

- |     |   |                              |
|-----|---|------------------------------|
| 12. | Morgan Fitzgerald, PT<br>Regional Physical Therapy.<br>211 Timberland Drive Lufkin, TX<br>Morgan. <a href="mailto:fitzgerald@usphclinic.com">fitzgerald@usphclinic.com</a>                            | 936.632.5511                 |
| 13. | Kristen Glass, DPT<br>Medical Center Outpatient Physical Therapy<br>1305 North St, STE 102, Nacogdoches, TX 75961<br><a href="mailto:Kristen.Glass@tenethealth.com">Kristen.Glass@tenethealth.com</a> | 936-560-1618                 |
| 14. | Chad Laurich, DPM<br>Nacogdoches Surgery Center; Surgical observation<br>3610 North University Dr, Nacogdoches TX 75961   | 936.560.9599                 |
| 15. | Brady Willis, RN<br>Preceptor/ Point of Contact<br>NMC Surgery Center of Nacogdoches<br>4948 NE Stallings Drive, Nacogdoches TX 75965   | 936 568 3581                 |
| 16. | Amy Cook, RN<br>Point of Contact<br>Nacogdoches Memorial Hospital<br>1204 N Mound Street, Nacogdoches TX 75961<br>Surgery Desk  | 936 568 8457<br>936 568 8444 |

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**COURSE PROGRESSION FOR  
MASTER'S OF ATHLETIC TRAINING  
GRADUATE ENTRY-LEVEL ATHLETIC TRAINING EDUCATION PROGRAM**

**SUMMER I (Session II)**

ATTR 5208	Emergency Care	2
ATTR 5110	Med Terminology	1
ATTR 5354	Intro to AT	3
ATTR 5321	AT Clinical I	3

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9 hrs

**FALL I**

ATTR 5332	LE Evaluation (1 <sup>st</sup> )	3
ATTR 5132	LE Eval Lab (1 <sup>st</sup> )	1
ATTR 5333	UE Evaluation (2 <sup>nd</sup> )	3
ATTR 5133	UE Eval Lab (2 <sup>nd</sup> )	1
ATTR 5370	Gen. Med. Cond.	3
ATTR 5222	AT Clinical II	2

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13 hrs

**SPRING I**

ATTR 5331	Ther Mod (1 <sup>st</sup> )	3
ATTR 5131	Ther Mod Lab (1 <sup>st</sup> )	1
[ATTR 5235	Hd/Spine Eval (1 <sup>st</sup> )	2/3]
ATTR 5135.	Hd/Spine Eval Lab (1 <sup>st</sup> )	1
ATTR 5336	Ther. Exercise (2 <sup>nd</sup> )	3
ATTR 5136	Ther. Exer Lab (2 <sup>nd</sup> )	1
ATTR 5241	AT Clinical III	2

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13/14 hrs

**SUMMER II**

No classes

**FALL II**

KINE 5350	Intro to Research	3
ATTR 5354	Mgmt Strat in AT	3
[ATTR 5138	Intro to IPE	1-TBD]
ATTR 5374	Adv AT	3
ATTR 5162	BOC Preparation	1
ATTR 5551:01	AT Clinical IV	5

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16/15 hrs

**SPRING II**

ATTR 5130	Seminar in AT	1
ATTR 5239	IPE Lrng & Pract	2
ATTR 5162	BOC Preparation	1
ATTR 5551:02	AT Clinical IV	5

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9 hrs

**\*\*TOTAL CREDITS REQUIRED FOR MS DEGREE IN  
ATHLETIC TRAINING = 60HOUR**

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## CLINICAL PROGRAM

### A: Clinical Instruction

Clinical experiences are concurrent with ATTR 5321; 5222; 5241; 5551:01/:02. They will occur during summer, fall, and spring semesters. Each athletic training student (ATS) will be assigned to a **preceptor**, not a clinical site or sport. The preceptor will provide guidance to the student and must be **physically present on site to do this**. Clinical experiences will vary semester to semester in accordance to the progression within the curriculum. As defined in the *Standards and Guidelines*, each ATS will have the opportunity to obtain clinical education experiences: Clinical experiences will include, experiences with patients:

1. Through the lifespan (e.g. Physical therapy clinical, emergency room, EMS ride outs, and specialty healthcare experiences (physicians, Physical therapy, and Surgery observation).
2. With different sexes and socioeconomic statuses
3. Non-sport activities (e.g., Physical therapy clinic, emergency room, primary care office, performing arts)
4. Varying levels of activity and athletic ability

Clinical experiences are classified as:

1. Athletic Training Clinical Experiences (ATCE)- *Direct client/patient care guided by a preceptor who is an athletic trainer or physician.*

ATCE experiences include: SFA sports, high schools, Angelina College, SFA Health Services, physician offices, and surgical observations.

2. Supplemental Clinical Experiences- *Learning opportunities supervised by health care providers other than athletic trainers or physicians.*

Supplemental experiences include: Nacogdoches Memorial Hospital Emergency Room, EMS ride outs, and physical therapy clinics.

3. Simulation- *An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicated substantial aspects of the real world in a fully interactive manner.*

Every semester the ATS participates in simulations with mid-to-high fidelity manikins at the SFA School of Nursing Laerdal Certified Lab.

- ATTR 5321- vitals assessment (blood pressure, auscultation of heart and lungs, and rectal temperature).
- ATTR 5222, 5241, 5551.01.2- Emergency evaluation scenarios that involve skills of CPR, first aid, splinting, and emergency evaluation of injuries.

### Clinical Hour Requirements

Athletic training clinical experiences (ATTR 5321; 5222; 5241; 5551:01/:02) will vary based on the assigned preceptor and clinical site's activities. The minimal clinical hour requirement for each course should not fall below **240 hours (Level Is)** and **160 hours (Level IIs)**, **340 hours (Level IIs Full Season)**. Failing to complete the minimum hourly requirement per program level could negatively affect the overall grade earned for a clinical course. **Level I ATS** should aim to complete on average **20 clinical hours per week** across a full semester. **Level II ATS** should aim to complete an average of **35 clinical hours per week** and greater during the immersive period, but also could be less dependent on the clinical site.



The level II ATS will participate in two 8-week immersive clinical experiences throughout the second academic year (Fall & Spring). During the immersive clinical experience, the ATS will attend classes on Monday of the week. For the remainder of the week, the ATS is required to attend a full day's work, as set forth by their preceptor (e.g. 8:00am-5:00pm). The immersive experience gives the ATS exposure to real-life clinical hour expectations prior to completion of the GATP.

Clinical hours must be documented for **each** clinical experience in the Typhon Software on a daily basis.

Preceptors will also have an account in Typhon. The Preceptor **must approve hours** at the end of each week. The clinical week starts on Monday and finishes on Sunday. It is the responsibility of the ATS and CEC to ensure preceptors are approving hours.

The ATS will submit case logs in Typhon of time spent with patients at the clinical experience. The CCE will approve all student case logs submitted by the ATS.

### **Immersive Clinical Experiences**

The level II ATS will participate in two 8-week immersive clinical experiences during the second academic year. Each 8-week immersive clinical experience will occur in the first eight weeks of the fall and spring semesters. During the immersive clinical experience, the ATS will attend face to face classes for clinical courses only, ATTR 5551.001 and :002 on Mondays. For the remainder of the week, the ATS is expected to mirror the daily clinical hours of their preceptor, as set forth by their preceptor (e.g. 8:00am-5:00pm). The ATS is expected to report when the preceptor does and leave when the preceptor does. The immersive experience gives the ATS exposure to real-life clinical hour expectations prior to completion of the GATP.

### **Mondays During Immersive Clinical Experience**

It is a requirement that ATS have one day off from their clinical experience in a seven-day period. However, the structure of clinicals differ between Level I and Level II:

#### **LEVEL I**

The level I ATS must have a designated day off during the week (Monday – Sunday) of a clinical experience. Due to the level I ATS attending class throughout the week, preceptors will normally make a long class day the designated day. Moreover, for each differing clinical rotation, the ATS should consult with the assigned preceptor.

#### **LEVEL II**

During the immersive experience (the first 8 weeks of Fall and Spring semesters of second year), the level II ATS will attend face to face class (ATTR 5551.01/.02) on designated days set by the GATP. The ATS in the 16-week season and 8-week clinical experience must have Monday as their designated day off from clinical experience. The ATS in the 8-week specialty healthcare experience (during the immersive period) will attend the specialty healthcare clinical experience on Monday (after 5551.01/5551.02 class), because the ATS will not attend on Saturday and Sunday of the week.

An amendment to the “Mandatory Monday Day Off Policy” has been developed to address instances of continued/extended travel where the team (preceptor and student) does not return to Nacogdoches between travel competitions. In the case that the team travel extends into or beyond the Monday, the student may participate and complete clinical hours on the Monday.

However, the preceptor must designate one day as the student’s mandatory day off from the clinical experience in the remaining days of that week. The student **MUST** have one day off from the clinical experience in a clinical week period. The GATP sets the clinical week beginning on Monday and ending on Sunday.

*Example: SFA Soccer travels to a game in Houston on Sunday. The game is re-scheduled for the following day (Monday) due to inclement weather. The student is allowed to participate and complete clinical hours on the Monday, but the student must use another day as a designated “day-off” from the clinical experience later in the week.*

During the non-immersive clinical experience, the ATS is required to have one day off during the week. Mondays remain as the designated day off for the Level II ATS.

**Level I Clinical Year:** During the first year in the program the ATS has four-week and two-week clinical experiences which expose the ATS to a variety of clinical settings. The clinical settings include: SFA sports (football, court and beach volleyball, men’s and women’s basketball, cross country, track and field, softball, baseball, women’s soccer, tennis, and spirit), Nacogdoches Memorial Hospital ER, Nacogdoches County EMS, SFA Student Health Services, Nacogdoches High School, Lufkin High School and Angelina College. Clinical experiences that occur during holidays or interims are **not** required, nor expected (exception Summer I int

**Level II Clinical Year:** Clinical experiences for the Level II ATS consist of a 16-week “season,” an 8-week, and specialty healthcare (8-week). Clinical experiences terminate in accordance to the SFA academic calendar (last day of Finals week). Clinical experiences that occur during holidays or interims **are** required if the clinical assignment occurs outside the traditional semester e.g., Basketball or pre-seasons. However, if the need arises to be absent during this time period, please make advanced arrangements with both the **Coordinator of Clinical Education and the preceptor**.

### **Specialty Healthcare (8-week) Clinical Experience:**

During the level II year, all ATS will complete professional communication training prior to beginning the specialty healthcare clinical experiences. The training will be given during clinical class by Dr Watts. The purpose of the training is to ensure respectable, professional behavior and communication occurs while in attendance at the specialty healthcare clinical sites (Nacogdoches Neurosurgery, Overturf Orthopedics, Nacogdoches Health Partners, NMC Surgery Center, Regional PT, NMC Outpatient PT, etc). At the conclusion of the session, all ATS must pass a quiz to attend the specialty healthcare clinical sites. An ATS deemed unprofessional by a physician, staff or CCE at any of the specialty healthcare clinical sites is subject to disciplinary action and/or possible removal from the clinical site.

### **Clinical Progression**

Clinical education is concurrent with academic credit in each of the clinical courses. The ATS must receive a **grade of “B” or better** in all athletic training courses, in order to progress to the next clinical level and course(s) within the curriculum. In addition to the requirements of each course syllabi, the ATS must successfully complete all required clinical experience hours, and complete clinical proficiency evaluations with a **score ≥80%**.

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## **B. Clinical Experiences**

### ***ATTR 5321 – Clinical I [Summer I (Session II)]***

For ATTR 5321, this course is taken in the first semester of the program during the summer.

This course has three credit hours with three contact hours. The instructor spends all **contact hours** in the classroom. Students complete 30 clinical hours during the two-week interim after the semester. Clinical supervision by the CEC is minimal.

There will be a designated classroom session for this course. All lectures / discussion will occur in either a designated classroom or the main athletic training room. Clinical skills will be practiced and assessed in both the laboratory and athletic training facility settings.

It is the responsibility of the ATS to practice and complete all of the skills listed for proficiencies performed at a clinical site. Proficiencies **must** be practiced with a peer; however, the final proficiency evaluation must be scored with the course instructor during the summer course. The ATS completes two proficiencies with an SFA preceptor after the course, during the summer II interim. ***All clinical skills must receive a score of ≥80% to be successful in demonstrating proficiency.***

At the conclusion of this summer II course, the ATS is required to remain on SFA's campus and fulfill approximately 30 clinical hours under the direct supervision of the head athletic trainers for FB, VB, and/or Soc. The clinical experience will occur during the interim of the summer II semester and the beginning of the fall semester. This first clinical experience is designed to orientate the new student to the daily routine, administrative responsibilities, policies and procedures, and layout of the SFA athletic training room.

The ATS will also participate with these sports as assigned by the head athletic trainer. Only ***“Directly Supervised Clinical Experiences”*** are permitted within this semester. The ATS will also attend the Simulation lab at the School of Nursing to practice skills and scenarios using the SimMan 3G Mannikins.

The ATS will receive a grade for the completion of the hours in ATTR 5321 after the completion of the clinical experience. The average clinical hour total for the two weeks should remain around 30 hours.

Clinical hours worked must be recorded into the ATS Typhon account. The supervising athletic trainer will approve the clinical hours. Weekends may also be available. The ATS must document case logs into their Typhon account from all patient encounters.

### ***ATTR 5222 – Clinical II [Fall I]***

For ATTR 5222, the course is taken in the first fall. The course has two credit hours and five contact hours. The instructor spends two **contact hours** with students in the classroom and spends three **clinical contact hours** at clinical sites on a weekly basis. ATTR 5222 will include both two-week and four-week rotations at various clinical sites. These experiences are designed to orientate the ATS to experiences with patients of different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, through the lifespan, orthopedic, general medicine, and non-/sport activities. This second clinical experience will include the sites of the SFA athletic training rooms, Football stadium, Volleyball / Basketball coliseum, Baseball /

Softball complex, Cheer/ Dance, SFA Health Services, along with area high schools, and local emergency services. This clinical experience will be under the **direct supervision** of a preceptor.

Students will meet **weekly** for a classroom session with the course instructor to either introduce or review topics related to the various clinical skills assigned to the course. All lectures / discussion will occur in a designated classroom. The ATS will also attend the Simulation lab at the School of Nursing to practice skills and scenarios using the SimMan 3G Mannikins. Clinical skills will be assessed throughout the course to demonstrate proficiency. An example of a proficiency skill sheet for this course is provided in [Appendix F](#).

It is the responsibility of the student to practice and complete all of the skills listed for each proficiency assessment within the documented timeframe (*i.e.*, 2 weeks). The ATS is to check the course syllabus for the due dates. Proficiencies not completed by the due date may negatively affect the ATS's final grade. Proficiencies can be practiced with a peer, preceptor, and/or course instructor; however, the final proficiency evaluation must be scored with a preceptor. **Real time assessment of clinical skills is highly recommended. All clinical skills must receive a score of ≥80% in order to be successful and demonstrate proficiency.**

At the conclusion of all clinical experiences (except ER/EMS), students must have a clinical evaluation completed by their preceptor. At the conclusion of all clinical experiences, students will complete an evaluation of the clinical site and preceptor (except ER/EMS) in Typhon. The preceptor will complete the ATS evaluation in Typhon. The evaluation should be discussed between the student and preceptor prior to leaving the clinical site. Low scoring evaluations could affect the overall grade in the clinical course and could possibly result in the ATS being pulled from a clinical site. A copy of the evaluation is provided in [Appendix G](#). The ATS must document case logs into their Typhon account from all patient encounters.

### ***ATTR 5241 – Clinical III [Spring I]***

For ATTR 5241, the course is taken in the first spring. The course has two credit hours and five contact hours. The instructor spends two **contact hours** with students in the classroom and spends three **clinical contact hours** at clinical sites on a weekly basis. ATTR 5241 will include both two-week and four-week rotations at various clinical sites. These rotations are designed to orientate the ATS to experiences with patients of different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, through the lifespan, orthopedic, general medicine, and non-/sport activities. This third rotation will include sites such as SFA athletic training rooms, Football stadium, Volleyball / Basketball coliseum, Baseball / Softball complex, Cheer/ Dance, SFA Health Services, along with area high schools, and local emergency services. This clinical experience will be under the **direct supervision** of a preceptor.

Students will meet **weekly** for a classroom session with the course instructor to either introduce or review topics related to the various clinical skills assigned to the course. All lectures / discussion will occur in a designated classroom. The ATS will also attend the Simulation lab at the School of Nursing to practice skills and scenarios using the SimMan 3G Mannikins. Clinical skills will be assessed throughout the course to demonstrate proficiency. An example of a proficiency skill sheet for this course is provided in [Appendix F](#).

It is the responsibility of the student to practice and complete all of the skills listed for each proficiency assessment within the documented timeframe (*ie*: 2 weeks). The ATS is to check the course syllabus for the due dates. Proficiencies not completed by the due date may negatively

affect the ATS final grade. Proficiencies can be practiced with a peer, preceptor, and/or course instructor; however, the final proficiency evaluation must be scored with a preceptor. Real time assessment of clinical skills is highly recommended. **All clinical skills must receive a score of ≥80% in order to be successful and demonstrate proficiency.**

At the conclusion of all clinical experiences, students will complete an evaluation of the clinical site and preceptor (except ER/EMS) in Typhon. The preceptor will complete the ATS evaluation in Typhon. The evaluation should be discussed between the student and preceptor prior to leaving the clinical site. Low scoring evaluations could affect the overall grade in the clinical course and could possibly result in the ATS being pulled from a clinical site. A copy of the Evaluation is provided in [Appendix G](#). The ATS must document case logs into their Typhon account from all patient encounters.

### ***ATTR 5551:01/02 - Clinical V [Fall II & Spring II]***

For ATTR 5551.01 and ATTR 5551.02, these courses are taken in the second year during the long semesters. The courses have five credit hours and five contact hours. The instructor spends two **contact hours** with students in the classroom and three **clinical contact hours** at clinical sites on a weekly basis. ATTR 5551:01 and ATTR 5551: 02 may be interchanged dependent on the assigned clinical experience. One semester will consist of one athletic season or a whole semester with one preceptor/clinical site. This experience is designed to allow the ATS to complete a full athletic season with their designated sport/ clinical site. The other semester will consist of eight weeks designated to Allied Health, Medical/ Orthopedic and Surgical Rotations and eight weeks to an SFA Sport or an area high school. The fall and spring semester will include one eight week immersive experience that will occur at the beginning of each term. The immersive experiences may include eight weeks of an assigned athletic sport season and/or the medical professional clinical rotation. These rotations include experiences with patients of different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, through the lifespan, orthopedic, and non-/sport activities. **"Supervised Clinical Experiences" are permitted within this semester; however, the ATS should be working toward making autonomous clinical decision based on evidence-based practice / research.**

Students will meet weekly for a classroom session with the instructor to review topics related to the various clinical skills and assignments aligned to each course. For ATTR 5551.01 there will be four "Preceptor" projects that include; Administrative Concepts, Injury Risk, Policy and Procedures and Concussion Policy. For ATTR 5551.02 there will be two "Preceptor" projects that include: Behavioral Health and Substance Use and Policy and Procedures. The ATS will complete the "Preceptor" projects by gathering information from discussions with the assigned preceptor, creating and/or reviewing policies, and compiling all of the components of the project into a typed presentation that will be submitted into Typhon and Brightspace. Clinical skills will be reviewed and assessed throughout this experience.

It is the responsibility of the student to practice and complete all of the skills listed for each clinical level. Proficiencies may be practiced with peers, preceptors or GATP faculty member; however, the final proficiency evaluation must be scored with a GATP faculty. **Real time assessment of clinical skills is highly recommended. All clinical skills must receive a score of ≥80% in order to be successful and demonstrate proficiency.**

During eight week and full semester / season sport rotations, evaluations will be completed **every 4 weeks** throughout the rotation. Students will complete an evaluation of the clinical site and preceptor (except ER/EMS) in Typhon. The preceptor will complete the ATS evaluation in Typhon. The evaluation should be discussed between the student and preceptor prior to leaving

the clinical site. Low scoring evaluations could affect the overall grade in the clinical course and could possibly result in the ATS being pulled from a clinical site. A copy of the Evaluation is provided in [Appendix G](#). The ATS must document case logs into their Typhon account from all patient encounters.

## **C: Health and Safety in Clinical Experiences**

### **Differentiate students from credentialed providers**

The ATS will be differentiated from clients/patients in clinical experiences through the ATS attire. The ATS will be issued SFA GATP shirts and polos to wear at all clinical sites. In addition, the ATS is required to wear their SFA student badge at all specialty healthcare clinical sites plus Memorial Hospital ER and Nacogdoches County EMS. Preceptors are also reminded of this program requirement.

### **Emergency Cardiac Care Training**

All ATS are required to have emergency cardiac care training prior to engaging in clinical education. Emergency cardiac training is provided to all level I ATS in the summer II course, ATTR 5208.

### **Blood-Borne Pathogen Protection and Exposure Plan**

All clinical sites have accessible blood-borne pathogen protection and exposures plans. The ATS is required to locate the documents at each new clinical site and document the location on the orientation survey. The CEC will ensure the documents are readily accessible to the ATS during each clinical site visit with preceptors.

### **Calibration and Maintenance of Equipment**

All clinical sites with therapeutic equipment are required to have scheduled calibration and maintenance checks. Nacogdoches Medical Center and Nacogdoches Memorial Hospital are JCAHO accredited.

### **Communicable and infectious disease transmission**

Communicable and infectious disease transmission procedures are accessible at all clinical sites. The CEC will ensure the documents at clinical sites are readily accessible to the ATS with all preceptors. The ATS is required to locate the documents at each new clinical site and document the location on the orientation survey.

### **Immunization Requirements**

Immunization requirements for admittance into the GATP are posted on the program's website and included in the *Admittance to Professional Graduate Athletic Training Program and Requirements* section in this manual. Immunizations needed prior to clinical experiences with Nacogdoches Memorial Hospital ER/ EMS / Surgery and Nacogdoches Medical Center Outpatient Physical Therapy and Surgery are listed below.

Proof of the following immunizations are needed before clinical experiences:

- a. Hepatitis B Vaccine – documentation of 3 shots or proof of immunity
- b. Tuberculosis (TB) – negative skin test or blood test within last 12 months.
- c. MMR Vaccine (Measles, Mumps, Rubella) - documentation of 2 shots or proof of immunity to all 3.
- d. DTaP Vaccine - documentation of 1 shot
- e. Varicella (Chickenpox or Shingles) - documentation of 2 shots or proof of immunity or documentation of prior disease.
- f. Influenza Vaccine (October 1 – March 31) – documentation of current influenza vaccine.

### **Patient/Client Privacy (FERPA/ HIPAA)**

The ATS will complete SFA FERPA training. HIPAA training is completed for each hospital (NMC / NMH).



### **Radiation Exposure Plan**

Clinical sites who utilize an x-ray machine at their facility have posted radiation exposure plans. Clinical sites who utilize x-ray machines include: SFA Main Athletic Training Facility, Overturf Orthopedics, Nacogdoches Memorial Hospital, and Nacogdoches Medical Center Hospital.

### **Sanitation Precautions**

All clinical sites have accessible sanitation precautions readily available at their facilities. The CCE will ensure the document is readily accessible to the ATS at all clinical sites with the preceptor. The ATS is required to locate the documents at each new clinical site and document the location on the orientation survey. **After every patient encounter the ATS is to wash hands with soap and water for 20 seconds.**

### **Venue Specific Training Expectations**

Some clinical sites may require specific training expectations such as emergency skills (splinting, spine boarding, etc.). AJ Van Valkenburgh, SFA Director of Sports Medicine, holds emergency trainings prior to the start of the fall semester at the SFA Main Athletic Training Facility. The ATS is informed of the time and date of the training during the Summer II semester.

### **Venue-Specific Critical Incident Response Procedures**

All clinical sites have accessible venue specific critical incident response procedures readily available at their facilities. Venue specific critical incident response procedures include Emergency Action Plans and any other type of emergency response procedure as set forth by the venue. Dr. Watts ensures the document(s) is readily accessible to the ATS at all clinical sites with the preceptor. The ATS is required to locate the documents at each new clinical site and document the location on the orientation survey.

### **D. Preceptors / Sites / Responsibilities**

The following is a table listing for all preceptors, credentials, sport or job location, and distance traveled.

#### ***SFA Sports***

	<b>NAME / TITLE</b>	<b>ROLE / CREDENTIALS</b>	<b>SPORTS / LOCATION</b>	<b>DISTANCE</b>
1	AJ Van Valkenburgh Head Athletic Trainer	Preceptor; MS, ATC, LAT*	Football/ Track and Field/ Cross Country/ Beach VB	On-site
2	Matt Pawlik Assistant Athletic Trainer	Preceptor; MS, ATC, LAT	Football / Baseball	On-site
3	Jessica Mayol Associate Athletic Trainer	Preceptor; MS, ATC, LAT*	Women's Basketball/ Tennis	On-site
4	Alex Rodriguez Associate Athletic Trainer	Preceptor; MS, ATC, LAT*	FB / Men's & Women's Golf	On-site
5	Aidan Pool; Assistant Athletic Trainer	Preceptor; MS, ATC; LAT*	Soccer / Softball	On-site / 3 mi
6	Rob McNulty Associate Athletic Trainer	Preceptor; MS, ATC, LAT; CES	Lead Football	On-site
7	Jacolby Whitaker Assistant Athletic Trainer	Preceptor; MS, ATC, LAT, CES*	FB / Bowling	On-site
8	Kasey Fissette Asst Athletic Trainer	Preceptor; ATC, LAT	Cross Country/ Track and Field	On-site
9	Kaylee Wood Post-Grad Intern	Preceptor, MS, ATC, LAT	Softball / CC	On-site



10	<b>TBA</b> Post-Grad Intern	Preceptor, MS, ATC, LAT	Court & Beach Volleyball	On-site
11	Madison Graves Post- Grad Intern	Preceptor, MS, ATC, LAT	Spirit	On-site
12	Elisabeth Bird Post- Grad Intern	Preceptor, MS, ATC, LAT	Baseball	On-site
13	Cameron Handley Post- Grad Intern	Preceptor, MS, ATC, LAT	Football	On-site

#### **High Schools / Junior College**

1	Shelby Clark Athletic Trainer	Preceptor; MS, ATC, LAT*	Nacogdoches High School	3 mi
3	Vanessa Jimenez Head Athletic Trainer	Preceptor; ATC, ATC, LAT*	Lufkin High School	20mi
4	Howard Krohn; Head Athletic Trainer	Preceptor: MS, ATC, LAT*	Angelina College	37 mi
5	Jacky Andreatta Athletic Trainer	Preceptor; MAT, ATC, LAT	Panola College	49 mi

#### **Medical**

1	Dr. Mike Randle, MD Medical Director	Preceptor; MD, Neurosurgeon	Nacogdoches Neurosurgery	3 mi; On-site
2	Orthopedic Surgical –Drs Overturf, Ferren, Jurist	Orthopedic Surgeons	Nacogdoches Medical Center, Surgery Center, Nacogdoches Memorial Hospital	4 mi, 1 mi
3	Carey Lindemann, MD (pending)	Preceptor, General Medicine Physician	Lindemann Family Practice (Stallings Location)	3.2 mi
4	Bonnie Ryan, PA-C	Preceptor, Physician Assistant	Student Health Services Clinic	On-site
5	Dr. Eddy Furniss, MD	Preceptor; General MedicalPhysician	Nacogdoches Health Partners	4 mi
6	Dr. Kelley Moon, MD	Preceptor; General MedicalPhysician	MD <sup>2</sup> Family Practice	1 mi
7	Jesse Creel, FNP	Preceptor; General MedicalNurse Practitioner	Nacogdoches Health Partners	4 mi
8	Dr. Steven Overturf, MD	Preceptor; Orthopedic Surgeon	Overturf Orthopedics	.20 mi
9	Shawna Blackmon, PA	Preceptor; Physician Assistant	Private Orthopedic Clinic	.20 mi
10	Dr. Chad Laurich, MD	Preceptor; Podiatry surgeon	Nacogdoches Surgery Center	1 mi
11	Kelle Harrison, BSN, RN	Director of Emergency/ Trauma Services/ Preceptor	Nacogdoches Memorial Hospital	1 mi

12	Amy Cook, RN	Point of Contact	Nacogdoches Memorial Hospital Surgery	1 mi
13	Brady Willis, RN	Preceptor; Point of Contact	NMC Surgery Center of Nacogdoches	2 mi

#### **Allied Health**

1	Kristin Glass, DPT Physical Therapist	Preceptor; PT	Nacogdoches Medical Center	4 mi
2	Morgan Fitzgerald, LPT Lauren Menefee PT, DPT Physical Therapist	Preceptor; PT	Regional Physical Therapy, Lufkin	21 mi

\*LAT" = Licensed Athletic Trainer, Texas Health Department state licensure

**Preceptor Responsibilities:** A preceptor should function to:

- Supervise students during clinical education;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the program;
- Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care;
- Provide 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.

All preceptors are provided a copy of the most up to date *Policy and Procedure Manual*. Within the *Manual*, the desired competencies for each clinical experience are detailed. New preceptors also partake in the preceptor workshop created by the GATP. All instructors will be aware and have readily available references to the progression of the ATS with the GATP Brightspace website. Opportunities throughout a semester are available so that all participating preceptors can be kept abreast of the progression of the program and any current issues.

## E. Athletic Training Student Experiences

**Qualification for Placement:** The ATS will be randomly assigned to various clinical experiences for the first academic year. These clinical experiences are designed to allow exposure to multiple clinical settings, patient populations, and health conditions all while allowing to apply the content and skills that are being taught in the courses.

The second academic year placements will be based on a combination of the ATS's request and CEC/preceptor decisions and an interview with the preceptor for the desired 16-week request. The ATS selects three (3) Sports/ Clinical sites they wish to work with for a full term, or through a full athletic season and provides justifications for their choices. The preceptor interview will be scored. Following the completion of all interviews, preceptors will review all requests and inform the CEC of the ATS selection. Placement is not based on gender, race, or years of experience. If an ATS does not receive the first/ second choice for a sport/ clinical site, then all efforts are made to try to place the ATS at one of the preferred choices for an eight-week clinical experience. Sometimes this may not occur.

The table below shows possible ATS season/ clinical site placement for the Fall and Spring Semesters.

### Example:

Example:

SPORT / SITE	FALL																SPRING															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
FB																																
VB (Court / Beach)																																
SOC																																
CC																																
T & F																																
WBB																																
MBB																																
BSB																																
SB																																
SPIRIT																																
SFA HTH SERV																																
NAC HS																																
LUFKIN HS																																
LUFKIN MS																																
ANGELINA COLLEGE																																

**It is the ATS' responsibility for travel to off-campus clinical sites. A reliable mode of transportation is required.** It is the intent of the program to assign multiple ATS to the longer-distance clinical sites to allow car-pooling, e.g., Angelina College, Lufkin High School.

The ATS will not progress to the next level of clinical experience, if all proficiencies and written work in the current clinical course fail to meet the **minimum ≥80%, or "B" grade**. In addition, if the **minimum ≥80%** is not made in a complying lecture course, the ATS will not be able to perform the correlating clinical proficiency, and/or possibly not advance to the next level of clinical experience. It is important that the ATS gain an understanding and comprehension of the competencies before trying to acquire proficiency competence. Due to the cohort design of the curriculum, not meeting these standards will delay completion of the program. As written, all ATS must maintain a 3.0 GPA, to not only remain in the program, but to remain in Graduate School.

### Clinical Documentation

The ATS will complete an orientation survey during the first week of a new clinical site. The student should talk with the preceptor to answer the questions in the survey. The survey is located in Typhon. Specifically, the survey consists of questions that ask the location of the biohazard

container, EAP, and blood borne pathogen procedure documents, and personal protective equipment. Several of SFA sports utilize the same clinical site. Therefore, the student should not submit multiple orientation surveys for the same clinical site. For example, SFA FB, Soccer, and Track and Field all utilize the SFA Sports Medicine Complex as their clinical site. If the student has a rotation with all of the above sports, then the orientation survey should only be completed once during the first clinical rotation in the Sports Medicine complex.

Preceptors will evaluate the ATS every four weeks throughout all of the clinical experiences. Based on the duration of each rotation, the ATS may be evaluated more than once (e.g., eight week and full semester) by the same preceptor. These evaluations will be calculated into the overall grade assigned during the clinical experience. Low scoring evaluations will affect the overall grade and could possibly result in the ATS being removed from a clinical site. The **ATS evaluation** is completed by the preceptor through their Typhon account.

The ATS will also be able to evaluate the preceptor every four weeks. The **preceptor evaluation** is accessed and completed through Typhon. The ATS will also evaluate each new clinical site. The **clinical site evaluation** is accessed and completed through Typhon. If you remain with a clinical site for a full season, only evaluate the clinical site at mid-way and ending of the athletic season / semester. This valuable feedback provided by all parties is important in maintaining healthy and safe educational learning environments. Collected feedback will assist in deciding quality educators, instructors, and clinical sites. With the conclusion of each experience, the CEC will review all materials. Anytime during a clinical experience, all parties (AT student and preceptor) are permitted and encouraged to discuss any matters with the CEC at any time deemed necessary.

As part of service to our area high schools, students will be required to assist with preparticipation physicals at Lufkin High School. The preparticipation physicals will be done at the end of each academic school year (late April – early May).

#### Specific Clinical Site Information

##### **1: SFA Health Services**

1<sup>st</sup> year general medical experience occurs in SFA's Student Health Services practice under the leadership of SFA's Medical Director for Student Health Services, - Dr. Carey Lindemann, MD. The experience may involve taking patient histories, BP, weight, observing nurse practitioner / doctor consultations, minor surgeries, transporting labs, and administrative duties.

Prior to beginning the clinical experience, the ATS will call 936.468.4008 and ask for Nurse Jennifer by Thursday of the previous week. The ATS will ask for Jennifer, introduce themselves, tell the date they will be reporting, and ask for any instructions prior to reporting to the clinical site. The ATS will report to the Nursing station at **1pm on their first day of rotation**. Students will be expected to stay until 5pm unless dismissed earlier by the SHC staff. The ATS should aim to complete an average of 20 clinical hours a week.

The ATS will attend one week with SFA Health Services. The following week the ATS will attend Panola College. The ATS will gain experience with rodeo while at Panola College. The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible.

On a daily basis, the ATS must document the clinical hours into their Typhon account. ([Appendix E](#)). The ATS must document case logs into their Typhon account from all patient encounters. The preceptor will approve the clinical hours at the end of the week in Typhon. The ATS evaluation must be completed by the preceptor of the clinical site – Dr. Lindemann.

## **2: Nacogdoches Memorial Hospital / EMS Rideouts**

The ATS will gain experiences at the Nacogdoches Memorial Hospital's (NMH) Emergency Room and with EMS ride-outs. Please follow the policies and procedures outlined in the Orientation manual provided.

Each day of the ATS's clinical experience, the ATS will call the dispatch center at Nacogdoches Memorial Hospital at 936. 568. 8508 for their assignment.

On Day one of the **ER experience**, the ATS will **report at 1pm to one** of the following charge nurses at the main desk of the Emergency Department Quick Care. The ATS is encouraged to engage with the nursing staff and medical doctors and participate in all opportunities. The ATS should gain experiences from both the traditional ER and ortho side, when patients are present. The experience may involve assisting with emergency procedures, orthopedic exams, splinting, and taking vitals. "If you choose to stay back against the wall, you will be ignored."

During the **EMS experience**, the ATS may be assigned at either the central station located at 2723 Durst or a satellite station – NFD Station 1 (North St and Austin St) or NFD Station 3 (Intersection of Old Lufkin Road at the loop). Each day, the ATS will call the dispatch center at Nacogdoches Memorial Hospital (Ph: 936 568 8508) for the assignment.

For both ER and EMS experiences, The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible. Scrubs are acceptable.

Hour requirements for both the ER and EMS experience are flexible to allow the best opportunity. Therefore, the ATS can choose the clinical hour times. The ATS must not work past 10pm. The ATS should aim to complete a minimum of **20 hours/weekly** for this combined clinical site. On a daily basis, the ATS must document the clinical hours into their Typhon account. [Appendix E](#). The **CEC** will approve the clinical hours at the end of the week in Typhon. The ATS must document case logs into their Typhon account from all patient encounters. An ATS evaluation will not be completed for this clinical experience. Only an orientation survey and clinical site evaluation will be completed.

If the ATS is assigned to this rotation during October 1 – March 31, the **ATS must get an influenza vaccine or sign a declination form and wear a mask during patient care. The ATS must have a COVID-19 vaccine to attend Nacogdoches County EMS experience. ATS without a COVID-19 vaccine cannot attend.**

Prior to starting at Nacogdoches Memorial Hospital – ER, EMS ride outs and Surgical Observations the following must be completed:

- 1) Read the Nacogdoches Memorial Hospital Handbook of Patient Privacy, Confidentiality, and Security of Health Care Information handbook and code of conduct. Once completed, sign the *Confidentiality Agreement, Certification and Acknowledgement, and Third Rider Release Form*.
- 1) Complete all Health Screening Requirements
  - a. Hepatitis B Vaccine – documentation of 3 shots or proof of immunity
  - b. Tuberculosis (TB) – negative skin test or blood test within last 12 months.
  - c. MMR Vaccine (Measles, Mumps, Rubella) - documentation of 2 shots or proof of immunity to all 3.
  - d. DTaP Vaccine - documentation of 1 shot
  - e. Varicella (Chickenpox or Shingles) - documentation of 2 shots or proof of immunity or documentation of prior disease.

- f. Influenza Vaccine (October 1 – March 31) – documentation of current influenza vaccine.

### **3: Nacogdoches Health Partners (NHP)**

Dr. Furniss is a private family practice physicians that will provide a quality general medical learning experience in the ATS' 2<sup>nd</sup> year. The experience may involve taking patient histories, BP, weight, observing nurse practitioners / physician consultations and minor surgeries, as well as performing orthopedic assessments.

Prior to beginning the clinical experience, the ATS will call 936.559.0700 by Thursday of the previous week. The ATS will introduce themselves, tell the date they will be reporting, and ask for any instructions prior to reporting to the clinical site. ATS will report to the NHP clinic at 1pm on their first day of rotation. The ATS will report on Monday after their last class, because the ATS will not attend on Saturday and Sunday of the week. The ATS should aim to document a minimum of 20 hours/weekly at this clinical site, this may include mornings and afternoons.

The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible.

On a daily basis, the ATS must document the clinical hours into their Typhon account. ([Appendix E](#)). The preceptor will approve the clinical hours at the end of the week in Typhon. The ATS must document case logs into their Typhon account from all patient encounters. The ATS evaluation must be completed by the preceptor of the clinical site based – Dr. Eddy Furniss

### **4 : Physical Therapy**

Physical therapy rehabilitation experiences will occur at these clinical sites – Nacogdoches Medical Center Outpatient Therapy and Regional Physical Therapy. The ATS will be randomly assigned to one of the clinical sites for a three week period.

Prior to beginning the clinical experience, the ATS will contact Morgan for Regional Physical Therapy at 936.632.5511 and Kristen for Nacogdoches Medical Center Outpatient Physical Therapy 936-560-1618 by Thursday of the previous week. The ATS will introduce themselves, let the preceptor know the date they will be reporting, and ask for any instructions prior to reporting to the clinical site. The ATS will report on Monday after their last class, because the ATS will not attend on Saturday and Sunday of the week.

**The ATS must have a COVID-19 vaccine to attend Regional Physical Therapy experience. ATS without a COVID-19 vaccine cannot attend.**

The ATS is expected for you to try to have a maximum of around 30 hours/weekly. However, hours are at the discretion of the clinical site. The ATS must contact his/her respective site the week prior to arrange the days and times to report; they may vary weekly.

The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible.

On a daily basis, the ATS must document the clinical hours into their Typhon account. ([Appendix E](#)). The preceptor will approve the clinical hours at the end of the week in Typhon. The ATS must document case logs into their Typhon account from all patient encounters. The ATS evaluation must be completed by the preceptor of the clinical site.

### **5: Dr. Steven Overturf**

Level II ATS will have an orthopedic experience at Overturf Orthopedics. The ATS will be

assigned at the clinical site for a two week period. The ATS will attend in the clinic and observe surgeries with Dr. Overturf for this clinical experience.

Prior to beginning the clinical experience, the ATS will call 936.560. 2990 by Thursday of the previous week. The ATS will introduce themselves, tell the date they will be reporting, and ask for any instructions prior to reporting to the clinical site. The ATS will report to the clinic at 1pm on Monday of their first week to begin the clinical experience. Monday, Tuesday and Thursdays, the ATS will report to the clinic. The ATS will observe surgeries all day on Wednesdays and Fridays with Dr. Overturf. The ATS should ask for the surgery schedule from Dr. Overturf prior to attending surgery days.

If the ATS is in the immersive experience, he/she will report on Tuesday to the clinic. If you are assigned here during an immersive time period, it is expected for you to try to have a maximum of around 30 hours/weekly. If you are there during a NON-immersive the desired average is 20 hours/weekly. However, hours are at the discretion of the clinical site. The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible.

On a daily basis, the ATS must document the clinical hours into their Typhon account. ([Appendix E](#)). The preceptor will approve the clinical hours at the end of the week in Typhon. The ATS evaluation must be completed by the preceptor of the clinical site – Dr. Overturf.

### **6: Surgical Observations**

The level II ATS will have a dedicated week for surgical observations of Drs. Overturf, Ferren, Jurist, and Randle. ATS will report to the OR manager at the respective facility (timetable listed below, including the contact names). The ATS will report on Monday after their last class, because the ATS will not attend on Saturday and Sunday of the week.

The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible. You will change into scrubs once there.

**Nacogdoches Medical Center Surgery**– The ATS will enter the building via the Women’s Center. At the volunteer station, ask the person to call the Surgical Suites. A person will come and escort the ATS back to surgery. If no-one is at the Volunteer desk, call the **surgical desk at 936.568.3200**.

**NMC Surgery Center of Nacogdoches - (4948 NE Stallings Drive)**- The ATS must arrive between 6:45 - 700am. Upon arrival to the Surgery Center, the ATS should ask for **Brady Willis**. He is the point of contact, **936.568.3581**, for the ATS to check what surgeries are scheduled for the day of attendance. **If Brady does not answer his direct line, then call 936.305.9350 to ask for the daily surgery schedule.**

The ATS will call Brady Willis every day to ask for the surgery schedule. The ATS will introduce themselves and ask for the schedule of the day. Upon arrival the ATS will ask for Brady Willis and will have you report to the Surgical Suites.

**Nacogdoches Memorial Hospital** – The ATS point of contact for the surgery schedule is Amy Cook. She can be contacted at **936.568.8457** to check what surgeries are scheduled for the day of attendance. The ATS must arrive between 6:45 - 700am. Upon arrival to the hospital, call the surgery front desk at **936.568.8444**

**Nacogdoches Surgery Center (3610 N. University)**- The ATS will contact Nacogdoches Podiatry at **936.560.9599** on Thursday of the week to observe Dr. Chad Laurich on Friday. Upon



arrival at Nacogdoches Surgery Center, the ATS will ask for Glenda, then introduce themselves and state they are there to observe Dr. Chad Laurich.

Surgeries begin @7am and run throughout the morning and possibly afternoon. The ATS can stay until the end of the scheduled surgeries or leave for class. Contact the OR manager(s) the morning of, or day before observing surgeries.

### **Timetable**

<b>SURGEON</b>	<b>FACILITY</b>	<b>DAY(s)</b>	<b>CONTACT</b>
Overturf	Medical Center	W	
	NMC Surgery Center	F	Brady Willis
Ferren	Medical Center	M	
	Memorial Hospital	W	Amy Cook
Jurist	Medical Center	T	
	NMC Surgery Center	Th	Brady Willis
Randle	Medical Center & NMC Surgery Center	M & W	Brady Willis
	NCM Surgery Center	1 <sup>st</sup> , 3 <sup>rd</sup> , 5 <sup>th</sup> -Th	Brady Willis
	Memorial Hospital	2 <sup>nd</sup> , 4 <sup>th</sup> - Th	Amy Cook
C. Laurich	Nacogdoches Surgery Center	F	Call Nacogdoches Podiatry day prior/ Glenda on arrival

### **Additional Information:**

Prior to starting at Nacogdoches Medical Center (NMC) – Surgical Observations or Physical Therapy, the following must be completed:

Read the information relating to *Patient Privacy, Confidentiality and Security* documentation. Once completed, sign the *Acknowledgement form*.

- 1) Sign Exhibit A and B
- 2) Have a *Background Check* performed by NMC. Cost is ~\$37. If the ATS has already had a background check performed, then documentation must be produced for NMC to review.
- 3) Complete all Health Screening Requirements
  - a. Hepatitis B Vaccine – documentation of 3 shots or proof of immunity
  - b. Tuberculosis (TB) – negative skin test or blood test within last 12 months.
  - c. MMR Vaccine (Measles, Mumps, Rubella) - documentation of 2 shots or proof of immunity to all 3.
  - d. DTaP Vaccine - documentation of 1 shot
  - e. Varicella (Chickenpox or Shingles) - documentation of 2 shots or proof of immunity or documentation of prior disease.
  - f. Influenza Vaccine (October 1 – March 31) – documentation of current influenza vaccine.

### **7: Drs. Randle & Chad Laurich**

Level II ATS will have a one week combined experience with Dr. Randle, Neurosurgeon and a surgical observation with Dr. Chad Laurich. Podiatrist. For Dr. Randle, ATS will attend in office on Tuesday & Thursday afternoons and observe surgeries on Monday, Wednesday, and Thursday mornings. For Dr. Laurich, ATS will observe surgeries with Dr. Chad Laurich on Friday at the Nacogdoches Surgery Center located at 3610 North University Drive.



Prior to beginning the clinical experience with Dr. Randle, the ATS will call Nacogdoches Neurosurgery at **936.560.6999** by Thursday of the previous week. The ATS will introduce themselves, let the preceptor know the date they will be reporting, and ask for any instructions prior to reporting to the clinical site. The ATS will report on Monday after their last class, because the ATS will not attend on Saturday and Sunday of the week. The ATS is expected to try to have a maximum of around 25 hours/weekly. However, hours are at the discretion of the clinical site.

Prior to observing surgeries with Dr. Laurich, the ATS will call Nacogdoches Podiatry at **936.560.9599** by Wednesday of the week to confirm the surgery schedule for the Friday experience. The ATS will introduce themselves, let the preceptor know the date they will be reporting, and ask for any instructions prior to reporting for surgery observation. When the ATS arrives at Nacogdoches Surgery Center, he/she will meet Glenda and change into scrubs.

The ATS must be dressed in an SFA Polo Shirt, either khaki or black pants and have the ID badge clearly visible

On a daily basis, the ATS must document the clinical hours into their Typhon account. ([Appendix E](#)). The preceptor will approve the clinical hours at the end of the week in Typhon. The ATS evaluation must be completed by the preceptor of the clinical site – Dr. Randle. The surgical observation with Dr. Laurich does not require any clinical evaluations.

### ***8: High Schools / Junior Colleges***

Nacogdoches High School - Prior to beginning the clinical experience, the ATS will contact Shelby Clark for NHS at **936-560.8169** by Thursday of the previous week.

Lufkin Middle / High School – Prior to beginning the clinical experience, the ATS will contact Vanessa for LHS at **936.632.7656** by Thursday of the previous week.

Angelina College - Prior to beginning the clinical experience, the ATS will contact Howard Krohn at **602-460-8541** by Thursday of the previous week.

Panola College- Prior to beginning the clinical experience, the ATS will contact Jacky Andreatta at **903-693-1157** by Thursday of the previous week.

Practice coverage attire will consist of wind pants / shorts, SFA athletic training top, and tennis shoes. You will only attend athletic events that are covered by a certified athletic trainer. Home athletic events attire will consist of khaki pants / shorts and a collared SFA polo with tennis shoes.

Level Is - For the high schools, Angelina and Panola College you are to report by ~1:30pm M-F (unless class conflict or told otherwise by the preceptors).

**F: Integration of Competencies and Proficiencies:** Courses Associated with Clinical Instruction

Athletic Training Clinicals I – IV fit into the didactic/clinical progression in that they are courses that allow the student to apply and synthesize cognitive and psychomotor skills taught in the didactic/laboratory settings. All clinical courses involve supervision with professionals possessing the appropriate licensure and/or certification.

Students are on the understanding that psychomotor skills and/or proficiencies must be performed under the direct supervision of a preceptor until the final proficiency assessment has been successfully completed. It is also understood that real-time application and “teachable moments” can occur under the supervision of a preceptor.

**Courses offered are as follows:**

Year 1, Summer I	
ATTR 5321 Athletic Training Clinical I	3 hrs.
ATTR 5354 Introduction to Athletic Training	2 hrs.
ATTR 5110 Medical Terminology	1 hr.
ATTR 5208 Emergency Care	3 hrs

**Curriculum course content**

PPE components; PPE screening; Administrative paperwork; Injury tracking software; Design and layout of the athletic training room; Policy and procedures of the athletic training room; Emergency care; Protective methods; OSHA regulations; Environmental awareness; Introduction to Infrared modalities; OTC Medications; Recognition and management of injuries;

**Exposure**

Upper and lower extremity injuries; Equipment intensive; General medical; Emergency care

Year 1, Fall I	
ATTR 5331 Therapeutic Modalities	3 hrs.
ATTR 5131 Therapeutic Modalities Laboratory	1 hr.
ATTR 5333 Evaluation Techniques of the Upper Extremity	3 hrs.
ATTR 5133 Evaluation Techniques of the Upper Extremity Laboratory	1 hr.
ATTR 5332 Evaluation Techniques of the Lower Extremity	3 hrs.
ATTR 5132 Evaluation Techniques of the Lower Extremity Laboratory	1 hr.
ATTR 5222 Athletic Training Clinical II	2 hrs.
ATTR 5370 General Medical Conditions	3 hrs.

**Curriculum course content**

Therapeutic modalities; Interprofessional education; Recognition and assessment of lower extremity injuries; General medicine

Pre-Participation exam components and screening; Vital sign assessment; Administrative paperwork; Design and layout of the athletic training room; Policy and procedures of the athletic training room; OSHA regulations; Medications; Recognition and management of injuries;

**Exposure**

Through the lifespan, different sexes, different socioeconomic statuses; varying levels of activity and athletic ability, non-/sport activities

#### **Year 1, Spring I**

ATTR 5336 Therapeutic Exercise	3 hrs.
ATTR 5136 Therapeutic Exercise Laboratory	1 hr.
ATTR 5334 Management Strategies in Athletic Training	3 hrs.
ATTR 5241 Athletic Training Clinical III	2 hrs.

#### **Curriculum course content**

Therapeutic exercise; Recognition and assessment of upper extremity injuries; SOAP writing; Organization and Administration;

#### **Exposure**

Through the lifespan, different sexes, different socioeconomic statuses; varying levels of activity and athletic ability, non-/sport activities

#### **Year 2, Fall II**

ATTR 5374 Advanced Athletic Training	3 hrs.
KINE 5350 Introduction to Research	3 hrs.
ATTR 5138 Introduction to Interprofessional Education	1 hr.
ATTR 5162 BOC Examination Preparation	1 hrs
ATTR 5551:01 Athletic Training Clinical V	5 hrs.

#### **Curriculum course content**

Preparation for BOC national examination; Research methodology and scholarship; Advanced athletic training clinical skills

#### **Exposure**

Rehabilitation; Orthopedic surgical observations (Dependent on the student's selection for preceptor and clinical site.) Possibilities are based on patient populations and settings: Through the lifespan, different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, non-/sport activities.

#### **Year 2, Spring II**

ATTR 5162 BOC Examination Preparation- 2020 last year	1 hrs
ATTR 530 Seminar in Athletic Training	1 hrs.
ATTR 5239 Interprofessional Learning and Practice	2 hrs.
ATTR 551:02 Athletic Training Clinical V	5 hrs.

#### **Curriculum course content**

Professional development; Preparation for BOC national examination; Interprofessional collaboration; Psychosocial issues

#### **Exposure**

Rehabilitation; Orthopedic surgical observations. (Dependent on the student's selection for preceptor and clinical site.) Possibilities are based on patient populations and settings: Through the lifespan, different sexes, different socioeconomic statuses, varying levels of activity and athletic ability, non-/sport activities.

### **G: Clinical Skill Integration and Clinical Proficiencies**

Through the natural progression of the athletic training major the proficiencies, as defined in the 2020 CAATE Standards, have been individually broken down into clinical skill objectives. The clinical skill objectives were then categorized into the following: Level I and Level II. Levels I and II may vary in opportunities based on the semester progression of didactic course offerings. Completed assessments will be kept in the ATS file and/or Typhon.

Cognitive content of each domain is introduced and formally evaluated in lecture courses. While affective domains are not evaluated in curriculum, this will be discussed and emphasized throughout the program. In compliance with the University's and Athletic Training Major's mission statements, it is hoped that "personal development and growth to becoming competent and ethical professionals" is achieved.

Clinical proficiencies can be a compilation of the three educational settings (didactic, laboratory, clinical), application of cognitive knowledge and psychomotor skills, or new cognitive content and/or psychomotor skill introduced during the lecture on designated class days of each clinical course. Proficiencies are primarily evaluated in the prospective clinical course. Psychomotor competencies that are cognitively introduced, physically practiced and evaluated in a laboratory course, become a continuum into the concurrent and proceeding clinical courses. Skills that are taught towards the end of an academic semester are carried over to the beginning of the next academic semester as review, thus supporting a learning over time theory. In addition, psychomotor competencies and clinical proficiencies that were evaluated in the past semesters, are continually and randomly added to comprehensive review proficiencies. Plus, each final proficiency for each semester is a comprehensive application of all learned proficiencies up to that point. Mastery over time should occur.

Clinical proficiencies are introduced or reviewed during the classroom session. The student, from the date of receiving the proficiency assessment instrument, is allowed a specified amount of time to practice and perform a final assessment, and must re-take if the performance score is below 80%. The student must document that the peer practice, preceptor practice and final assessment occurred on separate days. Practices may count in a simulated scenario and/or if real time application occurred. Proficiencies must be practiced with a peer and a preceptor, course instructor, or GATP Faculty; however, the final proficiency evaluation must be scored with a preceptor, course instructor, or GATP Faculty. If the student should not successfully perform a  $\geq 80\%$ , or "B", the proficiency assessment instrument is returned to the student and must be completed again. The recorded score will be the average of total earned scores. If the deadline for submission has passed, then it must be re-taken during "dead week." ("Dead week" is the last week before finals, where University policy does not permit introduction of any new assignments to the student).

Upon successful completion of the clinical proficiencies during the first summer semester, the student will be able to perform these skills under the direct supervision of a preceptor. This will build semester upon semester. A continuation of clinical evaluations from the first summer semester will occur in addition to the new competencies and proficiencies introduced during the second clinical course. Content will reflect the didactic and laboratory of signs and symptoms of injuries, therapeutic modalities, general medical conditions, evaluation of the lower extremity, and research interpretation. Clinical experiences during this semester are with preceptors located at SFA, area high schools, emergency services, and SFA Health Services.

With successful completion of the third semester, the student will continue clinical experiences at on-site/off-site affiliations. Again, clinical evaluations will assess skills learned from the previously completed clinicals, in addition to the new competencies and proficiencies introduced during the third clinical course. Content of the third clinical experience will reflect didactic and laboratory

content of evaluation of the upper extremity, therapeutic exercise, organization and administration. Clinical experiences during this semester are with preceptors located at SFA, area high schools, emergency services, and SFA Health Services.

During the 4<sup>th</sup> and 5<sup>th</sup> semesters, clinical skill objectives learned throughout the curriculum will be collectively evaluated through complex, comprehensive performance/assessment. This level will involve an integration of clinical skill objectives performed throughout the curriculum. These cannot be performed if lower level skills have not met the  $\geq 80\%$ , passing rate.

An example of how content is integrated into the ATP follows:

**Initial Introduction:** The student is first introduced to the anatomy of the ankle in the didactic setting of BIOL 2338: Anatomy and Physiology I and KINE 4317: Analysis of Movement (undergraduate requirements). A written test assesses the cognitive domain. **\*\*Real-Time evaluation (an injury or pathology) is encouraged for all clinical proficiencies.**

**Curriculum Introduction:** In the first semester (Summer II), the student is re-introduced to the anatomy of the ankle in ATTR 5321: Clinical I through the application of learning to tape for the prevention/rehabilitation of an ankle sprain. A skills test assesses the psychomotor taping skill. During the same summer session, the student is required to recall the anatomy of the ankle in ATTR 5354: Introduction to Athletic Training through discussion of common signs and symptoms of ankle sprains. Once again, a written test assesses the cognitive and affective domains.

**1<sup>st</sup> Curriculum Assessment:** In the 2<sup>nd</sup> semester, the student is taking ATTR 5332/5132: Evaluation Techniques of the Lower Extremity/Laboratory. Content of this course emphasizes anatomy of the ankle through orthopedic evaluation and special tests. The student is assessed of cognitive and affective domains (5332) with written tests and assessed of psychomotor skills (5132) by performing a complete evaluation of the ankle. Also, the student will be assessed of the psychomotor skill/proficiency of ankle taping in ATTR 5222: Athletic Training Clinical II.

**2<sup>nd</sup> Curriculum Assessment:** In the 3<sup>rd</sup> semester of the, the student is required to perform an ankle evaluation based on the provided scenario given by the preceptor in the clinical setting, ATTR 5241: Athletic Training Clinical III as a review proficiency. This will require the student to apply all three domains, cognitive, psychomotor, and affective. Grading instrument is the clinical proficiency assessment form. The student is required to disseminate gained information and use only the applicable knowledge and assessment tools necessary for that particular injury. The student must show that the skill has been practiced before the final assessment. The student, upon showing a completed practice, is permitted to take the final assessment up to two times in order to achieve a passing score of  $\geq 80\%$ , or "B." The course instructor, preceptor or GATP faculty performing the assessment will remain the same if both times are needed.

**3<sup>rd</sup> / 4<sup>th</sup> Curriculum Assessment:** In the 4<sup>th</sup> - 5<sup>th</sup> semester, the student may be randomly required to perform an ankle assessment, treatment, rehabilitation, management, and prevention based on scenarios provided by the course instructor, preceptor or GATP faculty. Again, the student will be required to apply what was learned from all three domains. The student will be presented with a scenario that will require them to pull together all information learned over the past semesters and disseminate only the needed information, rather than perform a rote skill. In addition, during ATTR 5551 section 01 and 02, the student will hopefully have the opportunity to perform a real-time evaluation of the ankle, rather than a simulated situation.

Athletic training clinical courses involve all of the content areas. Clinical courses that are listed are because the main content of that particular course is comprised of that content area.

Content areas and the respective coursework are as follows:

Students must receive formal instruction in the following specific subject matter areas identified in the Competencies: <https://www.nata.org/about/athletic-training/education-overview>

- *Evidence-based practice*
- *Prevention and health promotion*
- *Clinical examination and diagnosis*
- *Acute care of injury and illness*
- *Therapeutic interventions*
- *Psychosocial strategies and referral*
- *Health care administration*
- *Professional development and responsibility*

### **Risk Management and Injury Prevention**

ATTR 5221 Athletic Training Clinical I  
ATTR 5354 Introduction to Athletic Training  
ATTR 5334 Management Strategies in Athletic Training  
ATTR 5336 Therapeutic Exercise

### **Pathology of Injuries and Illness**

ATTR 5354 Introduction to Athletic Training  
ATTR 5332 Evaluation Techniques of the Lower Extremity  
ATTR 5370 General Medical Conditions  
ATTR 5333 Evaluation Techniques of the Upper Extremity  
ATTR 5331 Therapeutic Modalities  
(ATTR 5235 Evaluation Techniques of the Head and Spine)

### **Orthopedic Clinical Examination and Diagnosis**

ATTR 5354 Introduction to Athletic Training  
ATTR 5132 Evaluation Techniques of the Lower Extremity Laboratory  
ATTR 5133 Evaluation Techniques of the Upper Extremity Laboratory  
ATTR 5135 Evaluation Techniques of the Head and Spine Laboratory

### **Acute Care of Injuries and Illnesses**

ATTR 5321 Athletic Training Clinical I  
ATTR 5354 Introduction to Athletic Training  
ATTR 5208 Emergency Care  
ATTR 5331 Therapeutic Modalities  
ATTR 5370 General Medical Conditions

### **Pharmacology**

ATTR 5221 Athletic Training Clinical I  
ATTR 5370 General Medical Conditions  
ATTR 5208 Emergency Care

### **Therapeutic Intervention**

ATTR 5221 Athletic Training Clinical I  
ATTR 5331 Therapeutic Modalities  
ATTR 5131 Therapeutic Modalities Laboratory  
ATTR 5336 Therapeutic Exercise

ATTR 5136    Therapeutic Exercise Laboratory

**Medical Conditions and Disabilities**

ATTR 5354    Introduction to Athletic Training

ATTR 5370    General Medical Conditions

ATTR 5242    Athletic Training Clinical IV

**Nutritional Aspects of Injuries and Illnesses**

ATTR 5354    Introduction to Athletic Training

ATTR 5370    General Medical Conditions

ATTR 5374    Advanced Athletic Training

**Psychosocial Intervention and Referral**

ATTR 5334    Management Strategies in Athletic Training

ATTR 5336    Therapeutic Exercise

ATTR 5370    General Medical Conditions

ATTR 5374    Advanced Athletic Training

**Health Care Administration**

ATTR 5321    Athletic Training Clinical I

ATTR 5334    Management Strategies in Athletic Training

**Professional Development and Responsibilities**

ATTR 5334    Management Strategies in Athletic Training

ATTR 5130    Seminar in Athletic Training

ATTR 5138    Introduction to Interprofessional Education

ATTR 5239    Interprofessional Learning and Practice

### **SECTION III. STUDENT POLICIES AND PROCEDURES**

#### **Academic Dishonesty: SFA Policy 4.1**

Abiding by university policy on academic integrity is a responsibility of all university faculty and students.

#### ***Definition of Academic Dishonesty***

- *Academic Dishonesty* includes both cheating and plagiarism. Cheating includes but is not limited to
  - a. Using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class;
  - b. The falsification or invention of any information, including citations, on an assigned exercise; and/or
  - c. Helping or attempting to help another in an act of cheating or plagiarism.
- *Plagiarism* is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are
  - a. Submitting an assignment as one's own work when it is at least partly the work of another person
  - b. Submitting a work that has been purchased or otherwise obtained from the Internet or another source; and/or,
  - c. Incorporating the words or ideas of an author into one's paper without giving the author due credit.

Please read the complete policy for procedures at <http://www.sfasu.edu/policies/student-academic-dishonesty-4.1.pdf>

### **IT WILL NOT BE TOLERATED IN THE GATP.**

#### **Academic Retention Policy of the GATP**

1. Maintain a minimum GPA of 3.0 (overall), also required by the Graduate School.
2. Obtain a grade of B or better in all AT coursework (see Core AT Courses), or course(s) must be retaken, that will result in deference of expected graduation date.
3. Complete the required clinical hours per academic semester.
4. Must adhere to the NATA Code of Ethics.
5. Ability to maintain Technical Standards.
6. A grade letter of "D" is unacceptable in graduate school. If earned, the course must be retaken and may deter your graduation date or result in possible dismissal from the program.

If any one of the listings from above is not met, a student will be placed on probation within the program and possibly with the University. Being placed on probation could affect your expected graduation date or enrollment in the GATP. If a deficiency from # 1, 2, or 6 is not corrected during this probationary period, suspension or dismissal from the GATP could result. Please refer to the PCOE Academic Appeals process.

Students begin the academic program beginning in the second summer session. Admitting classes are set up in a lock-step / cohort design. New classes are admitted annually. Each student is given a degree plan upon admittance to the athletic training major. This document is kept in the student's file for semester updates. Progression throughout the curriculum is already designed; students follow the progression. If a student were to not successfully pass an athletic training course, that student cannot progress to the next level of a clinical and consideration will



be provided, on an individual basis, to allow the continuance in the program and the ability to re-take the “failed” course. **Enrollment in the program may still occur, but progression in the curriculum will be suspended until the course(s) is re-taken with a “B” or better. If a student were to fail another core AT course during or once off suspension, the request for student removal from the program will be forwarded to the dean of the PCOE.** ATS will be required to be enrolled in clinical courses during suspension. If a student does not successfully pass (C or higher) a supplemental course (see Core AT Course), progression may still occur within the curriculum, but the course must be re-taken. If either situation were to occur, it could alter and delay expected graduation. Continual observation of student progress is maintained to help deter from either of these situations to occur. The graduate student is also expected by the graduate school and athletic training major to maintain an overall 3.0/4.0 GPA.

All competencies are instructed in at least one or more courses within the curriculum. Competencies are measured at each level with the administration of written, verbal, and skill assessments. The majority of clinical proficiencies are assessed during a clinical course. Some proficiencies have a final assessment in a didactic or laboratory setting. With the natural progression of instruction, practice, evaluation, and final assessment, all competencies / proficiencies are constantly revisited and reviewed until completion of the program, thus supporting learning over time. All preceptors have a copy of the *Policy and Procedure Manual*, which contains the NATA’s competencies and proficiencies. Also, preceptors who have direct involvement with students during a clinical experience are given a copy of the proficiency final assessment with a guide for that particular teaching objective. Successful completion of competencies / proficiencies is illustrated by an earned grade of 80% or higher.

Completion of a Master’s degree in Athletic Training, the ATS must (*Graduate Bulletin*):

1. Complete all coursework in the program curricula as outlined in the *Bulletin*.
2. Earn an overall grade-point average no lower than 3.0 / 4.0 scale.
3. Fulfill residence requirements.
4. All completed courses should be numbered 500 and above.
5. Apply for the degree with the Office of Registrars during the registration period for the semester in which the degree requirements are to be completed.
6. Pay graduation fees during the registration period for the semester in which the degree requirements are to be completed.
7. Clear all University accounts.
8. In addition to satisfying all course work for the graduate degree, the students must satisfy all other requirements, including the registration and attempt to complete the final comprehensive examination (BOC national examination) and, if student chooses, the thesis.
9. All work on a graduate degree must be completed within the six years of the time the students first enrolled in graduate courses, whether the courses are taken here or elsewhere.

Students are informed of the retention and graduation progression the first class meeting when they receive the *Policy and Procedure Manual*. This information is repeated with each clinical course and reiterated in ATTR 530: Seminar in Athletic Training offered the semester of expected graduation. Accessibility to these documents is also on the web-site, in the program director’s office, and all clinical sites.

### **Accountability**

Only you are accountable for yourself. Others could influence an action, but only you can determine the outcome. Learn to be responsible for yourself.

### **Advising**

The GATP is a Master of Science with a major in Athletic Training. Permission to enroll in major courses must be given by the Program Director; thus, all advising will be performed by the Program Director prior to enrollment for each academic semester.

### **Amorous Relationships**

The GATP follows the SFA Athletic Department's policy of no amorous relationships with supervising persons, e.g, Coaches, Athlete, Administrators, Faculty, and/or Preceptors. The program has added no amorous relationships with high school students.

### **Bloodborne Pathogen Training**

Refer to the bloodborne pathogens exposure / OSHA compliance in the SFA *Athletic Training Department Policy and Procedure Manual*. It is your responsibility to become familiar with other clinical sites' bloodborne pathogens exposure / OSHA compliance policies and procedures.

### **Cell Phones**

They should not be brought out, visually seen, or used during class unless approved for class work. You may bring one to class, but it shall only be used /answered for an emergency, or with prior approval on the day of class. If a call is necessitated, please alert the course instructor at the beginning of class.

### **Classroom Attendance**

Absences are discouraged. The intensiveness of the SFA's two-year, five semester curriculum does not afford for absences. If it is imperative that if an absence, or illness should occur, let your instructor(s) know prior to the absence, or immediately following the day of your return. All work to be made up is your responsibility and must occur the next day you return, unless otherwise discussed. It is your responsibility to notify the instructor in advance of any absences. If a class is missed, it is your responsibility to notify the instructor that day.

Absences will occur during your second academic year due to your clinical experiences and responsibilities. However, if they become excessive and your coursework is suffering, traveling will be at the discretion of the preceptor and GATP Faculty and department faculty. Courses beyond the AT core will follow the instructor's course rules and standards.

### **Clinical Attendance**

Absences are not tolerated. If an illness should cause an absence, let your Preceptor / Coordinator of Clinical Education know prior to the absence, or immediately following the day of your return. All hours lost are your responsibility to make up. If you are going to be late, **call, do NOT text**. If a day off is requested during your clinical experience, follow the proper procedures.

Athletic training clinical experiences (ATTR 5321; 5222; 5241; 5551:01 & 02) will vary based on the assigned preceptor and clinical site's activities. The minimal clinical hour requirement for each course should not fall below **240 hours (Level Is)** and **160 hours (Level IIs), 340 hours (Level IIs Full Season)**. Failing to complete the minimum hourly requirement per program level could negatively affect the overall grade earned for a clinical course. **Level I ATS** should aim to complete on average **20 clinical hours per week** across a full semester. **Level II ATS** should aim to complete an average of **35 clinical hours per week** and greater during the immersive period, but also could be less dependent on the clinical site.

The level II ATS will participate in two 8-week immersive clinical experiences throughout the second academic year (Fall & Spring). During the immersive clinical experience, the ATS will attend classes on Monday of the week. For the remainder of the week, the ATS is required to attend a full day's work, as set forth by their preceptor (e.g. 8:00am-5:00pm). The immersive

experience gives the ATS exposure to real life clinical hour expectations prior to completion of the GATP.

Clinical hours must be documented for **each** clinical experience in the Typhon Software on a daily basis. Clinical hours are your responsibility to record and have approved in Typhon. It is also your responsibility to keep up with the hours met. If you are behind, you must find time to make up the lost hours before the semester ends.

Preceptors will also have an account in Typhon. The Preceptor **must approve hours** at the end of each week. The clinical week starts on Monday and finishes on Sunday. It is the responsibility of the ATS and CEC to ensure preceptors are approving hours.

If the clinical experience assignments should have more than one day off during the “work” (M-F) week, and it will limit your ability to achieve appropriate clinical opportunities; it is your responsibility to find another approved clinical experience (prior to 24 hours notice of the preceptor) to obtain the needed hours.

If you choose to do voluntary clinical hours that are not part of the GATP, they **ARE NOT** to be recorded in Typhon. The opportunities may be described on your resume’.

### **Communication**

AN ATS is required to contact the preceptor by a phone call the week prior to beginning a new clinical experience. The ATS should introduce themselves, state the date they begin at the clinical site. When speaking with the clinical sites, please be professional, courteous, and effective in your conversations (verbal or written). When corresponding via emails, use proper salutations and closings. Only phone text GATP Faculty as a last option; use email to correspond or phone calls. All faculty use smart phone apps, (e.g., Remind), communicate via as instructed.

### **Competencies**

The GATP addresses the three educational domains: cognitive, psychomotor, and affective. Competencies involve cognitive knowledge and are usually introduced and taught in the didactic setting. These will be administered and graded throughout the program with organized timelines.

### **Conduct**

- Be professional at all times in your language, your appearance, thinking, and your demeanor.
- Only use modalities and equipment in which you have been instructed and evaluated on, unless under the direct guidance of a preceptor.
- Clinical decisions should not be made without conferring with a preceptor.
- Follow the proper chain of communication within the GATP.
- Always maintain athlete / patient / clinical site confidentiality.
- If traveling, follow the coaches’ standards or the preceptors.
- At no time should the ATS be a replacement for an Athletic Training staff or faculty.
- Do not come to class “hung-over” or “high.”
- The only time sitting is permitted is when you or the preceptor cannot find something to do, which is never.
- Do not do homework at clinical sites. Practicing your proficiencies is **not** homework; it is applicable to the clinical course. Studying for a written test / laboratory is.
- Do not take pictures and post on social media while at your clinical site. If a patient is in the backdrop, you violated HIPAA.
- And abide by anything else told to with your tenure at SFA. If you do not know, ask...never ASS-U-ME or plead, “I didn’t know.”

### **Confidentiality**

All information concerning an athlete, patient, peer, clinical setting, or the GATP and / or Athletic Training Department is confidential. No information should be discussed with anyone other than the attending preceptor at the site or GATP faculty. Avoid discussing patients in public areas. Any information requested from you should be referred to the attending preceptor or GATP faculty. Confidentiality forms must be signed and adhered to.

### **Core Athletic Training (AT) Courses:**

ATTR 5321, 5208, 5110, 5354, 5222, 5370, 5332, 5132, 5331, 5131, 5138, 5241, 5334, 5333, 5133, 5336, 5136, 5551:01, 5162, 5374, 5551:02, 5239, 5130 (5235, 5135-pending)

Non-AT Courses: KINE 5350 and 5360.

### **Disciplinary Procedures**

Violation or failure to comply with the NATA Code of Ethics, Texas Department of Health's Athletic Training Code of Conduct, the *GATP Policy and Procedures Manual*, *SFA Athletic Training Department Policy and Procedures Manual*, and SFA's student conduct or any other actions that would compromise the integrity of the SFA GATP can result in punishment, suspension, or request for dismissal from the program. The students will be informed verbally and in writing of the offense and the disciplinary action. If the offending action is severe enough to warrant suspension or dismissal, the actions will be reported to the Graduate Athletic Training Committee. All decisions involve the Program Director. If the action is severe enough, offensive warnings may be bypassed and immediately sent to the Committee and/or request for dismissal from the program will be submitted to the dean of the college.

**First Offense:** Student will be verbally warned in a personal meeting with the Program Director and / or Coordinator of Clinical Education. Written documentation will be placed in the student's file.

**Second Offense:** Guidelines for the discipline will be decided by the GATP faculty, personally discussed with the student, and supported by a written document. Written documentation will be placed in the student's file.

**Third Offense:** Student may be placed on suspension or expelled from the program. The penalty will be determined by the GATP Committee. Upon the made decision, written documentation will be given to the student, in addition the written documentation will be placed in the student's file.

### **Dress Code**

Unless noted otherwise (at off-site affiliated clinical sites, refer to Clinical Sites), the following will be adhered to during clinical rotations at SFA:

- **NO CLOTHES YOU WEAR SHOULD HAVE HOLES except for the exposure of your extremities.**
- **SHIRTS SHOULD ALWAYS BE TUCKED.**
- **If you are not wearing the proper attire, you will be sent home to change and return to your clinical site with a deduction of your clinical hours.**
- **When in doubt, do not wear it. Be professional. Be proud.**
- **NO ORANGE is to be worn on the SFASU athletic department grounds/clinical sites.**

### **Daily Practice / Athletic Training Facility(s) (ATF)**

- Shirts: SFA Athletic Training Department will provide some t-shirts and dress polo(s).  
EX:Unacceptable: Fraternity/Sorority logos; cut-offs; tank tops; white hygiene undershirts; t-shirts bearing solicitation (alcohol, drugs); sleeveless shirts; mid-driffs  
Acceptable: Neutral shirts, or shirts with Under Armor logos, or SFA logo
- Shorts: Not provided by SFA:  
EX:Unacceptable: Cut-offs; Blue-jean; shorts that expose private parts; biking shorts; spandex  
Acceptable: Khaki style; Nylon; Cotton- Khaki style ONLY at Angelina College.
- Pants: Not provided by SFA:  
EX:Unacceptable: **NO BLUE JEANS**; No tights; Leggings; Pants that expose undergarments or with holes; yoga pants, jeggings, spandex  
Acceptable: Khaki style; Wind pants; Nylon
- Shoes: Not provided by SFA:  
EX:Unacceptable: Slides; Slippers; Toe-less shoes; Sandals; Dress shoes, Sperrys, Bobs/Toms, etc.  
Acceptable: Tennis shoes

### **Game Events**

- Inside sporting events:  
Basketball: compliance with the coach's / preceptor's rules. Expect to wear business casual clothes, shoes that allow you to run (eg: no stillets).  
Volleyball: business casual clothes; adhere to coach's / preceptor's rules.
- Outdoor sporting events:  
Football, Track & Field, Soccer, Baseball, Softball: khaki style shorts, SFA polo shirt, tennis shoes; black pants for SFA Football

### **Employment**

The intensity of this two-year academic program along with the clinical responsibilities makes it very difficult to pursue outside employment or teaching graduate assistantships. They are not denied, just not encouraged. It is your responsibility to notify your employer that your first responsibility and obligation is to this academic program. Do not allow conflicts to occur and do not fit clinicals around your job.

### **Graduation from the GATP**

All coursework must be completed with a grade of  $\geq 80\%$ , "B" or better, in addition to completion of clinical hours. It is required that the ATS show proof of registration and an attempt of the Board of Certification National Examination during the last academic semester within the GATP.

Progression throughout the curriculum is already designed; students follow the progression. If a student does not successfully pass a core athletic training course, that student cannot progress to the next level of clinical and must re-take the "failed" course. If a student does not successfully pass a "supplemental" course (KINE 5350 and 5360), progression may still occur within the curriculum, but the course must be re-taken. If either situation were to occur, it could alter and delay expected graduation. Continual observation of student progress is maintained to help deter either of these situations occurring. The graduate student is also expected by the Graduate School and Athletic Training Major to maintain an overall minimum GPA of 3.0/4.0.

To qualify for completion of a Master's degree in Athletic Training, the student must (*Graduate Bulletin*):

1. Complete all coursework in the program curricula as outlined in the *Graduate Bulletin*.
2. Earn an overall grade-point average no lower than 3.0 / 4.0 scale.
3. Fulfill residence requirements.
4. All completed courses should be numbered 500 and above.
5. Apply for the degree with the Office of Registrars during the registration period for the semester in which the degree requirements are to be completed.
6. Pay graduation fees during the registration period for the semester in which the degree requirements are to be completed.
7. Clear all University accounts.
8. In addition to satisfying all course work for the graduate degree, the students must satisfy all other requirements, including a final comprehensive examination (BOC registration) and, if sought, the thesis.
9. Because the BOC national examination is the equivalence of the Department of Kinesiology and Health Science comprehensive examination, the BOC must be attempted before graduating the program. If it is not attempted before the graduation date (May), a degree will not be granted, nor will you have access to official transcripts. Upon the first attempt of the BOC, official transcripts will be released along with the granting of your degree.
10. All work on a graduate degree must be completed within the six years of the time the students first enrolled in graduate courses, whether the courses are taken here or elsewhere. (SFA Policy)

### **Grievance Procedure**

Any student who feels they have been wronged or not fairly treated should report these incidents to the Program Director. If the incidence goes beyond the ability of the Program Director to handle, then University guidelines should be followed. Graduate students use the same academic appeals policy and procedures as undergraduate students. Policies 4.1 and 6.3 can be found in the University Policies and Procedures Manual on-line at the following address:

<http://www.sfasu.edu/policies/grievance-and-appeals-11.15.pdf>

### **Health Records / Immunizations**

Proof of these documents is requested with the application package. A copy of these records will be placed in your personal student file. No student will begin clinical experiences until proof has been provided and placed in the student's personal file. This is also in accordance with SFA's student enrollment. Hospitals have multiple requirements. If you should refuse to receive any, it could affect your clinical assignment, thus limiting your experiences in the program.

### **Health Services**

Information located in the *General Bulletin*, *Graduate Bulletin*, University Website.

### **Keys**

Keys are issued on an as-needed basis in order to gain access to the various clinical sites on SFA's campus for athletic practices.

### **Liability Insurance**

Purchasing of this will be done by the GATP on an annual basis. There is a related course fee that provides for this. If you are hired as a paid employee of the University or private coaching camp (must have TX LAT credential), the GATP and/or University is not responsible for liability incurred when the ATS independently functions as a first responder or for professional outreach as an LAT. The ATS is responsible for his/her own conduct when volunteering in this capacity and

should very carefully review the liability insurance policy to insure adequate coverage. The student liability insurance policy will not cover you if you seek outside athletic training opportunities not required by SFA or if you possess a Texas athletic training license.

### **Modalities**

Instruction on the use of applying modalities will be instructed during ATTR 5321. Theory and further application regarding treatment parameters will follow throughout the curriculum. This does **NOT** permit the ATS to adjust treatment parameters or protocols, unless directed by a preceptor.

### **Outreach to high schools:**

There may be some opportunities to attend with a faculty/staff of the GATP in covering an outreach area football, or other athletic events. These are **voluntary**. If you are an LAT, there are external opportunities for employment, but all of these activities are beyond SFA and require you to purchase part-time liability insurance separate from the GATP's required policy. No ATS are permitted to travel with you while providing these services. You also may not wear any clothing with the SFA Sports Medicine logo and no ATS are permitted to travel with you while providing these services.

### **Professional Membership Dues**

This is a requirement of the program that is listed in the *Associated Costs* document on the program's website. You are expected to maintain, or purchase a new National Athletic Trainers' Association Student Membership for the district you wish to be identified with while enrolled at SFA.

### **Proficiencies**

Each proficiency will have a specified time to complete. During that time period, practice of the proficiency skill must have occurred with a peer, preceptor, course instructor or GATP faculty before a final assessment can occur. It is your responsibility to keep up with these and complete them by the due date. The final proficiency assessment may only be performed with a preceptor, course instructor or GATP faculty.

You have two opportunities to successfully pass the final assessment of a proficiency before the assigned due date. An appointment for a final assessment must be **made 24 hours in advance**. Do not perform the final assessment the day the proficiency is due. It will not allow time for a make-up. Level Is test with preceptors; Level IIs test with the CEC/GATP faculty ONLY during the eight-week medical professional clinical.

If a proficiency is not successfully passed ( $\geq 80\%$ ) after the two attempts, make-ups will occur during dead week. It is your responsibility to make sure that it is completed or an incomplete will be given or failure of the course, thus resulting in a delay of graduation.

Dead week **is intended only** for failed proficiencies or missed proficiencies due to an excused absence for the clinical course, or other arranged absence.

### **Remediation**

**ASSIGNMENT:** 80% of the ATS within each cohort level will earn a minimum score of an 85% on program assignments. Remediation: In the case of a student scoring below the benchmark, the earned score will be recorded and remediation will be tailored to the assignment.

**CLINICAL EVALUATION:** 80% of the ATS within each cohort level will earn a minimum average score across the semester of an 80% on clinical evaluations. Remediation: In the case of a student scoring below the benchmark, the CCE will address low scoring areas with the ATS/Preceptor and share in the discussion of ways to improve.

**PROFICIENCY:** 100% of the ATS within each cohort level will earn a minimum score of an 80% with clinical proficiencies. Remediation: In the case of a student scoring below the benchmark, the ATS must retake the proficiency until he/she meets the 80% benchmark. The average score of all attempts will be recorded even though it may be lower than an 80%. \*For comprehensive clinical proficiencies administered at the end of the semester, 80% of the ATS within each cohort level will earn a minimum score of an 80%; however, remediation will not occur.

**EXAMS/TESTS/ORAL PRACTICUMS/SKILL TESTS:** 80% of the ATS within each cohort will earn a minimum score of a 70% with exams/test/oral practicums/skill tests. Remediation: In the case of a student scoring below the benchmark, the earned score will be recorded and remediation will be tailored to the assessment by the instructor.

**SURVEYS:** 80% of the ATS within each cohort level will have an average score of an 80% for program surveys. Remediation: As most surveys are self-reflective, there is no remediation.

### **Sexual Harassment**

Any action deemed as, construed as, or pertaining to sexual harassment as defined in the University Student Handbook by any student in the GATP will result in referral to the University Disciplinary Committee for appropriate action and possible dismissal from the program. **Any form of sexual harassment by a student, patient, faculty, staff, or preceptor will not be tolerated.** Please notify a member of the GATP faculty if you feel that you have been harassed or you have witnessed sexual harassment. In the case of sexual harassment, the student has the right to pursue the EEO grievance procedure for redress. The Affirmative Action office should also be contacted for this procedure.

### **Student Organizations**

The Organization of Athletic Training Students (OATS) was officially recognized as an SFA organization on January 29, 2004. It **is a requirement** for students to be a member of this organization along with other professional organizations, e.g. National Athletic Trainers' Association, Southwest Athletic Trainers' Association. There is an associated membership due that could be returned back to the members through CEU dollar distribution system based on personal efforts. **Evidence of annual membership will be directly tied to ATTR 5222 and ATTR for a grade.**

### **Supervision**

#### **Terminology**

1. *Direct Supervision:* the **constant visual and auditory interaction** between athletic training student (ATS) and preceptor. Therefore, the preceptor is available on location to physically intervene in an emergency or educational experience.
2. *Supervision:* a clinical opportunity that involves daily visual and auditory interaction between the ATS and preceptor. We advocate for the ATS to be working toward making autonomous clinical decision based on evidence-based practice / research.
3. *Unsupervised:* If the AT is unable to intervene on behalf of the ATS during patient care or while supervising an athletic team.

### **Teachable Moment**

These are situations where a hands-on application of any proficiency and/or topic in athletic training occurs prior to being assessed with that particular proficiency, usually in the clinical setting. The question is...can the ATS **assist** or **be introduced** to that task or skill without having been "tested." Yes, they may as long as the ATS is under the direct supervision (standing right next to the ATS in order to step-in or terminate the skill on behalf of the safety of the patient) of a preceptor.

Take advantage of these moments. Live and learn. Step up to the moment, do not let it come to



you.

### **Technical Standards**

This document is provided to you within your application package. The signed document is available in your personal student file. If at any time your physical or academic status should change, a new Technical Standards form needs to be completed and put on file.

Verification must be done by the attending physician, or medical professional who performs the physical examination and the student.

### **Transportation:**

It is a requirement of the program to have a reliable mode of transportation in order to complete the clinical expectation of the program. Many of the sites are off-campus. The program will try to multi-assign ATS to allow the possibility of car-pooling to help offset costs for gasoline.

Considerations

### **Traveling with a preceptor**

This is a permitted and privileged activity. All policies and procedures of the GATP and host institution in which the preceptor is employed will be followed. Arrive early for any departure time. Assist the support staff if your requirements of the preceptor are complete.

### **Voluntary Clinical Experiences**

Opportunities to have additional clinical experiences that go beyond the semester may occur during your enrollment in the GATP. These are voluntary decisions made by the ATS. No SFA issued clothing may be worn or affiliation with the SFA GATP may be done during these volunteer opportunities.

Staying at your clinical site if you have exceeded the maximum clinical hours is not considered voluntary. Clinical hours are set to allow you to still be able to be successful in your academic courses. Please report to the GATP if you are expected or feel obligated to break this policy.

### **Withdrawal from the Program**

Withdrawal from the GATP may involve self-withdrawal from all current and future courses and/or a letter of withdrawal submitted by the ATS and received by the program director. Re-admittance to the program will involve a re-application to the GATP and repeat of all coursework (at the discretion of the GATP faculty).

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## APPENDIX A

### **ADMISSION CRITERIA FOR PROSPECTIVE STUDENTS**

All students entering the Graduate Entry-Level Athletic Training Education Program are subject to the admission procedures and standards to the Graduate School. The students admitted per cohort, or admission year, will be around 14 with a total number of around 28 in the major at one time.

#### **Admittance to Stephen F. Austin Graduate School:**

Admission to the Graduate School is under the control of the Associate Vice President for Graduate Studies and Research to whom must be made application for admission and to whom should be addressed all correspondence on the subject.

Four types of admission exist:

- (1) Clear admission under which the student is eligible to work toward a graduate degree;
- (2) Probationary admission under which the student is eligible to work toward a graduate degree but with the provision that the student earn a B average on course work the first semester or summer session of registration or be placed on academic suspension;
- (3) Provisional admission under which an individual is permitted to take graduate courses for one semester only, under the provisions described below;
- (4) Post-baccalaureate admission under which the student already holding a bachelor's or master's degree is eligible to take graduate courses but may apply only a limited number of these courses toward a graduate degree.

Application forms for admission are available from the Office of Research and Graduate Studies. Official transcripts from each college/university attended must be included with the completed application form and sent to the Graduate Office **at least 30 days prior to entering**. Stephen F. Austin State University will accept credit or recognize degrees only from institutions accredited by one of the regional accrediting bodies.

**The GRE is NOT required within the Department of Kinesiology and Health Science, therefore, not required for the GATP.**

An applicant whose native language is not English must present a satisfactory score of 79 on the Test of English as a Foreign Language (TOEFL). Please visit the [Office of International Programs](#) for optional English proficiency.

An applicant for admission to graduate study must either (1) be in the final semester of undergraduate work (2) hold a baccalaureate degree from a regionally accredited institution or (3) have completed 90 or more semester hours of undergraduate work here and be approved for graduate study as an overlap student. Additionally, an applicant for admission as a major to a graduate degree program (excluding the M.B.A., MPAC, M.F., and the M. F. A.) must present 18 semester hours of undergraduate work in that field or 18 semester hours of closely related work approved by the appropriate academic department. The same provision extends to an applicant intending to pursue a graduate minor of 15 or more semester hours.

An applicant admitted to the Graduate School must enroll within one calendar year of admission. Thereafter, the applicant must reapply for admission. The application process will be conducted in accordance with the requirements of the Admission and Scholarship Policies for Graduate and Professional Programs, which was adopted by the 77<sup>th</sup> Session of the Texas Legislature, and

which amend Chapter 51 of the Texas Educational Code.

The Graduate application form can be downloaded in PDF format at the following site: <http://www.sfasu.edu/graduate/101.asp>, or can be obtained by mail or FAX by requesting it through the following e-mail address: [gschool@sfasu.edu](mailto:gschool@sfasu.edu).

Refer to the Graduate Bulletin for further detail or <http://www.sfasu.edu/graduate/290.asp>.

### **Admittance to Professional Graduate Athletic Training Program (GATP):**

The Graduate Athletic Training Education Program is a highly competitive admissions program. Prospective graduate athletic training students must first be accepted to the Stephen F. Austin State University Graduate School before applicants will be considered for the review process for admittance to the GATP. Neither acceptance to the Graduate School nor meeting the GATP's criteria guarantees acceptance into the GATP. Transfer students are not accepted due to the designed block plan. Applications are due January 10<sup>th</sup> of the calendar year, and will be continue to be received until all positions are filled.

### **Requirements for acceptance into the SFA Graduate ATP are as follows:**

1. Admittance to SFA Graduate School.
2. Minimum of a 2.80 GPA on all undergraduate work taken prior to receiving a bachelor's degree.
3. Completion with a grade of "C" or better in all leveling course work, or the course must be re-taken, along with a copy of a syllabus\* from each course. All leveling courses must be completed prior to starting classes in the Athletic Training Program as per current program practices.
4. Completed application form.
5. Completed medical history, physical examination by physician/nurse practitioner, current tetanus immunization, and documentation of begun or completed Hepatitis B vaccination (if done), and/or copy of signed option of decline. (It is not necessary to have the HepB completed or begun for admittance to the GATP.)
6. Signed Technical Standard forms.
7. Copy of current First Aid / CPR / AED / certification.
8. Application package is received by **January 10, OR** until all positions are filled.

\*Requested if not a graduate of SFA. Syllabi will be viewed regarding met competencies in each subject matter. It is at the discrepancy of the Graduate ATP Committee as to whether they meet these standards. Courses with other titles must include the course description as written in your university's bulletin and the course syllabus / progression in order to consider any substitutions. In addition, support must be provided that competencies were met within the pre-requisites set forth by the CAATE / NATA-EC. Further coursework may be needed in order to make a decision. In order to graduate within the projected two years, all deficiencies should be completed prior to admission to the Graduate ATP. The applicant must understand if deficiencies are not completed prior to admittance to the program, it may extend completion of the program.

### **LEVELING COURSES:**

General Biology  
General Chemistry  
General Physics  
General Psychology  
Intro to Nutrition or Sports Nutrition

Anatomy & Physiology I  
Anatomy & Physiology II  
Analysis of Movement / Biomechanics  
Physiology of Exercise

**BIOL 1308, Biology for Non-Science Majors I** - Concepts-oriented course for the non-science major. Study of the origin of life, the cell, growth and reproduction, genetics and evolution. May not be used to meet graduation requirements by students majoring in the College of Sciences and Mathematics or for certain certification of high school teachers in biology.

**Co-requisite(s):** BIOL 1108

**CHEM 1305, Intro to Chemistry** - Introduction to the principles and concepts of chemical thought.

**Prerequisite(s):** MATH 0199 / 1314, or 1324

**Co-requisite(s):** CHEM 1105

**PHYS 1301, Mechanics and Heat**- Fundamental principles of mechanics and heat. Lecture and laboratory grades are computed into one grade, and the same grade is recorded for both lecture and lab.

**Prerequisite(s):** MATH 1314; **Co-requisite(s):** PHYS 1101

**BIOL 2301, Anatomy and Physiology I** – Structure and function of the skeletal, muscular and nervous systems. Not open to students who have received credit for [BIOL 3440](#). Not open for credit for biology majors or minors.

**Co-requisite(s):** BIOL 2101

**BIOL 2402, A & P II** – Structure and function of the circulatory, respiratory, digestive, excretory, endocrine and reproductive systems. Not open to students who have received credit for [BIOL 3440](#). Not recommended for biology majors or minors.

**Co-requisite(s):** BIOL 2002

**KINE 3353, Physiology of Exercise** – The physiological basis of movement and exercise.

**Prerequisite(s):** KINE 1338, BIOL 2301; **Co-requisite(s):** KINE 3153

**KINE 4317, Analysis of Movement / Kinesiology**– The study of anatomical and mechanical factors that influence human movement.

**Prerequisite(s):** BIOL 2301 or 3440; PHYS 1305 or 1105; or BIOL 2402; **Co-requisite(s):** KINE 4117

**NUTR 2339, Introductory to Nutrition** - Study of nutrition and food as applied to daily living. Basic nutrition and wellness concepts in relation to the individual.

**PSYC 2301, General Psychology** – Survey of fundamental principles of behavior, including physiological, perceptual, developmental, learning, motivational, cognitive, social, historical, and methodological perspectives.

## APPENDIX B

### BUCKLEY AMENDMENT

By signing this form, you certify that you agree to disclose your educational records. You also realize that this form is a part of your educational records. These records are protected by the **Family Educational Rights and Privacy Act of 1974** and they may be disclosed without your consent.

You give your consent to disclose only to authorize representatives of this institution and members of the Graduate Athletic Training Program (GATP) the following documents:

- This form;
- Any transcript from this institution, or any junior college or four-year institutions you have attended;
- GRE test scores.

You agree to disclose these records only to determine your eligibility for the GATP and for post-graduate survey research.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

## APPENDIX C

### STEPHEN F. AUSTIN STATE UNIVERSITY ATHLETIC TRAINING STUDENT CONFIDENTIALITY FORM

The Stephen F. Austin State University Athletic Training Department and other affiliated clinical sites maintain records and computer systems that contain confidential information pertaining to patients. This health information is required by law to be protected. Individuals who have access to this patient information must be aware of their responsibilities and agree to abide by the SFA Athletic Training and other clinical sites' policy and procedures protecting the confidentiality of this information.

I, (Printed Name): \_\_\_\_\_ accept responsibility for maintaining the confidentiality of all patient information. I acknowledge that during the course of my clinical experience and work I may have access to confidential patient, business, and financial information that should only be viewed as necessary for the performance of my job and only disclosed according to SFA Athletic Training and other clinical sites' policies and procedures.

- I will maintain and store documents and computer media in such a way as to insure there is no intentional or inadvertent access by others (lock information to desks, file cabinets, or other secure areas).
- I will assure that work areas are arranged such that paper documents, computer monitor screens, and documents in printers, faxes, and photocopiers are not viewable to the general public, patients, or unauthorized staff.
- I acknowledge that oral conversations may be overheard and, thereby, violate the privacy of patients. Conversations in patient care areas, hallways, stairwells, elevators, eating areas, and other places of public gathering should not occur in order to ensure confidentiality is not violated. Conversations regarding patients should not occur with others in order to ensure confidentiality is not violated.
- I acknowledge that documents containing patient information shall not be recycled or thrown in the trash. Destruction of patient information contained on computers hard drives or diskettes shall be done in consultation with the clinical instructors.
- I will not release my user identification code and password to anyone or allow anyone to access or alter information under my identity; nor will I attempt to access information by using a user identification code or password other than my own. I also acknowledge that my user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them.
- I understand and acknowledge that intentional or unintentional disclosure of patient information, unless provided for by State or Federal Law, may result in disciplinary action including termination from the program.
- I further acknowledge that under this agreement my obligation will continue after my termination from the SFA Athletic Training Program and that my privileges are subject to periodic review, revision, and renewal.

I have read and will comply with this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Program Director

*\*Adapted from Michigan State University's Confidentiality Agreement:  
<http://athletictraining.msu.edu/documents/Confidentiality%20Agreement%20Form.pdf>*

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## APPENDIX D

### CLINICAL SITES AND DIRECTIONS

#### **Angelina College**

This is a Junior College with the following sports: M/WBB, M/W Soc, BSB, SB, M/WT&F/CC. Angelina College employs a full-time athletic trainer who will act as your preceptor for this site.

***Directions -*** 3500 South 1st Street, Lufkin; 26 miles – approx. 30 mins

From SFA – go South on North Street which will turn into 59 South. In Lufkin, use the right lane to take US-59 S ramp to Houston. Continue to follow US59S/ S 1<sup>st</sup> St for approx. 1.5 miles. The College will be on your right. Take right at the lights and go to the 2<sup>nd</sup> entrance (lights). Follow Road. Activity Center will be on the left. Parking is available outside the Activity Center.

#### **Lufkin High School:**

This high school is a 5-A high school with the following sports: FB, M/WBB, M/W Soc, BSB, SB, WVB, M/WT&F/CC, MGolf, M/WTN, SW, Power lifting. Lufkin High School employs two full-time athletic trainers who will act as your preceptors for this site.

You are to report by ~1:30pm on the designated week day(s) (unless class conflict or told otherwise by the preceptors).

***Directions:*** 309 S Medford Dr, Lufkin: 22 miles – approx. 25 mins

From SFA – go south on North Street which will turn into 59 South. Continue on 59 South into Lufkin. Exit Lufkin Avenue. Take a Left onto Lufkin Avenue at the 4-way stop. Lufkin High School will be on the right. Enter the school at the entrance past the guard hut, and parking lot (it was a gravel road). Follow this road, traveling between the Football Stadium and parking lot and park in the small lot outside the fieldhouse / athletic building.

#### **Lufkin Middle School:**

This middle school is the feeder to LHS that will involve FB and VB. Lufkin MS employs one full-time athletic trainer who will act as your preceptor during the fall semester for this site.

You are to report as directed by the preceptor and/or GATP.

***Directions:*** 101 Cotton Square, Lufkin, TX 75901: approx. 25 mins

From SFA – go south on North Street which will turn into 59 South. Continue on 59 South into Lufkin. Exit Denman Avenue. Take a Right on Denman and drive through one intersection. Lufkin Middle School will be on the left. Enter the school through the fenced entrance and drive the back parking lot. The athletic training facility is located in the athletic building.

#### **Nacogdoches Health Partners:**

This facility is owned and operated by Eddy Furniss, MD, General Medicine. This is a Level II clinical experience.

***Directions:*** 4800 NE Stallings Dr Suite 109; 2.5 miles – approx. 7 mins

From SFA-turn north on North street and head towards NE Stallings. Turn right on NE Stallings and travel about 1/10 of a mile, merging into the left turn lane after passing Nacogdoches Medical Center. Nacogdoches Health Partners entrance is located in the front of the first building behind the flagpole.

#### **Lindemann Family Practice:**

This facility is owned and operated by Carey Lindemann, MD General Medicine. This is a Level II clinical experience.

**Directions:** 4800 A NE Stallings Dr Suite 1500; 3.2 miles – approx. 6 mins

From SFA- head east on E. College street toward N. University Drive. Turn left onto N. University Dr. Travel for about 2 miles. Turn left onto NE Stallings Drive. Travel for 1.1 miles then turn right into the medical plaza adjacent and before Nacogdoches Medical Center. Drive to the back of medical plaza and Lindemann Family Practice is located in a separate building at the end of the road.

**MD<sup>2</sup> Family Medicine:**

This facility is owned and operated by Kelley Moon, MD General Medicine. This is a Level II clinical experience.

**Directions:** 1320 N University Drive; 1 mile- approx. 4mins

From SFA- head east on Starr Avenue toward University Drive. Turn right onto University Dr. Travel .6 miles and MD<sup>2</sup> Family Medicine is located on your left. Turn into the road leading to Burke's retail store. Then turn left into the MD<sup>2</sup> Family Medicine parking lot.

**Nacogdoches High School:**

This high school is a 4-A high school with the following sports: FB, M/WBB, M/W Soc, BSB, SB, WVB, M/WT&F/CC, MGolf, M/WTN, SW, Power lifting. Nacogdoches employs two full-time athletic trainers, but only Shelby Clark will act as your preceptor for this site.

**Directions:** Maroney Drive, Nacogdoches; 3.5 miles – approx. 10 mins

From SFA – Take a left on University Dr. Turn right on Maroney Dr. On Maroney, you will take the first entrance into the school. Pass by the security guard and park in the right parking lot. The Athletic Training facility is the second door on the left situated on the outside of the Athletic Field house building.

**Nacogdoches Medical Center – Outpatient Care, Physical Therapy:**

This facility is owned and operated by NMC. This experience will be observation with hands-on participation at the discretion and direction of the preceptors. Business casual attire is expected with tennis shoes in good condition (khaki-style pants & SFA polo-styled shirt) and SFA name tag clearly visible.

***Directions:***

From SFA- turn south on US Business 59/North Street. It is about one ¼ mile on the right, attached to an Urgent ER. PT is the back of the building. The building is near Posados restaurant.

**Surgery Center of Nacogdoches - NMC Surgery Center:**

This facility is owned and operated by NMC. This experience will be surgical observation only. Business casual attire is expected with tennis shoes in good condition (khaki-style pants & SFA polo-styled shirt) and SFA name tag clearly visible. Once there, you will need to check in with the Brady Willis and change into scrubs

**Directions:** From SFA – Turn right onto north street and head north for 3.4 miles. Turn right on Stallings Drive (after Wal-Mart). Surgery Center of Nacogdoches – NMC Surgery Center is located on the left.

**Nacogdoches Memorial Hospital Emergency Room / Emergency Medical Services:**

This clinical experience for Level Is will involve observation of the ER and riding out with the EMS.

***Directions:***

From SFA- take E Starr, turn onto Raguet Street. Report to the hospital through the Emergency



Entrance, behind the hospital. The schedule is flexible, but ATS cannot stay past 10:00pm at night. EMS: The ATS will call the Memorial Hospital Dispatch (936 568 8508) each day to be told which station to report. The ATS is required to complete an average of 20 hours for the week, with six days (three days each; M-Sat) split between EMS and ER.

**Nacogdoches Surgery Center:**

This facility is privately owned by physicians. This Level II ATS clinical experience will be surgical observation of Chad Laurich, DPM only. The clinical experience will occur on Friday of the week with Dr. Randle. The ATS will call Dr. Chad Laurich's office (Nacogdoches Podiatry: 936.560.9599) by Wednesday of the week for the Friday surgery schedule. Business casual attire is expected with tennis shoes in good condition (khaki-style pants & SFA polo-styled shirt) and SFA name tag clearly visible. Once there, check in with Glenda and change into scrubs.

**Directions:** 3610 N University Drive

From SFA- Turn North on University Drive. Head towards Austin Street. After passing Austin Street is ¼ mile on the right.

**Overturf Orthopedics – Orthopedics:**

This facility is owned by Steven Overturf, MD, Team Physician for SFA and Orthopedic Surgeon. This is a level II clinical experience.

**Directions:** 1300 N. Mound Street; .20 miles- approx. 1 min

From SFA- Head west of East Starr. Turn left onto Mound Street. Overturf Orthopedics is on the left.

**Panola Junior College:**

This Junior College is located in Carthage, TX and has the following sports: men's and women's basketball, volleyball, baseball, and rodeo. Panola College employs a full-time athletic trainer who will serve as the preceptor for this site.

**Directions:** 1109 W. Panola , Carthage, TX 75633

From SFA- get on US Business 59/North Street heading North. Once, out of town, US Business 59/North will become 259. Stay straight on 259 for 21 miles. At Mt. Enterprise you will turn right onto SH-315. Follow SH-315 for 26 miles and then turn left onto North Bird Drive. Panola College will be on the right in approximately .4 miles. Turn right onto North Horseshoe Bend and park in the parking lot on the right. The athletic training facility is located inside the Arthur Johnson Gymnasium on the first floor.

**Nacogdoches Neurosurgery :**

This is Dr. Randle's private practice. This experience may be both observational and hands-on, and will include surgical observations. Business casual attire is expected with tennis shoes in good condition (khaki-style pants & SFA polo-styled shirt) and SFA name tag clearly visible.

**Directions:** 5500 North St, Nacogdoches, TX 75965

From SFA-get on US Business 59/North Street heading North. Go through the intersection by Wal-Mart. Shortly after going through the intersection, his building is a tan brick building on the right.

**Regional Physical Therapy:**

The Physical Therapist at this site is Dale Botsford. This experience will be observation with hands-on participation at the discretion and direction of the clinician. Business casual attire is expected with tennis shoes in good condition (khaki-style pants & SFA polo-styled shirt) and SFA

name tag clearly visible.

***Directions:*** 211 S Timberland Dr, Lufkin, TX 75901

From SFA- go south on North Street. Cross Main Street and follow South St to Hwy 59S. Take Hwy 59 to Lufkin. Follow Hwy59Bus (North Timberland Dr). Continue to South Timberland Drive. Clinic is at 211 South Timberland Drive.

**For all sites, if mornings are free from AT courses, you are highly encouraged to attend your clinical in the AMs as well.**



**ATTR 5241 – Clinical III**Circle: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> attempt

Student: \_\_\_\_\_

Each component of the proficiency skill will receive a point value as follows:

**5** = Performed correctly**2** = Left out many components**4** = Left out a component**1** = Performed incorrectly**3** = Performed partially**0** = Not performed**Clinical Examination & Diagnosis of the Lower Extremity**

<b>LEVEL I</b>	<b>Final Preceptor Assessment</b>	
<b>Clinical Proficiency:</b> Standard 71, 75  <b>Instructed:</b> ATTR 5332  <b>Initial Evaluation:</b> ATTR 5132L	<b>Setting</b> performed: (check one) ____ SFA ATR ____ Practice ____ Game ____ Other _____	<b>Delivery</b> performed: (check one) ____ Real-time/Patient. ____ Simulation
	<b>Skill Criteria:</b> 1a. ____ History 1.b. ____ Inspection 1c. ____ ROM 1.d. ____ Palpation 1.e. ____ Special Tests 1.f. ____ Plan-Treatment/ Medication 1.g. ____ SOAP Note	<b>Comments:</b>
<b>PRACTICES</b>  <b>Week 1</b> ____ Peer Px Initial _____ Date _____  <b>Week 2</b> ____ Preceptor Px Initial _____ Date _____  <b>**Not to be performed on the same day. **</b>		
<b>SCENARIO</b> (Write brief description)	<b>Skill Rating: (2=Good; 1=Acceptable; 0=Poor)</b> ____ Efficiency (performed skills in a timely manner) ____ Confidence level	
	<b>Grading:</b> ____ Earned / 39 = ____ % (must receive 80% or higher to "pass"; 31 or higher) ____ Pass ____ Fail	
	<b>Additional Comments:</b>	

DATE: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_

PRECEPTOR SIGNATURE: \_\_\_\_\_

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## Appendix F:

### National Athletic Trainers' Association Practice Domains and CAATE Competencies:

BOC-certified athletic trainers are educated, trained and evaluated in five major practice domains:

1. Injury and illness prevention and wellness promotion
2. Examination, assessment and diagnosis
3. Immediate and emergency care
4. Therapeutic intervention
5. Health care administration and professional responsibility

### CAATE Educational Competencies (1<sup>st</sup> ed.), excerpt from 2020 CAATE Standards

#### SECTION IV: CURRICULAR CONTENT

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##### Prerequisite Coursework and Foundational Knowledge

Standard 54 The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.

*Annotation* The program determines the classes that meets these standards and supports the program's curricular plan. Additional prerequisite coursework may be required as determined by the program.

Standard 55 Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

*Annotation* Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.

The professional program content will prepare the graduate to do the following:

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##### Core Competencies

##### Core Competencies

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##### Core Competencies: Patient-Centered Care

Standard 56 Advocate for the health needs of clients, patients, communities, and populations.

*Annotation:* Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.

Standard 57 Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches,

Standard 60 Use the **International Classification of Functioning, Disability, and Health (ICF)** as a framework for delivery of patient care and communication about patient care.

Core Competencies: **Interprofessional Practice** and **Interprofessional Education**

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Standard 61 Practice in collaboration with other health care and wellness professionals.

Core Competencies: **Evidence-Based Practice**

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Standard 62 Provide athletic training services in a manner that uses evidence to inform practice.

*Annotation: **Evidence-based practice** includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.*

Core Competencies: **Quality Improvement**

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Standard 63 Use systems of **quality assurance** and **quality improvement** to enhance client/patient care.

Core Competencies: **Health Care Informatics**

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Standard 64 Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following: administrators, other health care professionals, consumers, payors, policy makers, and others. **Use data to drive informed decisions**

- **Search, retrieve, and use information derived from online databases and internal databases for clinical decision support**
- **Maintain data privacy, protection, and data security**
- **Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)**
- **Use an **electronic health record** to document, communicate, and manage health-related information; mitigate error; and support decision making.**

Core Competencies: **Professionalism**

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Standard 65 Practice in a manner that is congruent with the ethical standards of the profession.

Standard 66 Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:

- **Requirements for physician direction and collaboration**
- **Mandatory reporting obligations**
- **Health Insurance Portability and Accountability Act (HIPAA)**
- **Family Education Rights and Privacy Act (FERPA)**
- **Universal Precautions/OSHA Bloodborne Pathogen Standards**
- **Regulations pertaining to over-the-counter and prescription medications**

Standard 67 Self-assess professional competence and create professional development plans according to

personal and professional goals and requirements.

## Standard 68 Advocate for the profession.

*Annotation Advocacy for the profession takes many shapes. Examples include educating the general public, public sector, and private sector; participating in the legislative process; and promoting the need for **athletic trainers**.*

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## Patient/Client Care

### Care Plan

Standard 69 Develop a care plan for each patient. The care plan includes (but is not limited to) the following:

- Assessment of the patient on an ongoing basis and adjustment of care accordingly
- Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care
- Consideration of the patient's goals and level of function in treatment decisions
- Discharge of the patient when goals are met or the patient is no longer making progress
- Referral when warranted

### Examination, Diagnosis, and Intervention

Standard 70 Evaluate and manage patients with acute conditions, including triaging conditions that are life-threatening or otherwise emergent. These include (but are not limited to) the following conditions:

- Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)
- Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)
- Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)
- Cervical spine compromise
- Traumatic brain injury
- Internal or external hemorrhage (including use of a tourniquet and hemostatic agents)
- Fractures and dislocations (including reduction of dislocation)
- Anaphylaxis (including administering epinephrine using automated injection device)
- Exertional sickling, rhabdomyolysis, and hyponatremia
- Diabetes (including use of glucometer, administering glucagon, insulin)
- Drug overdose (including administration of rescue medications such as naloxone)
- Wounds (including care and closure)
- Testicular injury
- Other musculoskeletal injuries

Standard 71 Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:

- Obtaining a medical history from the patient or other individual
- Identifying comorbidities and patients with complex medical conditions

- Assessing function (including gait)
- **Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:**
  - Cardiovascular system (including auscultation)
  - Endocrine system
  - Eyes, ears, nose, throat, mouth, and teeth
  - Gastrointestinal system
  - Genitourinary system
  - Integumentary system
  - Mental status
  - Musculoskeletal system
  - Neurological system
  - **Pain level**
  - Reproductive system
  - Respiratory system (including auscultation)
  - Specific functional tasks
- **Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated**

Standard 72 Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.

Standard 73 Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:

- Therapeutic and corrective exercise
- Joint mobilization and manipulation
- Soft tissue techniques
- Movement training (including gait training)
- Motor control/proprioceptive activities
- Task-specific functional training
- Therapeutic modalities
- Home care management
- Cardiovascular training

Standard 74 Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions

Standard 75 Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.

Standard 76 Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:

- **Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview**
- Re-examination of the patient on an ongoing basis
- Recognition of an atypical response to brain injury
- Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine



pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)

- Return of the patient to activity/participation
- Referral to the appropriate provider when indicated

Standard 77 Identify, refer, and give support to patients with behavioral health conditions. Work with other healthcare professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.

*Annotation These behavioral health conditions include (but are not limited to) suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.*

Standard 78 Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:

- **Durable medical equipment**
- Orthotic devices
- Taping, splinting, protective padding, and casting

---

## Prevention, Health Promotion, and Wellness

Standard 79 Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:

- Adrenal diseases
- Cardiovascular disease
- **Diabetes**
- Neurocognitive disease
- **Obesity**
- **Osteoarthritis**

Standard 80 Develop, implement, and assess the effectiveness of programs to reduce injury risk.

Standard 81 Plan and implement a comprehensive preparticipation examination process to affect health outcomes.

Standard 82 Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.

Standard 83 Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.

Standard 84 Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.

Standard 85 Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.

Standard 86 Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.

Standard 87 Select and use **biometrics** and **physiological monitoring systems** and translate the data into effective preventive measures, clinical interventions, and performance enhancement.

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## Health Care Administration

Standard 88 Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:

- **Strategic planning and assessment** Managing a physical facility that is compliant with current standards and regulations
- **Managing budgetary and fiscal processes**
- **Identifying and mitigating sources of risk to the individual, the organization, and the community**
- **Navigating multipayer insurance systems and classifications**
- **Implementing a model of delivery (for example, value-based care model)**

Standard 89 Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.

Standard 90 Establish a working relationship with a directing or collaborating **physician**.

*Annotation This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, "The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a **physician**, in accordance with their training and the state's statutes, rules and regulations."*<sup>1</sup>

Standard 91 Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.

*Annotation Examples of daily operation policies include pharmaceutical management, **physician** referrals, and inventory management.*

Standard 92 Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.

Standard 93 Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:

- **Education of all stakeholders**
- **Recognition, appraisal, and mitigation of risk factors**
- **Selection and interpretation of baseline testing**
- **Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation**

Standard 94 Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.

## Appendix G:

### **SCHOLARSHIPS**

Please visit for application: <http://www.sfasu.edu/admissions-and-aid/financial-aid/types-of-aid/scholarships> to find the criteria for out-of-state fees to be waived if the recipient is awarded at least a \$1,000 scholarship.

#### 1. **SFA Alumni Scholarships**

Visit: <https://sfasu.academicworks.com/>

2. Neill Post Memorial Graduate Athletic Trainers' Scholarship  
Stephen F. Austin State University  
Contact Linda Bobo, GATP Program Director

##### **Eligibility Requirements**

Application deadline, **February 1st** prior to the Fall semester of the same year, in order to award for the fall term

- Awarded for the Fall of 2nd academic year
- 2nd year Graduate Athletic Training Major
- Non-resident (of Texas) status
- 3.2 / 4.0 GPA
- Awarded annually to a new recipient
- Outstanding essay composition
- Voting by Neill Post Graduate Athletic Training Committee
- Dollar amount based on annual principal of endowment
- Notification provided at time of acceptance to Graduate Athletic Training Program

#### 3. **Sandy Miller Leadership Award / Scholarship**

Stephen F. Austin State University

##### **Eligibility Requirements**

Application deadline, **February 1st** prior to the Fall semester of the same year, in order to award for the fall term

- Awarded for the Fall of academic year
- 2<sup>nd</sup> year Graduate Athletic Training Major
- 3.0/ 4.0 GPA
- Awarded annually to a new recipient
- Exemplary contribution to university, community, and/or professional service
- Voting by Graduate Athletic Training Scholarship Committee
- Dollar amount based on annual principal of endowment
- Notification provided during summer semester

4. **The NATA Foundation provides approximately 70 scholarships annually, each for**

**\$2,000.**

Eligibility Requirements

- **Be at least a junior in college**
- Have a minimum 3.2 GPA based on a 4.0
- Be sponsored by a certified athletic trainer
- Be a member of the NATA

Complete scholarship applications (including transcripts) must be postmarked by February 10th annually. Only applications mailed from the Foundation or downloaded from this page will be accepted.

<https://www.natafoundation.org/education/scholarships/>

#### 5. **SWATA (TX + AR) District Scholarship**

**Eligibility Requirements**

- Have sophomore, junior or senior or graduate standing for the upcoming year and have
- Worked as a student athletic trainer on the collegiate level for a period of one year prior to application.
- Be enrolled in an academic degree track leading towards a career in athletic training.
- Have a grade point average (GPA) of at least 2.5 (4.0) scale.
- Not be on full athletic or academic scholarship.
- Have been a member of the N.A.T.A. Inc. and/or S.W.A.T.A. on or before January 1 prior to the year for which the application is applied.
- Not be a member of an intercollegiate sports team.
- The applicant **must include an unofficial transcript** with application to be considered.
- Apply [HERE](#).

#### 6. **Texas State ATA Student Scholarship**

The Texas State Athletic Trainers' Association will award six (6) scholarships in the amount of \$750 to well deserving college students. The requirements for these scholarships are listed below, and they can be found on the scholarship form also.

- Must be an undergraduate student or non-credentialed (LAT) in a entry-level Masters student attending a Texas College/University.
- Must be an athletic training student and/or admitted into the athletic training program.
- Sponsoring athletic trainer must be a TSATA member by 4/30/2019.
- 3.0 minimum overall GPA and a 3.0 minimum curriculum GPA
- Must submit an unofficial transcript
- Must submit 3 letters of recommendation with one from the sponsoring athletic trainer and two from professors, administrators, coaches, advisors, or a character reference.
- Must be a full time student in good standing with the college or university.
- Must be pursuing a career in athletic training.
- Must complete and return the application, transcript, and letters of recommendation by 4/30/2019.
- Apply [HERE](#).

## 7. **Tylenol Scholarship**

The makers of TYLENOL® Family of Products will award **ten \$10,000 scholarships** and **150 \$1,000 scholarships** for higher education to students who demonstrate leadership in community activities and school activities and major or **who intend to major in areas that will lead to careers in health-related fields**, and are residents of the 50 United States or the District of Columbia.

### **Eligibility Requirements:**

To be eligible for a Tylenol® Scholarship, you must comply with the application checklist below. The Scholarship application becomes completely valid only when you have enclosed the following materials:

- ♦ Student Application
- ♦ Essay on Goals and Aspirations
- ♦ Name of the TYLENOL® Retailer where this application was obtained, if obtained from another source (online), indicate your favorite TYLENOL® retailer.

<https://www.tylenol.com/news/scholarship>

## 8. **Ruth Abernathy Scholarship through SHAPE**

Scholarships will be awarded to three undergraduate and two graduate students and presented at the Spring National Convention & Exposition. Undergraduate awards will be in the amount of \$1,250 each and graduate awards will be in the amount of \$1,750 each. Recipients will also receive a three-year SHAPE membership. Application materials for both awards are available on the SHAPE website. You can access this information [HERE](#).

Questions should be directed to Patti Hartle at [phartle@shapeamerica.org](mailto:phartle@shapeamerica.org).

## 9. **Bobby Gunn Student Leadership Award**

NATA has established the **Bobby Gunn Student Leadership Award** to recognize one of the true pioneers in athletic training -- and to give deserving students assistance in attending NATA's Annual Meeting.

Undergraduate or entry-level master's students **who are members of NATA and have never attended an NATA Annual Meeting before** are eligible to apply for this award. The award is a \$500 travel stipend to NATA's upcoming Annual Meeting in Anaheim, CA. This stipend will be applied toward hotel, airfare and/or convention registration.

NATA aims to give up to one award per district (depending on deserving entrants), for a total of up to ten awards.

Students applying for the Bobby Gunn Student Leadership Award will complete a one-page essay **and** a biographical form, both of which should be submitted to NATA electronically or via postal mail.

Go [HERE](#) for complete info and the application form.

10. **Atlanta Falcons Youth Foundation**

4400 Falcon Parkway  
Flowery Branch, GA 30542  
to request a scholarship application

**Eligibility Requirements**

- 3.0 on 4.0 GPA;
- Awarded to undergraduate (must have completed at least 2 years of study) & graduate students
- \$5,000
- Notification: December 15, annually

11. **Professional Baseball Athletic Training Society (PBATS)**

ASMI Scholarship to attend a conference  
Paul Demartinis Scholarship  
Dr. Clarence Livingood (MD) Scholarship

**Eligibility Requirements:** Vary, but are open to athletic training students.

Go [HERE](#) for complete info and the application forms.

12. **FA Davis Publishing Help-to-Study Scholarship**

The F.A Davis Company will be rewarding three scholarships of the amount of \$1,000 each to outstanding students.

**Eligibility Requirements:**

- Must be currently pursuing one of the mentioned degrees or certifications: LPN/LVN, RN, BSN, RN-BSN, MSN, DNP, OT, OTA, OTD, PT, PTA, DPT, MLS, MLT, AT, MA, PA, CST, or any health science specialty.
- Must be enrolled for the spring semester 2020.
- Must have a good standing with a GPA of 3.0 or above.
- Must be a student in the U.S. or Canada such as a citizen, legal resident, or holder of a valid student visa

Go [HERE](#) for complete info and application process.

**Application Deadline**

The application will be not considered after 31<sup>st</sup> March

## APPENDIX H:

### LETTER OF ACKNOWLEDGEMENT for POLICY AND PROCEDURE MANUAL

I, \_\_\_\_\_, do confirm that I have read in complete  
Print Name  
the *SFA GATP Policy and Procedure Manual* and understand the requirements  
necessary for me to remain in good standing as an Athletic Training Student at Stephen  
E. Austin State University. Failure to do so will result in an infraction. I am also aware  
that this to be with me at all times during my clinical rotations to be used as a reference  
for myself and/or my clinical instructor. A completed and current copy will always be  
available to me in the Program Director's office

\_\_\_\_\_  
ATS Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

## **APPENDIX I:**

### **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 to accommodate the applicant or student with a disability. However, an institution need not provide accommodations or modify its program of study or 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 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 Graduate Athletic Training 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 certification exam.

Candidates for selection to the Graduate Athletic Training 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 (by a physician employed by SFA) for each academic year the student is enrolled in the curriculum and maintained in the student's file in the program director's office.**

## TECHNICAL STANDARDS FORM

Candidates for selection to the Graduate athletic training 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.

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 THE ONE SECTION THAT IS APPLICABLE TO YOU, THE APPLICANT.\***

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Alternative statement for students **requesting accommodations.**

I certify that I have read and understand the technical standards of selection listed above and I believe to the best of my knowledge that I can meet each of these standards with certain accommodations. I will contact the 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

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

## APPENDIX J: TEXAS ATHLETIC TRAINING PRACTICE ACT



ATHLETIC TRAINERS  
*Administrative Rules of the Texas Department of Licensing and Regulation*  
*16 Texas Administrative Code, Chapter 110*  
*(Effective July 1, 2018)*

**110.12. Scope of Practice.** *(New Section adopted effective October 1, 2016, 41 TexReg 4435)*

(a) A licensed athletic trainer prevents, recognizes, assesses, manages, treats, disposes of, and reconditions athletic injuries and illnesses under the direction of a physician licensed in this state or another qualified, licensed health professional who is authorized to refer for health care services within the scope of the person's license.

(b) The activities listed in subsection (c)(1)-(7) may be performed in any setting authorized by a licensed physician and may include, but not be limited to, an educational institution, professional or amateur athletic organization, an athletic facility, or a health care facility.

(c) Services provided by a licensed athletic trainer may include, but are not limited to:

(1) planning and implementing a comprehensive athletic injury and illness prevention program;

(2) conducting an initial assessment of an athlete's injury or illness and formulating an impression of the injury or illness in order to provide emergency or continued care and referral to a physician for definitive diagnosis and treatment, if appropriate;

(3) administering first aid and emergency care for acute athletic injuries and illnesses;

(4) coordinating, planning, and implementing a comprehensive rehabilitation program for athletic injuries;

- (5) coordinating, planning, and supervising all administrative components of an athletic training or sports medicine program;
  - (6) providing health care information and counseling athletes; and
  - (7) conducting research and providing instruction on subject matter related to athletic training or sports medicine.
- (d) A licensee shall not provide health care services which are not within the definition of "athletic training" in the Act except in accordance with state and federal laws and rules applicable to the provided services including, but not limited to, Occupations Code, Chapter 157, relating to a physician's delegated authority; other licensure laws; and laws relating to the possession and distribution of controlled substances.

**110.21. License Requirements.** *(New Section adopted effective October 1, 2016, 41 TexReg 4435; amended effective July 1, 2018, 43 TexReg 3881)*

(a) Applicants qualifying under the Act, §451.153(a)(1), shall have:

(1) a baccalaureate or post-baccalaureate degree, which includes at least 24 hours of combined academic credit from each of the following course areas:

- (A) human anatomy;
- (B) health, disease, nutrition, fitness, wellness, emergency care, first aid, or drug and alcohol education;
- (C) ATTResiology or biomechanics;
- (D) physiology of exercise;
- (E) athletic training, sports medicine, or care and prevention of injuries;
- (F) advanced athletic training, advanced sports medicine, or assessment of injury; and
- (G) therapeutic exercise, therapeutic rehabilitation or therapeutic modalities; and

(2) an apprenticeship in athletic training meeting the following requirements:

- (A) the program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed athletic trainer;
- (B) the apprenticeship must be a minimum of 1,800 hours. It must be based on the academic calendar and must be completed during at

least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours;

(C) the hours must be completed in college or university intercollegiate sports programs. A maximum of 600 hours of the 1,800 hours may be accepted from an affiliated setting which the college or university's athletic trainer has approved. No more than 300 hours may be earned at one affiliated setting. These hours must be under the direct supervision of a licensed physician, licensed or certified athletic trainer, or licensed physical therapist;

(D) 1,500 hours of the apprenticeship shall be fulfilled while enrolled as a student at a college or university; and

(E) the apprenticeship must offer work experience in a variety of sports. It shall include instruction by a certified or state-licensed athletic trainer in prevention of injuries, emergency care, rehabilitation, and modality usage.

(b) In place of the requirements in subsection (a), applicants qualifying under the Act, §451.153(a)(1) shall hold a baccalaureate or post-baccalaureate degree and one of the following:

(1) current licensure, registration, or certification as an athletic trainer issued by another state, jurisdiction, or territory of the United States; or

(2) current national certification as an athletic trainer issued by the Board of Certification, Inc. (BOC).

(c) Applicants qualifying under the Act, §451.153(a)(2) or (a)(3), shall have a baccalaureate or post-baccalaureate degree or a state-issued certificate in physical therapy or a baccalaureate or post-baccalaureate degree in corrective therapy with at least a minor in physical education or health. Applicants who hold such degrees must complete three semester hours of a basic athletic training course from an accredited college or university. An applicant shall also complete an apprenticeship in athletic training meeting the following requirements.

(1) The program shall be a minimum of 720 hours. It must be based on the academic calendar and must be completed during at least three fall and/or spring semesters. The hours must be under the direct supervision of a college or university's Texas licensed athletic trainer or if out-of-state, the college or university's certified or state-licensed athletic trainer. The apprenticeship includes a minimum of 360 hours per year. Hours in the classroom do not count toward apprenticeship hours.

(2) Actual work hours shall include a minimum of 20 hours per week during each fall semester. A fall semester includes pre-season practice sessions. The apprenticeship must offer work experience in a variety of

sports.

(3) The apprenticeship must be completed in a college or university's intercollegiate sports program. A maximum of 240 hours of the 720 hours may be earned at a collegiate, secondary school, or professional affiliated setting which the college or university's athletic trainer has approved. No more than 120 hours may be earned at one affiliated setting.

(d) In place of the requirements in subsections (a) and (b), an applicant qualifying under the Act, §451.153(a)(1), shall have a baccalaureate or post-baccalaureate degree in athletic training from a college or university, which held accreditation, during the applicant's matriculation at the college or university and at the time the degree was conferred, from a nationally recognized accrediting organization that is approved by the department.

(e) Certification required. An applicant must have:

(1) current certification in the techniques of professional rescuer cardio-pulmonary resuscitation and the use of an automated external defibrillator; or

(2) current certification for Emergency Medical Services (EMS) with the Department of State Health Services or its successor agency.

(f) Each applicant must have a baccalaureate or post-baccalaureate degree from a college or university, which held accreditation, at the time the degree was conferred, from a regional educational accrediting association that is approved by the department.

(g) The relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated through course descriptions in official school catalogs or bulletins or by other means acceptable to the department.

(h) The department shall not accept courses, which an applicant's transcript indicates, were not completed with a passing grade for credit.

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## APPENDIX K: CAATE 2020 Standards Version

### Glossary

**Academic year:** Customary annual period of sessions at an institution. The academic year is defined by the institution.

#### Action plan for correction of BOC examination pass-rate deficiency:

- A. A review and analysis of the program's previously submitted action plans. This should include
  1. any assessment data used to evaluate the previous action plan,
  2. a discussion of strategies that have and have not worked, and
  3. any revisions that have been made to the previous action plan based on subsequent assessment data.
- B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
  1. the number of students enrolled in the program in each of the past three years,
  2. the number of students who have attempted the exam in each of the past three years,
  3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
  4. the three-year aggregate first-time pass rate for each of the past three years.
- C. Projection for the program's anticipated exam outcomes for next year.

This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include

  1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
  2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
  3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
  4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include

1. developing targeted goals and action plans to achieve the desired outcomes,
2. stating the time lines for reaching the outcomes, and
3. identifying the person or persons responsible for each element of the action plan.
4. Updating the elements of the action plan as they are met or as circumstances change.

**Adjunct faculty:** Individuals contracted to provide course instruction on a full-course or partial-course basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

**Affiliation agreement:** A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus **clinical education**. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also* **Memorandum of understanding**.

**Assessment plan:** A description of the process used to evaluate the extent to which the program is meeting its stated educational **mission**, **goals**, and **outcomes**. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of **clinical education**, student learning, and overall program



effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the **framework**.

**Associated faculty:** Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.

**Athletic trainer:** Health care professionals who render service or treatment, under the direction of or in collaboration with a **physician**, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

\*Added 'An athletic trainer is state credentialed (in states with regulation), certified and in good standing with the Board of Certification' to the definition; approved by Commission on February 1, 2019

**Athletic training clinical experiences:** Direct client/patient care guided by a **preceptor** who is an **athletic trainer** or **physician**. Athletic training clinical experiences are used to verify students' abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, **simulation** may be used for this verification. Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. See **Clinical education**.

\*Definition added; approved by Commission on June 12, 2018

\*Sentence added: "Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member." Approved by Commission on March 9, 2021

**Biometrics:** Measurement and analysis of physical characteristics and activity.

**Clinical education:** A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: **athletic training clinical experiences**, **simulation**, and **supplemental clinical experiences**.

**Clinical site:** A facility where a student is engaged in clinical education.

**Contemporary expertise:** Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

**Core faculty:** Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an **athletic trainer** or **physician**.

\*Added last sentence 'A core faculty member must be an athletic trainer or physician' to the definition; approved by Commission on February 1, 2019

**Cultural competency:** the ability of both providers and systems to provide care to patients with diverse values, beliefs and behaviors,

including tailoring delivery to meet patients' social, cultural, and linguistic needs.<sup>2,3</sup>

\*Added definition of cultural competency; approved by Commission on May 11, 2021.

**Cultural humility:** A lifelong process of self-reflection and self-critique by which an individual willingly interacts with diverse individuals and not only learns about the cultures of others, but also examines their own beliefs and cultural identities to create an environment of empowerment, respect, and optimal care for all. Cultural humility includes sensitivity to historical realities of marginalization, violence, and oppression against certain groups.<sup>4,5</sup>

\*Added definition of cultural humility; approved by Commission on May 11, 2021.

**Durable medical equipment:** Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.<sup>6</sup>

**Electronic health record:** A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

**Evidence-based practice:** The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.<sup>7</sup>

**Faculty:** See [Adjunct faculty](#); [Associated faculty](#); [Core faculty](#).

**First-time pass rate on the Board of Certification examination:** The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

**Foundational knowledge:** Content that serves as the basis for applied learning in an athletic training curriculum.

**Framework:** A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the [assessment plan](#) (including [goals](#) and outcome measures).

**Goals:** Specific statements of educational intention that describe what must be achieved for a program to meet its [mission](#).

**Graduate placement rate:** Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

**Health care providers:** Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

**Health care informatics:** The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.<sup>8</sup>

**Health literacy:** The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.<sup>9</sup>

**Identities:** identities that include, but are not limited to: race; ethnicity; religion; national origin; age; marital status; disabilities/ability; sexual orientation; **sex**; gender; gender identity and expression; socioeconomic status; religion/spirituality; political affiliation; literacy/health literacy.

\*Added definition of identifies; approved by Commission on May 11, 2021.

**Immersive clinical experience:** A practice-intensive experience that allows the student to experience the totality of care provided by **athletic trainers**.

**International Classification of Functioning, Disability, and Health (ICF):** A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.<sup>10</sup>

**Interprofessional education:** When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.<sup>11</sup>

**Interprofessional practice:** The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

**Medical director:** Currently licensed allopathic or osteopathic **physician** who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.

**Memorandum of understanding:** Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

**Mission:** A formal summary of the aims and values of an institution or organization, college/division, department, or program.

**Outcomes:** Indicators of achievement that may be quantitative or qualitative.

**Patient-centered care:** Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.<sup>12</sup>

**Physician:** Health care provider licensed to practice allopathic or osteopathic medicine.

**Physiological monitoring systems:** Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

**Preceptor:** Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are **athletic trainers** are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be **athletic trainers** or **physicians**.

**Professionalism:** Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of **patient-centered care**, participation as a member of an interdisciplinary team, commitment to continuous **quality improvement**, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.<sup>13</sup>

**Professional preparation:** The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

**Professional program:** The graduate-level coursework that instructs students on the knowledge, skills, and

clinical experiences necessary to become an athletic trainer, spanning a minimum of two **academic years**.

**Professional socialization:** Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.<sup>14</sup>

**Program graduation rate:** Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of “normal time” for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

**Program personnel:** All faculty (core, affiliated, and adjunct) and support staff involved with the **professional program**.

**Program retention rate:** Measures the percentage of students who have enrolled in the **professional program** who return to the institution to continue their studies in the program the following **academic year**. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

**Quality assurance:** Systematic process of assessment to ensure that a service is meeting a desired level.

**Quality improvement:** Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.<sup>15</sup> Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.<sup>16</sup>

**Scholarship:** Scholarly contributions that are broadly defined in four categories.<sup>17</sup>

- ☐ *Scholarship of discovery* contributes to the development or creation of new knowledge.
- ☐ *Scholarship of integration* contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- ☐ *Scholarship of application/practice* applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- ☐ *Scholarship of teaching* contributes to the development of critically reflective knowledge associated with teaching and learning.

**Social justice:** Social justice in healthcare is recognizing that equitable healthcare, which encompasses access to and quality of care, is a fundamental right and that healthcare providers promote fair treatment so that disparities are eliminated.

*\*Add definition of social justice; approved by Commission on May 11, 2021.*

**Simulation:** An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.<sup>18</sup> Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member. See also **Clinical education**.

*\*Sentence added: “Simulation may be facilitated by a preceptor in a clinical environment or may be completed in a class environment when directed by a faculty member.” Approved by Commission on March 9, 2021.*

**Social determinants of health:** The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.<sup>19</sup>

**Socioeconomic status:** The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.<sup>20</sup>

**Supervision:** Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. **Preceptors** must be onsite and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care. If the patient/client care is occurring via **telehealth** or **telemedicine**, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology.

\*Added last sentence 'If the patient/client care is occurring via telehealth or telemedicine, the preceptor must concurrently monitor the patient/client care through appropriate telecommunication technology' to the definition; approved by Commission on October 16, 2020

**Supplemental clinical experiences:** Learning opportunities supervised by **health care providers** other than **athletic trainers** or **physicians**. See also **Clinical education**.

\*Definition added; approved by Commission on June 12, 2018

**Technical standards:** The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

**Telehealth:** Telehealth is an umbrella term that encompasses the use of telecommunication technology for non-clinical health-related purposes. Some uses of telehealth include enhancing and supporting clinical services and providing individual or public health education.

\*Definition added; approved by Commission on October 16, 2020

**Telemedicine:** Telemedicine involves the delivery of patient/client care remotely using appropriate information and communication technologies. Patient/client care provided via telemedicine must occur in compliance with all local, state, and federal laws.

\*Definition added; approved by Commission on October 16, 2020

**Value-based care models:** Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.<sup>21</sup>

## APPENDIX L: Board of Certification, Inc. Exam Reference



# EXAM

# REFERENCES

## 2020-2021

The reference list below represents the materials used to support exam items during the 2020-2021 exam year (April to February), as determined by the subject matter experts of the BOC Exam Development Committee (EDC). Every item is referenced twice to ensure a consensus exists on each item. Please note that a specific “edition” and “year” for each reference is not included in the list for the purpose of simplification. During the exam development process, the BOC uses the most current edition of a reference when constructing items.

*Administrative Topics in Athletic Training Concepts to Practice.* Harrelson, G.L., Gardner, G. and Winterstein, A. Thorofare, NJ: SLACK Inc.

*Athletic Training and Sports Medicine: An Integrated Approach.* Starkey, C. Burlington, MA: Jones and Bartlett Learning.

*Clinical Mechanics and Kinesiology.* Loudon, J.K., Manske, R.C. and Reiman, M.P. Champaign, IL: Human Kinetics.

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*Concepts of Athletic Training.* Pfeiffer, R.P., Magnus, B.C. and Trowbridge, C.A. Burlington, MA: Jones and Bartlett Learning.

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*Essentials of Anatomy and Physiology.* Scanlon, V.C. and Sanders, T. Philadelphia, PA: F.A. Davis.

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*Evidence-Based Rehabilitation A Guide to Practice.* Law, M. and MacDermid, J.C. Thorofare, NJ: SLACK Inc.

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*Leadership and Management in Athletic Training: An Integrated Approach.* Kutz, M. Burlington, MA: Jones and Bartlett Learning.

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*Legal Aspects of Health Care Administration.* Pozgar, G.D. Burlington, MA: Jones and Bartlett Learning.

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*Nancy Clark's Sports Nutrition Guidebook.* Clark, N. Champaign, IL: Human Kinetics.

*NATA Position Statement: Conservative Management and Prevention of Ankle Sprains.* Kaminski, T., Hertel J., Amendola, N., Docherty C., Dolan, M., Hopkins J.T., Nussbaum, E., Poppy, W. and Richie D. Dallas, TX: Journal of Athletic Training.

*NATA Position Statement: Emergency Planning in Athletics.* Andersen, J.C., et al. Dallas, TX: Journal of Athletic Training.

*NATA Position Statement: Exertional Heat Illnesses.* Casa, D., DeMartini, J.K. and Bergeron, M.F., et al. Dallas, TX: Journal of Athletic Training.

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*NATA Position Statement: Management of Asthma in Athletes.* Miller, M., Weiler, J., Collins, J. and D'Alonzo, G. Dallas, TX: Journal of Athletic Training.

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*NATA Position Statement: Preparticipation Physical Examinations and Disqualifying Conditions.* Conley, K., et al. Dallas, TX: Journal of Athletic Training.

*NATA Position Statement: Preventing, Detecting, and Managing Disordered Eating in Athletics.* Bonci, M.C., et al. Dallas, TX: Journal of Athletic Training.

*NATA Position Statement: Preventing Sudden Death in Sports.* Casa, D., Guskiewicz, K., Anderson, S., Courson, R., Heck, J., Jimenez, C., McDermott, B., Miller, M., Stearns, R., Swartz, E. and Walsh, K. Dallas, TX: Journal of Athletic Training.

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*Special Tests for Orthopedic Examination.* Konin, J., Lebsack, D., Snyder Valier, A. and Isear, J. Jr. Thorofare, NJ: SLACK Inc.

*Sports Nutrition for Health Professionals.* Muth, N. Philadelphia, PA: F.A. Davis.

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## APPENDIX M:

### COMMUNICABLE DISEASE POLICY

A Communicable Disease is carried by microorganisms and can be transmitted through people, animals, surfaces, foods, or air. They often rely on fluid exchange, contaminated substances, or close contact to travel from an infected carrier to a healthy individual. The Center for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) has identified the following as common communicable diseases:

- Conjunctivitis (Pink eye)
- Diphtheria (upper respiratory infection)
- Herpes simplex
- Meningococcal infections
- Pertussis (Whooping cough)
- Streptococcal infection
- Zoster
- Enteroviral infections
- Mumps
- Rubella
- Cytomegalovirus infections
- Tuberculosis
- Viral infections
- Varicella

Throughout the time here as an athletic training student there will be instances while participating with clinical experiences, that an ATS will be ill or deemed to have a communicable disease. This policy has been developed to identify those instances and to delineate appropriate action when they occur. This policy will assist in ensuring the safety of the patient/clients, preceptor, and the student.

**If an ATS believes to have a Communicable Disease, the following procedures should occur:**

1. The ATS should notify the preceptor and Coordinator of Clinical Education and/or Program Director before being absent from a clinical experience.
2. The ATS should immediately report to SFA's Student Health Services or local physician for evaluation. ATS may not utilize the team physician during athletic sick call for a suspected illness.
3. If an ATS suspects having a communicable disease, patient care should not be provided until the signs and symptoms resolve, particularly if the ATS is febrile.
4. It is recommended if an ATS is febrile, return to class is not recommended either.
5. If an ATS will miss a clinical experience and/or class due to a communicable disease a written documentation from a physician must be provided upon return. Lack of

documentation may result in an unexcused absence. All ATS are responsible for work missed during the illness.

6. It is the ATS' responsibility to communicate with the preceptor and Course Instructor in regard to course progress. Communication can be via phone or email (Please do not text message.)

**How to prevent the spread of Communicable Diseases:**

1. Frequent hand washing for the full length of the tune of "A-B-C-D." Hand wash after: using the bathroom; caring for a patient; preparing or eating food; blowing your nose, sneezing, or coughing; changing a diaper; or after playing with a pet.
2. Sneezing and/or coughing into your shirt or crook of your elbow instead of your hands.
3. Even though using an antiseptic hand-rinse is a first-line defense, it still needs to be followed up with hand washing.
4. Try to avoid touching your mouth, nose, and eyes when they are unwashed.
5. Do not share toiletries.
6. When sick, allow time to fully heal and recover.
7. Proper refrigeration and food preparation is essential. Use hot, soapy water when cleaning cooking surfaces and utensils.

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ATS Signature

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Date

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Program Director

## APPENDIX N: Nacogdoches Medical Center HR Training Requirements for Clinical Experiences

### Nacogdoches Medical Center Human Resource/Employee Health Pre-Clinical Rotation Student Clearance Processing

#### I. NOTIFICATION OF STUDENT ROTATION

School will provide NMC Human Resources with a list of student names and their contact information as soon as the rotation schedule is assigned.

#### II. EMPLOYEE HEALTH - HEALTH SCREENING

Health Screen/Immunizations – See attached form “Health Screening Requirements for Students” for required documentation. Fax the required screening/immunizations to 936-568-3263 **two weeks** prior to orientation. An appointment with Employee Health may be necessary after review of documentation so please include contact information.

#### III. HUMAN RESOURCES

- a. Background check – Student/School provides a copy of the results to Human Resources.
- b. Exhibit A, B, & C – Must be completed and turned in to Human Resources prior to attending Orientation.
- c. Student Orientation Documentation – Must be completed and turned in to Human Resources.
- d. Students/Instructors must complete all required documentation and submit to Human Resources **two weeks PRIOR to the rotation start date/onboarding session.**
- e. If you have questions or need clarification regarding information that Human Resources needs, please call (936) 568-3136.

#### IV. ORIENTATION

- a. Human Resources provides orientation dates for student(s)
- b. If department providing the hospital wide orientation, HR notified and checklist provided to be returned to HR.

#### V. **Students are not clear for clinical rotation until all documents are turned in and the student is**

cleared by Human Resources and Employee Health.

## NACOGDOCHES MED CENTER & NAC. MEMORIAL HEALTH SCREENING REQUIREMENTS

- HEPATITIS B VACCINE
  - Laboratory evidence of immunity
  - OR**
  - Documentation of 3 Hepatitis B vaccines
  - OR**
  - Signed declination
  
- MMR VACCINE (Measles, Mumps and Rubella)
  - Laboratory evidence of immunity to Measles (Rubeola), Mumps and Rubella
  - OR**
  - Documentation of 2 MMR vaccines
  
- Tdap VACCINE
  - Documentation of one vaccine
  - Within 10 years
  
- VARICELLA
  - Laboratory evidence of immunity
  - OR**
  - Documentation of 2 Varicella vaccines (the Zoster/Shingles vaccine can count for one)
  - OR**
  - Documentation of prior disease (chicken pox or shingles)
  
- INFLUENZA VACCINE (October 1 – March 31)
  - Documentation of current Influenza vaccine
  
- TUBERCULOSIS SCREENING
  - Negative TB skin test or TB blood test
  - OR**
  - If history of positive: Chest X-ray, TB Questionnaire and documentation of prophylaxis
  - Done within 6 months of beginning rotation

## **APPENDIX O: Nacogdoches Medical Center HR Documents for Clinical Experiences**

### **EXHIBIT A**

#### **STATEMENT OF RESPONSIBILITY**

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of TH Healthcare, Ltd. d/b/a Nacogdoches Medical Center ("Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by Stephen F. Austin State University ("School") at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Program Participant

---

Witness

### **EXHIBIT B**

#### **CONFIDENTIALITY STATEMENT**

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between Stephen F. Austin State University ("School") and TH Healthcare, Ltd. d/b/a Nacogdoches Medical Center ("Hospital"), to keep confidential any information regarding Hospital patients and proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned further acknowledges that he or she has viewed a videotape regarding Hospital's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital's and School's privacy policies and procedures and privacy practices.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Witness

## EXHIBIT C

### HEALTH AND BACKGROUND SCREENING ATTESTATION

#### STEPHEN F. AUSTIN STATE UNIVERSITY

**HEALTH OF PROGRAM PARTICIPANTS.** School affirms the Program Participant(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin sATTR test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 12 months; and
2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.

**BACKGROUND CHECKS.** School has conducted a retrospective background check on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless Hospital is notified in writing, all background checks are negative. The background check included the following:

1. Social Security number verification.
2. Criminal Search (7 years )
3. Violent Sexual Offender & Predator registry
4. HHS/OIG/GSA
5. Other:\_\_\_\_\_

#### ATTENDING STUDENTS:

1. \_\_\_\_\_
2. \_\_\_\_\_

#### STAFF:

1. \_\_\_\_\_
2. \_\_\_\_\_

School acknowledges this information will be available to all Tenet affiliates as reasonably



necessary.

STEPHEN F. AUSTIN STATE UNIVERSITY: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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## **APPENDIX P: NMC Patient Privacy, Confidentiality and Security Presentation**

Located as additional link in BRIGHTSPACE GATP Portal to view.

## **APPENDIX Q: Student Support Services**

Student access to support services is available through multiple campus resources. All three core faculty are [QPR Suicide Awareness Certified](#), in addition to this certification is offered to ATS in ATTR 5336: Therapeutic Rehabilitation. Other university resources on-campus: [Student Health Clinic](#), [Student Counseling](#), and the [School Psychology Assessment Center](#).

## **APPENDIX R: UNIVERSITY & GATP POLICY AND PROCEDURE URLS**

**23A** Academic dishonesty policy:

<http://www.sfasu.edu/policies/student-academic-dishonesty-4.1.pdf>

**23B** Grievance policy:

<http://www.sfasu.edu/compliance/282.asp>

Grievance policy for non-academic staff employees

<http://www.sfasu.edu/policies/grievance-and-appeals-11.15.pdf>

**23C** Matriculation requirements Graduate School requirement / *Probation, Suspension, Readmission* heading:

<http://catalog.sfasu.edu/content.php?catoid=2&navoid=82#graduate-student-handbook>

GATP Retention Policy in PP Manual (33 – 34)

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf)

**23D** Nondiscrimination policies:

Discrimination Policy

<http://www.sfasu.edu/policies/discrimination-complaints-2.11.pdf>

Sex and Gender-Based Discrimination, Violence, Harassment, and Misconduct Policy

<http://www.sfasu.edu/policies/sex-gender-based-discrimination-violence-harassment-misconduct-2.13.pdf>

**23E** Policies for student withdrawal and refund of tuition and fees:

<http://www.sfasu.edu/admissions-and-aid/financial-aid/maintaining-aid/enrollment-attendance-withdrawal-policy>

**23F** **Technical standards** or essential functions:

GATP Application Package – Physician endorsed (p.17)

[http://www.sfasu.edu/ATTResiology/documents/GATPAppPkgWhole\\_2019\\_PDFFill-In.pdf](http://www.sfasu.edu/ATTResiology/documents/GATPAppPkgWhole_2019_PDFFill-In.pdf)

GATP PP Manual – Student endorsed for accommodations (pp. 72 – 73)

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf)

**24A** Academic calendars:

<http://www.sfasu.edu/acadaffairs/calendars/academic-calendars>

**24B** Academic curriculum and course sequence:

[http://www.sfasu.edu/ATTResiology/images/Web\\_CouProg.pdf](http://www.sfasu.edu/ATTResiology/images/Web_CouProg.pdf)

**24C** Admissions process (including prerequisite courses):

<http://www.sfasu.edu/ATTResiology/107.asp> Under *Admission* heading

[http://catalog.sfasu.edu/preview\\_program.php?catoid=2&poid=83&returnto=53](http://catalog.sfasu.edu/preview_program.php?catoid=2&poid=83&returnto=53) *Graduate Bulletin* under *Admission Requirements*. Program changes will be updated Fall 2020. GPA is not current, will become 2.80.

**24D** All costs associated with the program, including (but not limited to) tuition, fees, refund policies, travel costs, and clothing:

[http://www.sfasu.edu/ATTResiology/images/Web\\_AssociatedCosts.pdf](http://www.sfasu.edu/ATTResiology/images/Web_AssociatedCosts.pdf)

**24E** Catalogs / Bulletins:

<http://catalog.sfasu.edu/index.php>

**24F** Criminal background check policies:

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf) (Appendix P, Hospital clinical site requirements)

**24G** Degree requirements:

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf) (p.33, *Academic retention policy of GATP*)

**24H** Financial aid:

<http://www.sfasu.edu/admissions-and-aid/financial-aid/how-aid-works>

**24I** Grade policies:

<http://www.sfasu.edu/policies/course-grades-5.5.pdf>

**24J** Immunization requirements:

[http://www.sfasu.edu/ATTResiology/images/Web\\_Immunization\\_and\\_screening\\_.pdf](http://www.sfasu.edu/ATTResiology/images/Web_Immunization_and_screening_.pdf)

**24K** Information about **athletic training clinical experiences** and **supplemental clinical experiences**, including travel expectations to **clinical sites**:

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf) (Under heading, *Clinical Program*, Appendix D – *Clinical Sites and Directions*)

**24L** Matriculation requirements Graduate School requirement / *Probation, Suspension, Readmission* heading (Also in 23C):

<http://catalog.sfasu.edu/content.php?catoid=2&navoid=82#graduate-student-handbook>

**24M** Nondiscrimination policies (Also in 23D):

Discrimination Policy

<http://www.sfasu.edu/policies/discrimination-complaints-2.11.pdf>

Sex and Gender-Based Discrimination, Violence, Harassment, and Misconduct Policy

<http://www.sfasu.edu/policies/sex-gender-based-discrimination-violence-harassment->

[misconduct-2.13.pdf](#)

**24N** Procedures governing the award of available funding for scholarships:

<http://www.sfasu.edu/admissions-and-aid/financial-aid/types-of-aid/scholarships>

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf) (PP Manual, Appendix I, *Scholarships*)

**24O** Program **mission**, **goals**, and expected **outcomes**:

<http://www.sfasu.edu/ATTResiology/107.asp>

**24P** Recruitment and admissions information, including admissions criteria, policies regarding transfer of credit, and any special considerations used in the process:

<http://www.sfasu.edu/academics/orgs/graduate-admissions/become-graduate-lumberjack>

<http://catalog.sfasu.edu/content.php?catoid=10&navoid=367> (*Transfer statement under Master's Degree Requirements #4*)

**24Q** **Technical standards** or essential functions (Also in 23F):

GATP Application Package – Physician endorsed (p.17)

[http://www.sfasu.edu/ATTResiology/documents/GATPAppPkgWhole\\_2019\\_PDFFill-In.pdf](http://www.sfasu.edu/ATTResiology/documents/GATPAppPkgWhole_2019_PDFFill-In.pdf)

GATP PP Manual – Student endorsed for accommodations

[http://www.sfasu.edu/ATTResiology/images/AT\\_PP\\_Manual\\_2019\(1\).pdf](http://www.sfasu.edu/ATTResiology/images/AT_PP_Manual_2019(1).pdf)

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## **APPENDIX S: MENTAL HEALTH RESOURCES**

### **On-campus Resources:**

SFASU Counseling Services

[www.sfasu.edu/counselingservices](http://www.sfasu.edu/counselingservices)

3rd Floor Rusk Building

936-468-2401

SFASU Human Services Counseling Clinic

[www.sfasu.edu/humanservices/139.asp](http://www.sfasu.edu/humanservices/139.asp)

Human Services Room 202

936-468-1041

### **Crisis Resources:**

Burke 24-hour crisis line 1(800) 392-8343

Suicide Prevention Lifeline 1(800) 273-TALK (8255)

Crisis Text Line: Text HELLO to 741-741